CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. Establish retention period for records which are accumulating daily.	B. Dispose of present accumulation, no additional accumulation anticipated.	C. Microfilm and destroy originals.	D. Microfilm and retain originals for length of time indicated below.
☐	☐	☐	☒

9. Recommended Retention Period			10. Equipment and space freed.	11. In your opinion does this record have any historical significance?
a. In Dept.	b. In Storage Center	c. Total		YES ☐ NO ☒
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security ppurposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber, M.D. Title: Commissioner of Health 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period			14 Disposal Method		
a. In Dept.	b. In Storage Center	c. Total	A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	☒	☐	☐

REMARKS:

C. P. Force Records Management Officer 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

DEATHS

BEGINNING 1940

EP 21907

FILED ON FILM

IN

NUMERICAL ORDER

Spec.—6-9-19—H. P. Co.—1000 Blks.

67850

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67850

CERTIFICATE OF DEATH.

95-c

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1603 E. Monument ST.: 9-3 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Bertha Lucas

(a) RESIDENCE. NO. 1603 E. Monument ST., WARD.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Fem.

4 COLOR OR RACE Blk.

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Lucas.

6 DATE OF BIRTH (month, day, and year)

7 AGE Years 43 Months Days

If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) Kemble Bros Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kennett Sq. Pa.

PARENTS

10 NAME OF FATHER John Whitson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Johnstown Pa

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Daniel Lucas
(Address) 1603 E. Monument St

Filed Apr 1 1940 Harrington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 3-27 19 40

17 I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1940, to Mch. 27th, 1940, that I last saw h[illegible] alive on , 1940, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Hypertensive Heart Disease

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy?

What test confirmed diagnosis? Physical.

(Signed) Jack L. Wimmer, M. D.

3-27, 1940 (Address) 303 S. Bway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary

DATE OF BURIAL Apr. 1 1940

20 UNDERTAKER Adolphus Halstead

ADDRESS 918 Druid Hill Ave

CAUSE OF DEATH: ... See instructions on back of certificate. TION is very important.

PR

F 67851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-a

F 67851 Registered No.

PLACE OF DEATH:
1) Baltimore City, Maryland
2) Street address
3) Hospital or institution: St Agnes Hospital 2
4) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
5) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Jessup. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? – years

1. (a) FULL NAME BENJAMIN SMITSON
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex m | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12, 1876

8. AGE: Years 63 | Months 6 | Days 19 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer. last worked 1938
11. Industry or business B+O RR. McClure Yard

FATHER
12. Name William Smitson
13. Birthplace Maryland

MOTHER
14. Maiden Name Violetta Scott
15. Birthplace Maryland

16 (a) Informant Laura Lindquist
(b) Address Camp Meade Jct. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4, 3, 40 (month) (day) (year)
(c) Cemetery or crematory Glen Hill Cem.
Location Laurel Md

18 (a) Funeral director Lloyd Kaiser
(b) Address Laurel Md

19 (a) Date rec'd APR 1 1940 (year) (b) Registrar Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1940 at 5 40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Cellulitis, left foot — Duration
Due to Cardio-vascular renal disease.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Williams M.D.
Medical Examiner.
Date signed 3-31-40

F 67852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67852
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1838 Wilkens Ave
(c) Hospital or institution:

(d) Length of stay in hqspital or inst. (yrs., mos., or days) 19+F
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1838 Wilkens Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank H. Forney
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Emma (nee Stricker)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20, 1884

8. AGE: Years 56 | Months | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Machinist Foreman
11. Industry or business

FATHER
12. Name Henry E Forney
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary J. Kirby
15. Birthplace Baltimore

16 (a) Informant Mrs Emma Forney
(b) Address 1838 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1 1940 (Month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location 3901 Frederick Rd

18 (a) Funeral director Henry H Wittle
(b) Address 4101 Edmondson Ave

19 (a) Signature Peter Williams (b) M.D. APR 1 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1940, at 6 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 23 1940, to Mar 29 1940, and that I last saw h~~e~~ alive on Mar 27 1940.

Immediate cause of death Coronary Thrombosis — Duration 1 week.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Kirwood M. D.
Address 1934 Wilkens Ave Date signed April 1 1940

VS 3

F 67853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194-a

F 67853 Registered No.

PLACE OF DEATH:
Baltimore City, Maryland
Street address 2703 N. Calvert St.
Hospital or institution:

Length of stay in hospital or inst. (yrs., mos., or days)
Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) ~~County~~ Balto. City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2703 N. Calvert St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Isaac T. Parks, Jr.

(b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

(b) Name of husband or wife: Grace Smith Parks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 25, 1873

8. AGE: Years 66 | Months 7 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace Somerset Co. Md. (Town, county, and state)

10. Usual Occupation Attorney

11. Industry or business

FATHER
12. Name Isaac T. Parks
13. Birthplace Somerset Co. Md.

MOTHER
14. Maiden Name Ann P. Wallace
15. Birthplace Somerset Co. Md.

16 (a) Informant Mrs. Grace S. Parks
(b) Address 2703 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Md

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Aves. Balto. Md.

19 Filed APR 1 1940 (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30, 1940, at 7.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1940 to March 30 1940, and that I last saw him alive on March 27 1940.

Immediate cause of death: Coronary Thrombosis — Duration: 10 min
Due to: arteriosclerosis — 1 yr
Due to:
Other Conditions: uremia metal abscess — 2 weeks
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elbert L. Mortimer Jr.
Address 270 E St Paul st Date signed 4/1/40

F 67854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 170-C

PLACE OF DEATH:
1) Baltimore City, Maryland
2) Street address
3) Hospital or institution: ST. AGNES HOSPITAL
4) Length of stay in hospital or inst. (yrs., mos., or days) 9 hrs
5) Length of stay in Baltimore (yrs., mos., or days) 9 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Delaware (b) County New Castle
(c) City or town Wilmington (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 W 18th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

1. (a) FULL NAME ANNA I. COURTNEY
(b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1907

8. AGE: Years 32 | Months 11 | Days 25 | If less than one day hr. min.

9. Birthplace Wilmington, Delaware (Town, county, and state)
10. Usual Occupation Stenographer
11. Industry or business Du Pont Company

FATHER
12. Name Sylvester Courtney
13. Birthplace Delaware

MOTHER
14. Maiden Name Mary McGonigal
15. Birthplace Delaware

16 (a) Informant Mr. Sylvester Courtney
(b) Address 404 W. 18th Street, Wilmington

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Riverview
Location Wilmington, Delaware

18 (a) Funeral director James T. Chandler & Son, Inc.
(b) Address 1011 Jefferson St., Wilmington Del.

APR 1 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1940, at 1:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death Shock, traumatic	9 hrs
Due to Fracture, right tibia and fibula, open	9 hrs
Due to	
Other Conditions Hemorrhage internal (Include pregnancy within 3 months of death)	9 hrs

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 31st, 1940
(c) Where did injury occur? Frederick Road near Edmondale (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place (Specify type of place) While at work? no
(e) Means of injury pedestrian in auto wheel struck

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 3-31-40

near

F 67855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45a Registered No. F 67855

PLACE OF DEATH:
Baltimore City, Maryland
Street address Wyman Park Drive and 31st St.,
Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(c) Length of stay in hospital or inst. (yrs., mos., or days) 12 da.
(d) Length of stay in Baltimore (yrs., mos., or days) 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Saxis, Virginia (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Benjamin Franklin Brown

(b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

(b) Name of husband or wife Mabel Martin

6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) March 3, 1899

8. AGE: Years 40 | Months 11 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Tylerton, Maryland. (Town, county, and state)

10. Usual Occupation Deckhand

11. Industry or business

FATHER
12. Name Hezikiah Brown
13. Birthplace Reedville, Va.

MOTHER
14. Maiden Name Margaret Marsh,
15. Birthplace Mt. Vernon, Maryland.

16 (a) Informant Records-U.S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-40 (month) (day) (year)
(c) Cemetery or crematory Tangier, Maryland
Location Virginia

18 (a) Funeral director W. W. Chamberlain & Son
(b) Address Washington, D. C.

19 (a) APR 1 1940 (Date received by registrar) (b) Harry H. Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30, 1940, at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 18, 1940 to Mar. 30, 1940 and that I last saw him alive on Mar. 30, 1940

	Duration
Immediate cause of death Acute dilatation of heart	1 hour
Due to Aortic insufficiency	Unknown
Due to Syphilis, tertiary	Unknown
Other Conditions Squamous cell carcinoma of lower lip (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. B. H. Anderson M. D.
Address U.S. Marine Hospital Baltimore, Maryland. Date signed 4-1-40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67856

CERTIFICATE OF DEATH

131-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2547 W. Baltimore St. 20-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR.

2. FULL NAME Eugenie V. Derr

(a) Residence: No. 2547 W. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Henry Derr

6. DATE OF BIRTH (month, day, year) Sept-4th-1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John D. Beachley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Edith Van Fossen

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. John Henry Derr
(Address) 2547 W. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 4/3/40 19...

19. UNDERTAKER Geo. Weber & Son
(Address) 2503 Edmondson Ave

20. FILED ..., 19... Hamilton Williams, Registrar

APR 1 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March-31st, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7 1939 to March 31 1940

I last saw her alive on March 30 1940 Death is said to have occurred on the date stated above, at 1:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Chronic Nephritis	1 yr.
Arterial Hypertension	3 yrs.
Other contributory causes of importance:	
Ovarian Cyst.	20 yrs.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. D. Lipsky M. D.

(Address) 43 W. Preston St. City

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67857

CERTIFICATE OF DEATH

107 F 67857

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5604 Narcissus Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patricia Ann Keen

If U. S. Veteran specify WAR

(a) Residence: No. 5604 Narcissus Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 14th 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Charles Keen

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Walburga Ann Luther

16. BIRTHPLACE (city or town) (State or country) Cambria Co Pa.

17. INFORMANT George C. Keen

(Address) 5604 Narcissus Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date April 2nd 1940

19. UNDERTAKER William Cook

(Address) 1217 E. Fayette St

20. FILED APR 1 1940 Hampton Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30th, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 26 1940 to March 30 1940

I last saw h[illegible] alive on March 29 1940 Death is said to have occurred on the date stated above, at 10-P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3/16/40
Other contributory causes of importance:	
over	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so,

(Signed) John D. Burkert M. D.

(Address) 4803 Carl Baltimore

V2 9

F 67858 CERTIFICATE CORRECTED 6-17-49 F 67858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2669 Reina Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert ~~Ricky~~ (~~Webb~~) Webb

3 (b) If veteran, name war None

3 (c) Social Security Account No. 213-10-1104

4. Sex M

5. Color or race W

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife Irene M. ~~Ricky~~ Webb

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 27th 1878

8. AGE: Years 61 | Months 3 | Days 3 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Motorman

11. Industry or business Balto Transit Co

FATHER 12. Name William ~~Ricky~~ Webb

13. Birthplace Md

MOTHER 14. Maiden Name Pauline Schwartz

15. Birthplace Md.

16 (a) Informant Irene M. ~~Ricky~~ Webb

(b) Address 2669 Reina Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2nd 1940 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Holy Redeemer

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St.

19 (a) APR 1 1940 (b) Huntingtown Williamsport, Md. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1940, at 9.25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1940 to March 30 1940, and that I last saw h— alive on March 30 1940.

Immediate cause of death Pulmonary embolism

Due to Fracture of right femur

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 20 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Feb 25 1940
(c) Where did injury occur? Home (City or town) Balto (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Fell in Vestibule

23. Signature Harry Silverman M. D.
Address 5 [illegible] Date signed 3-30-40
Harold J. Haldeman, M.D. Chief Med. Examiner
per O. Kilgus

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67859 Registered No. 93-C

F 67859

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1714 Regester St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1714 Regester St (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

1 (a) FULL NAME Ada Lee Rigney

1 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Geo J Rigney

6 (c) If alive, give age yrs

7. Birth date of deceased (mo., day, yr.) April 1- 1884

8. AGE: Years 56 | Months 11 | Days 30 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Jewell Brown

13. Birthplace Balto

MOTHER 14. Maiden Name Elizabeth Barnett

15. Birthplace Balto

16 (a) Informant Mrs Deasch

(b) Address 1719 Fanning Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3-40 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Balto

18 (a) Funeral director Jos J Stevenson

(b) Address 3081 Kentucky Ave

19 (a) F W H (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 29 1940 at 10:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 22 1940 to Mar 29 1940 and that I last saw h[illegible] alive on Mar 29 1940.

Immediate cause of death Rheumatic Fever

Due to Chronic with Auricular fibrillation

Due to and Pulmonary edema

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Walter R. Klein

Address 1601 N. Broadway Date signed 4/1/40

VS 3

7860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 67860 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3103 Brandon
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3103 Brandon Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Penelope Cartwright

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 71 | Months 11 | Days 25 | If less than one day hr. min.

9. Birthplace Pasquotank N. Carolina (Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER 12. Name John T Bundy

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Charles Cartwright
(b) Address 3103 Brandon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April-40 (month) (day) (year)
(c) Cemetery or crematory Woodland Ph Dem
Location Balto

18 (a) Funeral director Jos J Stevenson
(b) Address 3061 Pentwater Ave

19 (a) Hugh St Lo Williams (Date rec'd by registrar) Registrar

APR 1 1940 VS 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1940, at 12:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 25 1940 to March 29 1940 and that I last saw h[illegible] alive March 29 1940.

Immediate cause of death
Cerebral Hemorrhage — Duration 8 days
Due to Arteriosclerosis — 2 yrs.
Due to
Other Conditions Anemia myocarditis — 2 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alfred Thelon M. D.
Address 4116 Northern Parkway Date signed Apr 1/40

67861

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a F 67861 Registered No.

PLACE OF DEATH:
1. Baltimore City, Maryland
2. Street address Wyman Park Drive and 31st St.,
3. Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
4. Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
5. Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland. (b) County
(c) City or town 4204 Woodstock Ave. (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore, Maryland. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME
Mahlon Slaysman Price

(b) If veteran, name war SPW
3 (c) Social Security Account No. Unknown

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Rose Laetch Price
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 29, 1877

8. AGE: Years 62 | Months 7 | Days 1 4 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation Chauffeur, 1939.
11. Industry or business

FATHER
12. Name Joseph E. Price,
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Elizabeth Slaysman
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records
(b) Address U S Marine Hospital

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof April 2-40 (month) (day) (year)
(c) Cemetery or crematory National
Location Balto

18 (a) Funeral director Jas J Stevenson
(b) Address 2001 Pennsylvania Ave

19 (a) 1940 (Date rec'd by registrar) (b) Hunting for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29, 1940 /9/ at 11:30 pm

21. I certify that death occurred on the date above stated; that I attended deceased from March 29, 1940 to March 29, 1940, and that I last saw him alive on March 29, 1940.

Immediate cause of death	Duration
Cardiac failure	Unknown
Due to Hypertension	Unknown
Due to Chronic Nephritis	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature I. M. N. a. duran.
Address U.S. Marine Hospital, Baltimore, Maryland. Date signed 3/30/40

VS 3

67862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-c

F 67862
Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12 E. Lafayette St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 12 E. Lafayette St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

1 (a) FULL NAME Harry Rafferty

(b) If veteran, name war World War | 3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Separated

6 (b) Name of husband or wife Bertha C
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5 1886

8. AGE: Years 53 | Months 9 | Days 24 | If less than one day hr. min.

9. Birthplace Chesterfield Illinois
(Town, county, and state)

10. Usual Occupation Tavern Keeper

11. Industry or business Self

FATHER
12. Name Rafferty
13. Birthplace Illinois

MOTHER
14. Maiden Name Minnie E. —
15. Birthplace Illinois

16 (a) Informant Bertha C Rafferty
(b) Address 1614 N Calvert St

17 (a) Burial (b) Date thereof 4-2-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

APR 1 1940
(Date rec'd by registrar)

(b) Huntington Williams, M.D.
Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1940 at 2 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet wound of head	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 3-29-40
(c) Where did injury occur? 12 E. Lafayette St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Bed While at work? —
(Specify type of place)
(e) Means of injury Fountain pen pistol - 38 Cal. bullet

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 3/30/40

F 67863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1223 F 67863

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs 1942
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Balto, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 224 N. Carey st (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Alberta Fogg
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed or divorced. Married.
6 (b) Name of husband or wife Charles Fogg
6 (c) If alive, give age 1 years
7. Birth date of deceased (mo., day, yr.) 12/25
8. AGE: Years 24 | Months 3 | Days 4 | If less than one day hr. min.
9. Birthplace Keller, Accomac Co Va. (Town, county, and state)
10. Usual Occupation Domestic.
11. Industry or business

FATHER
12. Name Henry Parker
13. Birthplace Accomac Co Va.

MOTHER
14. Maiden Name Eleanor Finney
15. Birthplace Accomac Co Va.

16 (a) Informant Charles Fogg
(b) Address 224 N. Carey St.

17. (a) ... (Burial, cremation, or removal) (b) Date thereof 4/1/1940 (month) (day) (year)
(c) Cemetery or crematory Onley
Location Accomac Co. Va

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) APR 1 1940 (Date rec'd by registrar) (b) Katie R. Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1940, at ... M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said ... (Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

Immediate cause of death: Intestinal Obstruction
Due to post operation adhesions
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Vanderdraft Medical Examiner M.D.
Date signed 3/30/40

F 67864 HEALTH DEPARTMENT—CITY OF BALTIMORE F 67864

CERTIFICATE OF DEATH 131a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 Dolphin St. 17-2 Ward)

Registered No. .....

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leah Virginia Burke

If U.S. Veteran specify WAR .....

(a) Residence: No. 631 Dolphin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow.

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John H. Burke

6. DATE OF BIRTH (month, day, year) 3/26/1866.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74.	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cambridge Md.

FATHER

13. NAME John Slater

14. BIRTHPLACE (city or town) (State or country) Cambridge Md.

MOTHER

15. MAIDEN NAME Keziah Marine.

16. BIRTHPLACE (city or town) (State or country) Cambridge Md.

17. INFORMANT Hattie F. Burke
(Address) 631 Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date 4/1/ 1940

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Bruce St

20. FILED ..... 19... [illegible], Registrar.

APR 1 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1939 to March 28, 1940

I last saw h[illegible] alive on March 28, 1940 Death is said to have occurred on the date stated above, at 1135 p.m.

The principal cause of death and related causes of importance were as follows:

Cardio Vascular Renal Disease — Date of onset 7 1

Other contributory causes of importance:

Hypertension

Was an operation performed? no Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, when?

(Signed) S. A. Hughes M. D.

(Address) 1432 Druid Hill Ave

67865 F 67865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 24a Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland 3714 Leo. St. Wagners Pt.
(b) Street address [redacted] Bt.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) No. 3714 Leo St. Wagners Pt.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

1 (a) FULL NAME AMELIA - SOKOLIS
(b) If veteran, name war
3 (c) Social Security Account No. 212-09-5289

4. Sex: F | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 11. 1917
8. AGE: Years 22 | Months 5 | Days 19 | If less than one day hr. min.
9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Folding Boxes
11. Industry or business Eastern Box

FATHER
12. Name Kostanty Sokolis
13. Birthplace Polana

MOTHER
14. Maiden Name Antonina Bala
15. Birthplace Poland

16 (a) Informant Antonina Sokolis
(b) Address 3714 Leo St Wagners Pt
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 3-40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Adonnell St Cr
18 (a) Funeral director Wm. S. Zlatkowski
(b) Address 2007 Eastern Ave
19 (a) APR 1 1940 (Date rec'd by Registrar) (b) Registrar's No.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-30-40 19 at 8 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 3-30-40 to 19 and that I last saw h ER alive on 3-30-40
Immediate cause of death Emboli from Streptococcus Viridans — Duration 4 months
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature L Whitney (WHITONG)
Address Medical Arts Bldg Date signed 4-1-40

7866

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 67866

Registered No.

PLACE OF DEATH:

1. (a) Baltimore City, Maryland
   (b) Street address 905 Harlem ave
   (c) Hospital or institution:
   (d) Length of stay in hospital or inst. (yrs., mos., or days) 16
   (e) Length of stay in Baltimore (yrs., mos., or days) Born

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 905 Harlem ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Arthur Butler

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race B.

6 (a) Single, married, widowed, or divorced Single

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 24 1938

8. AGE: Years 1 | Months 6 | Days 5 | If less than one day hr. min.

9. Birthplace 905 Harlem ave
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Arthur Butler

13. Birthplace Maryland

MOTHER 14. Maiden Name Lydia Ledbetter

15. Birthplace Virginia

16 (a) Informant Mamie Butler

(b) Address 905 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/40 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location

18 (a) Funeral director Chas H Aldridge

(b) Address 1200 McCulloh St

19 (a) (Date received by registrar) (b) Registered by

APR 1 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/29/40 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/27/40, 2/29/40, and that I last saw h alive on 3/29/40

Immediate cause of death Bronchial Pneumonia — Duration 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. Lee Allen M. D.

Address 5 E Read Date signed 3/30/40

67867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

Registered No. F 67867

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1162 Cleveland St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1162 Cleveland St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

1. (a) FULL NAME Walter A. Graves

1. (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary E.

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1870

8. AGE: Years 70 | Months 2 | Days 13 | If less than one day: ____ hr. ____ min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Retired, Boiler Maker

11. Industry or business B & O. Railroad

FATHER 12. Name George Graves

13. Birthplace Maryland

MOTHER 14. Maiden Name Sarah Love

15. Birthplace Maryland

16 (a) Informant Mrs Frances Dolan

(b) Address 1162 Cleveland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick Ave.

18 (a) Funeral director F. Herman Kalmes

(b) Address 2384 Edmondson Ave

19 (a) APR 1 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31, 1940, at 12 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1939 to March 1940 and that I last saw him alive on 3/31/40.

Immediate cause of death: Cancer of rectum — Duration: 1 month

Due to: ____

Due to: ____

Other Conditions: Cardiac Insufficiency

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ____

Of autopsy: ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ____

(b) Date of occurrence ____

(c) Where did injury occur? ____ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)

(e) Means of injury ____

23. Signature Howard D. Klein M. D.

Address 1 West Read St. Baltimore

67868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 67868
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver St
(c) Hospital or institution:
St. Josephs Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1315 E. North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret A. Fohner

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed.

6 (b) Name of husband or wife Joseph Fohner

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 11/14/1868

8. AGE: Years	Months	Days	If less than one day
71	4	17	— hr. — min.

9. Birthplace Emmitsburg Md
(Town, county, and state)

10. Usual Occupation At Home.

11. Industry or business

FATHER
12. Name James Fohner
13. Birthplace Penna.

MOTHER
14. Maiden Name Sarah Boyle
15. Birthplace Penna

16 (a) Informant Mr. William Smith
(b) Address 1315 E. North Ave.

17 (a) Burial (b) Date thereof 4-3-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director George D. Wirth Inc.
(b) Address 1735 Harford Ave

19 (a) APR 1 1940 (b) Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1940, at 12 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 30 1940, to March 31 1940, and that I last saw her alive on March 31 1940.

Immediate cause of death Cardiac Failure — Duration 4 days

Due to Arteriosclerosis

Due to

Other Conditions Consolidation in rt base — Embolic
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Kelmenson M. D.
Address St. Josephs Hosp Date signed 3-31-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67869

CERTIFICATE OF DEATH

93-D. F 67869

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University City Hospital St. 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME James Grealy

If U. S. Veteran specify WAR

(a) Residence: No. 604 North Redwood St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ? ? 1877

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
63	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Outdoors

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore. Maryland

FATHER

13. NAME Patrick Grealy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Goldie ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Deceased

(Address) 604 N. Redwood

18. BURIAL, CREMATION, OR REMOVAL Interment (2/10/40 Bank) 1940 APR 1

19. UNDERTAKER Thomas F. Kane & Bro. (Address) 1000 W. Fayette St. Baltimore

20. FILED APR 1 1940 Per H. A. Moore Registrar

By J. A. Nolan Asst. Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 25 1940 to March 26 1940

I last saw him alive on March 26, 1940 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C-V Disease	?
Hypostatic Pneumonia, right.	
Anasarca	
Ascites	
Other contributory causes of importance: Malnutrition	?

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? NONE Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) John James Plunkett M. D.

(Address) University Hospital

F 67870

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

25363 Registered No. F 67870

PLACE OF DEATH:

1. Baltimore City, Maryland

Street address 4940 Eastern Ave.

Hospital or institution:

Baltimore City Hospitals

Length of stay in hospital or inst. (yrs., mos., or days)

Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. No Home (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) **FULL NAME** John Baker

(b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

(b) Name of husband or wife Ella

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-25-1867

8. AGE: Years 73 | Months 1 | Days 27 | If less than one day hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Simon

13. Birthplace Pa.

MOTHER 14. Maiden Name Mary Wengerd

15. Birthplace Pa.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHNS HOPKINS MEDICAL SCHOOL APR 1 1940

18 (a) Funeral director Commissioner of Health

(b) APR 1 1940 Per H. A. Moore

19 (a) (Date rec'd by registrar) (b) Permit to Williamsport

5897

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1940, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1937 to March 22 1940, and that I last saw him alive on March 22 1940.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy not done.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible]

Address Balto City Hosp. M. D. Date signed 3-29-40

67871 S. S. # ?

BALTIMORE CITY HEALTH DEPARTMENT

LB 48018

CERTIFICATE OF DEATH

133-B Registered No. F 67871

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days 6 mth.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. no home (If rural give location)

(e) If foreign born, how long in U. S. A.? years

(a) FULL NAME Joseph Weigand

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widowed

(b) Name of husband or wife Harriet

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1868

8. AGE: Years 72 | Months 1 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation carpenter

11. Industry or business

FATHER

12. Name unknown

13. Birthplace Germany

MOTHER

14. Maiden Name unknown

15. Birthplace Germany

16 (a) Informant B. C. H. Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL APR 1 1940

Location Commissioner of Health

18 (a) Funeral director

(b) Address Per H. A. Moore

19 (a) APR 1 1940 (b) Huntington Williams, M.D. Registrar

1 5498

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-24 1940, at 2 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-18 1940, to 3-24 1940, and that I last saw him alive on 3-24 1940

Immediate cause of death Peritonitis — Duration 8 days

Due to Ruptured Perinephric Abscess — Left — 8 days

Due to — 2.

Other Conditions Gen. arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operation Peritonitis — Inflammation about left Kidney

Of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Sidney R. Peckert

Address Baltimore City Hosp. Date signed 3/24/40 M. D.

67872 - F 8004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 ✓

Registered Number F 67872

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5332 Beaufort Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 5332 Beaufort Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2-18

3 (a) FULL NAME ✓ Ross

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-26 40.

8. AGE: Years | Months | Days | If less than one day 1 hr. 20 min.

9. Birthplace Balto - (Town, county, and state)

10. Usual Occupation ✓

11. Industry or business ✓

FATHER 12. Name Rudolph Ross.
13. Birthplace Balto - Md

MOTHER 14. Maiden Name Pearl Kelley
15. Birthplace Clarksburg W. Va.

16 (a) Informant Rudolph Ross
(b) Address 5332 Beaufort ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or Crematory JOHNS HOPKINS MEDICAL SCHOOL APR 1 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) APR 1 1940

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar
5501

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-26- 1940, at 11:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-26 1940. to 3-26- 1940.
and that I last saw h-i- alive on 3-26 1940.

Immediate cause of death Premature birth, abt. 5 mo gestation — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Brandenburg M.D.
Address Medical Arts Bldg Date signed 3-27-40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 67873

67873

CERTIFICATE OF DEATH

107

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 534 S Fulton ave (St.) 19-4 (Ward)

Length of residence in city or town where death occurred 9 yrs. 7 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Louis Bury

(a) Residence: No. 534 S Fulton ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/22/39

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Elmer Bury

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Majorie Knight

16. BIRTHPLACE (city or town) (State or country) Odenton Md.

17. INFORMANT Elmer Bury

(Address) 534 S Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Meadow Ridge Memorial Date April 2 1940

19. UNDERTAKER Ambrose Doe

(Address) 1017 W Lexington St.

20. FILED APR 1 1940 Hunter Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 30, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1940 to March 30, 1940

I last saw him alive on March 30, 1940 Death is said to have occurred on the date stated above, at 8 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	3 days
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Albert Kornfeld M. D.

(Address) 1934 Wilkens Ave

F 67874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 67874 Registered No.

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.

(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.

(e) Length of stay in Baltimore (yrs., mos., or days) 21 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Anne Arundel

(c) City or town Glen Burnie
(If outside city or town limits, write RURAL and give town)

(d) Street No. Marley Park 12
(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

1. (a) FULL NAME Irving Rosell GRIFFIN

(b) If veteran, name war WW

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Marie Blotkamp

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) July 12, 1889

8. AGE: Years 50 | Months 8 | Days 18 | If less than one day hr. ..... min.

9. Birthplace Clayton, New York
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business U.S.Appraisers Stores

FATHER
12. Name Sid Griffin
13. Birthplace Unknown

MOTHER
14. Maiden Name Agnes
15. Birthplace Unknown

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-40 (month) (day) (year)

(c) Cemetery or crematory Dulaney Valley Memorial Gardens
Location

18 (a) Funeral director Leonard A. Koch
(b) Address 5705 Harford Rd

19 (a) [illegible] (Date received by registrar) (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30, 1940, at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 30, 1940, to Mar. 30, 1940, and that I last saw him alive on Mar. 30, 1940.

	Duration
Immediate cause of death: Coronary thrombosis.	4-5 days
Due to: Arteriosclerotic heart disease.	Unknown
Due to:	
Other Conditions: Diabetes, mellitus	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy Same as above.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. N. Andrews, M. D.

Address U.S.Marine Hospital, Baltimore, Maryland. Date signed 3/30/40

F 67875

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

57-a

F 67875 Registered No.

PLACE OF DEATH:
1) Baltimore City, Maryland
b) Street address 5109 Richard Ave
c) Hospital or institution:

d) Length of stay in hospital or inst. (yrs., mos., or days)
e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5109 Richard Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

24-3

1 (a) FULL NAME W. Henry Baker
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married
6 (b) Name of husband or wife Matilda
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3-29-1870
8. AGE: Years 70 | Months | Days 7 | If less than one day hr. min.
9. Birthplace England (Town, county, and state)
10. Usual Occupation
11. Industry or business at home

MOTHER / FATHER
12. Name James Baker
13. Birthplace England
14. Maiden Name Amelia Jones
15. Birthplace England

16 (a) Informant Matilda Baker
(b) Address 5109 Richard Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location
18 (a) Funeral director Leonard J. Lynch
(b) Address 5305 Harford Rd.
19 (a) 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-31 1940 at M
21. I certify that death occurred on the date above stated; that I attended deceased from August 1939 to March 31 1940 and that I last saw him alive on March 30 1940.

Immediate cause of death — Duration

Malignant Infected Cysts of Left Kidney. — 8 mos.
Due to
Due to General Toxemia. — 3 wks.
Other Conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations Malegnant Cystic Left Kidney
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature James E. White
Address 5214 Harford Rd. Date signed 4/1/40 M.D.

VS 2

57876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-2 F 67876 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 330 Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 420 Cedarcroft Road (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME George T. Owens

3 (b) If veteran, name war Spanish American

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: none

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 27 1876

8. AGE: Years 64 | Months 1 | Days 3 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Mgr's Asst. (Self employed)

11. Industry or business Machine

FATHER
12. Name Edw Bowens
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Kate Cassard
15. Birthplace Baltimore Md

16 (a) Informant Theresia Owens (sister)
(b) Address 420 Cedarcroft Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr-1-40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director STEWART & MOWEN COMPANY (W. F. WOODEN SUC.)
(b) Address 108 W. NORTH AVENUE

19 (a) (Date received by registrar) APR 1 1940 Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-30-1940, at 2:00 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection & Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of head — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 3-30-40
(c) Where did injury occur? Baltimore (City or town) City (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury: Self inflicted - rifle bullet wound

23. Signature Howard J. Anderson M.D. Medical Examiner.
Date signed 3-31-40

F 67877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30 C

Registered No. F 67877

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 840 S. Sharp St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day hr.	min.
57				

9. Birthplace Tennessee (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Hospital Record - Dr. M. L.
(b) Address St. Joseph's Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL APR 1 1940

18 (a) Funeral director Per H. A. Moore
(b) Address Huntington Williams, Mgr.

19 (a) Filed by registrar APR 1 1940 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-21 19 40 at 12:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-20- 19 40 to 3-21- 19 40 and that I last saw h. alive on 3-21- 19 40.

Immediate cause of death Acute arsenical hepatitis — Duration

Due to anti-luetic treat.

Due to

Other Conditions Syphilis
Staph. infection of fingers
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton Jay Wilder M. D.
Address St. Joseph's Date signed 3-22-40

35503

67878

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131a

Registered No. F 67878

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1524 Riggs Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1524 Riggs Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME CHARLES BUTLEK

3 (b) If veteran, name war No

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	married

6 (b) Name of husband or wife Elizabeth Brown
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Dec 25, 1872

8. AGE: Years	Months	Days	If less than one day
67	2	24	..... hr. ..... min.

9. Birthplace Virginia
(town, county, and state)

10. Usual Occupation WPA laborer Augs 10, 1939
11. Industry or business hard academy

FATHER
12. Name Charles Butler
13. Birthplace Virginia

MOTHER
14. Maiden Name Eva Butler
15. Birthplace Virginia

16 (a) Informant Elizabeth Butler Wife
(b) Address 1524 Riggs Ave

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL APR 1 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) APR 1 1940 (Date received by registrar) Huntington Williams, M.D. Registrar
5504

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1940, at 3:45 p. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cardiovascular renal disease	
Due to	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. L. Wallenmeyer M.D.
Medical Examiner.
Date signed

67879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160A

Registered No. F 67879

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 7
(b) Street address
(c) Hospital or institution: Provident Hospital 1435
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da
(e) Length of stay in Baltimore (yrs., mos., or days) 1 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County Farrell
(c) City or town Farrell (If outside city or town limits, write RURAL and give town)
(d) Street No. 465 French St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME BABY SIMMONDS (MALE)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M.

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day 13 hr. 35 min.

9. Birthplace B & O. Train Maryland. (Town, county, and state)

10. Usual Occupation

11. Industry or business infant

FATHER
12. Name David Simmonds
13. Birthplace Cheran S.C.

MOTHER
14. Maiden Name Sarah Lucas
15. Birthplace Farrell Pa

16 (a) Informant Sarah Simmonds
(b) Address 415 French St Farrell Pa

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

JOHNS HOPKINS MEDICAL SCHOOL APR 1 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) (b) Registrar Huntington Williams, M.D.

APR 1 1940

VS 6

5505

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1940, at 10 35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

Immediate cause of death Hemorrhage, brain — Duration

Due to injury at birth 160A

Due to Precipitate labor

Other Conditions Hemorrhage from cord.
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 16, 1940
(c) Where did injury occur? B & O Train enroute to Natl. from Penn (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? No
(Specify type of place)
(e) Means of injury Was in train coming during delivery in toilet

23. Signature H. A. Wollammer M.D.
Medical Examiner.

Date signed 3-30-40

67880 F 7790 BALTIMORE CITY HEALTH DEPARTMENT 159 Registered Number F 67880

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1023 N. Mount St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 2 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1023 N. Mount St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Moore

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Fem.
5. Color or race Col.
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/4/40

8. AGE: Years | Months | Days | If less than one day 2 hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Geo. Franklin
13. Birthplace Dont Know.

MOTHER
14. Maiden Name Jennette Harris
15. Birthplace Baltimore, Md

16 (a) Informant Mother
(b) Address 1023 N. Mount St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL APR 1 1940
Location Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) APR 1 1940 Huntingtown, Williams, MD
Registrar's signature

B506

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 4 1940 at 5:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/4 1940 to 3/4 1940 and that I last saw h alive on 3/4 1940

Immediate cause of death Premature

Due to Birth.

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. M. Pickett M.D.
Address 536 W. Lanvale St. Date signed 3/5/40

F 67881

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 939

Registered No. F 67881

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3107 W. Garrison Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 & 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3107 W. Garrison Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Kloch.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M.
5. Color or race W.
6 (a) Single, married, widowed, or divorced. W.
6 (b) Name of husband or wife Cecelia Kloch.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 5, 1859
8. AGE: Years 80 Months 4 Days 23 If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Frederick Kloch
13. Birthplace Germany.

MOTHER
14. Maiden Name Sophia M. Kuhl.
15. Birthplace Germany

16 (a) Informant Chas F. Kloch.
(b) Address 3107 W. Garrison.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/40 (month) (day) (year)
(c) Cemetery or crematory London Pk.
Location Balto., Md.
18 (a) Funeral director Loring Byers
(b) Address 5005 Park Ave Balto
19 (a) APR 2 1940 (Date received by registrar) Arlington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1940, at 9.15 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1939, to March 30 1940
and that I last saw him alive on March 30 1940
Immediate cause of death Arteriosclerotic Cardiac Paralysis
Due to Hypostatic Congestion of Lungs
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration
2.
3 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Robert Latimer M. D.
Address 3173 N. Calvert St. Date signed 4/1/40

VS 8

67882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930 ✓ F 67882 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 501 Bureau St.
(c) Hospital or institution: Balto. City Jail Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Alexandria (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 W Alfred St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin Brown

3 (b) If veteran, name war: 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1911

8. AGE: Years	Months	Days	If less than one day
29			hr. min.

9. Birthplace ? Virginia (Town, county and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Benjamin A. Brown
13. Birthplace Va.

MOTHER
14. Maiden Name Lulu Skinner
15. Birthplace Va

16 (a) Informant Father
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/30 (month) (day) (year)
(c) Cemetery or crematory Bethel
Location Alexandria Va

18 (a) Funeral director Thos. J. Fichtner & Son
(b) Address North End area.

19 (a) Filed rec'd by registrar (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1930, at 2:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 8 1930 to March 30 1930 and that I last saw h[illegible] alive on March 30 1930.

Immediate cause of death: Lobar Pneumonia — Duration 2 days
Due to Acute Dilatation
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas F. White M.D.
Address 501 Duke Date signed March 31/30

O.K. W.A. Wardlaw

67883 F 7830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161a Registered No. F 67883

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Vernon St
(c) Hospital or institution: Provident Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Dayton, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Shirley Lorain Bright

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21, 1940

8. AGE: Years	Months	Days	If less than one day
		10	hr. min.

9. Birthplace Provident Hosp (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Phillip Bright
13. Birthplace Md

MOTHER
14. Maiden Name Stella Clark
15. Birthplace Md

16 (a) Informant Phillip Bright
(b) Address Dayton, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/40 (month) (day) (year)
(c) Cemetery or crematory Brown's Chapel
Location Dayton, Md

18 (a) Funeral director H. C. Hepburn & Son
(b) Address Ellicott City, Md

19 (a) (Date rec'd by registrar) (Huntington Williams) Registrar

APR 1 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-31 1940, at 10.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-19 1940 to 3-31 1940, and that I last saw her alive on 3-31 1940

Immediate cause of death Congenital atelectasis?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. B. Butler M. D.
Address Provident Hospital Date signed 4-1-40

67884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 67884

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Ward 9 Street No. 112 South Stricker St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charlotte Gail Gilliland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 9, 1939

8. AGE: Years	Months	Days	If less than one day
	5	22	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Charles H. Gilliland Jr
13. Birthplace Md

MOTHER
14. Maiden Name Edna Brady
15. Birthplace Md

16 (a) Informant Mrs Charles H Gilliland
(b) Address 112 S. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 2 - 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Dean Y Forker
(b) Address Bel Air Md

19 (a) Date rec'd by Local Reg. APR 1 1940 (b) Registered Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1940, at 12:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 17 1940 to April 1 1940, and that I last saw h[illegible] alive on March 31 1940.

Immediate cause of death: Pneumococcus meningitis — Duration 15 days

Due to:

Due to:

Other Conditions (Pneumonia) — 17 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph M. Cordi M. D.
Address Union Mem Hosp. Date signed 4/1/40

F 67885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 ✓ 9a

Registered No. F 67885

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 526 N. Washington St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 526 N. Washington St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederica L. Ullrich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife W. F. Ullrich

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10-1855

8. AGE: Years 84 | Months 9 | Days 10 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Leonard Dieterich
13. Birthplace Germany

MOTHER
14. Maiden Name Frederica Schnieder
15. Birthplace Germany

16 (a) Informant Anna Doenges
(b) Address 526 N. Washington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2-40 (month) (day) (year)
(c) Cemetery or crematory Ebenezer Cem.
Location Ebenezer Rd. Balto. Co.

18 (a) Funeral director John A. Miller
(b) Address 2334 Jefferson Av.

19 APR 1 1940 Washington Williams M.D. Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1940, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 18 1940, to March 24 1940, and that I last saw her alive on March 24 1940.

Immediate cause of death	Duration
Coronary Thrombosis	1wk
Due to Arteri-Sclerosis and Hypertension	5yrs
Due to	
Other Conditions Emphysema	5yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis F. Krumrein M. D.
Address 722 N. Kenwood Ave Date signed

correct age in expectancy

VS 3

67886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

33-a F 67886

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 N. Eberton at St., 18-26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Marlene Jenkins

If U. S. Veteran specify WAR

(a) Residence: No. 110 N. Eberton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Infant

6. DATE OF BIRTH (month, day, year): 9/20/1939.

7. AGE: Years | Months: 6 | Days: 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: William Jenkins

14. BIRTHPLACE (city or town) (State or country): Virginia Ga. Georgia

MOTHER

15. MAIDEN NAME: Mary Smith

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Maria Jenkins
(Address) 110 N. Eberton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date 4/2 19 40

19. UNDERTAKER: Walter R. Sprigg
(Address) 139 W. Lanvale St.

20. FILED APR 1 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/31/40

22. I HEREBY CERTIFY, That I attended deceased from 3/16/40 to 3/31/40

I last saw her alive on 31 March 1940. Death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	3/1940
Other contributory causes of importance:	
Influenza	3/15/40

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) E. T. Dugan M. D.

(Address) 622 N. Arlington Ave.

OCCUPATION

VS 3

F 67887

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

F 67887
Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1404 Augusta St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 month

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Rural New Windsor
(If outside city or town limits, write RURAL and give town)
(d) Street No. R.D. New Windsor
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William Howard F. Moore

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Lucinda Moore
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) March 5, 1872

8. AGE: Years 68 | Months - | Days 22 | If less than one day: hr. ..... min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business Farm

FATHER
12. Name John P. Moore
13. Birthplace Frederick Co. Md.

MOTHER
14. Maiden Name Amelia Hoenell
15. Birthplace Unknown

16 (a) Informant Mrs. Lucinda Moore
(b) Address New Windsor R.D. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3 1940 (month) (day) (year)

(c) Cemetery or crematory Evergreen
Location Uniontown Md.

18 (a) Funeral director C. M. Walsh
(b) Address Winfield Md.

19 (a) Filed APR 2 1940 (b) Registrar (Date received by Registrar) Huntingtown Williamsport Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1940, at 11:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 25 1940 to Mar 30 1940 and that I last saw him alive on Mar 30 1940.

Immediate cause of death
Diabetes.
Myocarditis
Due to .....
Due to .....
Other Conditions ✓
(Include pregnancy within 3 months of death)
Major findings:
Of operations ✓
Of autopsy ✓

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Jno. E. Whitehill M. D.
Address 230 E. Main St. Date signed April 40

67888

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13-B

F 67888 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6 E. Cross Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME
Clement Wendel

(b) If veteran, name war
WW

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1893

8. AGE: Years	Months	Days	If less than one day hr.	min.
47	2	20		

9. Birthplace Baltimore, Maryland.
(Town, county, and state)
10. Usual Occupation Bartender
11. Industry or business

FATHER
12. Name Pete Wendel
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof April 2-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory National
Location Balto

18 (a) Funeral director Lord Steer & Sons
(b) Address 3001 Pentucky ave

APR 2 1940 (b) Huntington Williams M.D.
(Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30, 1940, at 12:00M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 23, 1940, to Mar. 30, 1940, and that I last saw him alive on Mar. 30, 1940.

Immediate cause of death Tuberculous pneumonia — Duration 3 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. M. H. Anderson M. D.
Address U.S. Marine Hospital Date signed 4-1-40
Baltimore, Maryland.

67889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 - B

F 67889 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 3300 North Ave (W) 3300 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1. (a) FULL NAME Miss Emma Lang
(b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced. Divorced
6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 28th 1880
8. AGE: Years 59 | Months 9 | Days 3 | If less than one day hr. min.
9. Birthplace Balto Maryland (Town, county, and state)
10. Usual Occupation Home Home Keeper
11. Industry or business Domestic

FATHER
12. Name Henry Lang
13. Birthplace Balto Md

MOTHER
14. Maiden Name Margaret Freyer
15. Birthplace Balto Md.

16 (a) Informant Mrs Clinton C. Davison
(b) Address 2635 Chesterfield ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md
18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st
19 (a) (Date received by registrar) (b) Registered by

APR 2 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1940, at 3:57 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 3/9/40 19 , to 4/1 19 40 and that I last saw her alive on 4/1/40 19 .

Immediate cause of death
Acute Congestive Heart Failure — Duration 3 Weeks
Bilateral Pulmonary Infarction
Due to Mitral Stenosis
Chronic Cholecystitis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Edward L. Hamman M. D.
Address Md. General Hospital Date signed 4/1/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

67890 — CERTIFICATE OF DEATH — F 67890

131-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 34 E 26th St.) (Ward) 17-7

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Sarah Catherine Garrett

If U. S. Veteran specify WAR .....

(a) Residence: No. 104 W. 24th St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Garrett

6. DATE OF BIRTH (month, day, year) July 19th 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME John G. Knight

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

MOTHER

15. MAIDEN NAME Mary Jane Powley

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Wm H. Garrett Jr

(Address) 3611 White Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Mount Lawn Park (Date April 2nd 1940

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

FILED APR 2 1940 H. Irving Lyon Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31st, 1940

22. I HEREBY CERTIFY, That I attended deceased from Mch 28 1939 to March 31 1940

I last saw h[illegible] alive on March 1931 Death is said to have occurred on the date stated above, at 4:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	many yrs
Other contributory causes of importance: Arteriosclerosis & Senile Psychosis	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 112 W. 25 St

OCCUPATION ENTERED

VS D

67891 F 4041 F 67891

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 157-E
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial (Hosp.)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3726 Elm Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wesley Linn Kyle
3 (b) If veteran, name war None
3 (c) Social Security Account No. None
4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 12/31/39
8. AGE: Years Months 2 Days 30 If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business
FATHER 12. Name Leroy Kyle
13. Birthplace Md.
MOTHER 14. Maiden Name Ione Parrish
15. Birthplace Md.
16 (a) Informant Records
(b) Address Union Memorial Hospital
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto. Co. Md.
18 (a) Funeral director William Cook
(b) Address 127 St. Paul st
19 (a) 1940 (b) [illegible] Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH 3/30 1940, at 9:20 A. M.
21. I certify that death occurred on the date above stated; that I attended deceased from 3/28 1940 to 3/30 1940, and that I last saw him alive on 3/30 1940
Immediate cause of death Congenital Heart Disease — Duration 11/19/40
Due to Congenital Malformation
Due to Heart.
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Greatly Enlarged Heart

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Joseph M. Cardi M. D.
Address Union Memorial Hosp. Date signed 3/30/40

APR 2 1940

VS 3

Leonore Morgan

67892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. F 67892

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Seattle Baltimore Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 days

2. USUAL RESIDENCE OF DECEASED: Dollenwilde
(a) State Md. (b) County Balt. City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6313 Bamberry Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Leonore Morgan

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Edgar Morgan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21st 1880

8. AGE: Years	Months	Days	If less than one day
59	8	10	hr. min.

9. Birthplace: Balto., Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: at Home

FATHER
12. Name: William Perry
13. Birthplace: Phila., Pa.

MOTHER
14. Maiden Name: Margaret Donschel
15. Birthplace: Balto Md.

16 (a) Informant: John W. Morgan
(b) Address: 6313 Bamberry Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/40 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Balto Md

18 (a) Funeral director: Williams Cook
(b) Address: 127 St. Paul St.

APR 2 1940 (Date rec'd by Registrar) (b) Thomas J. Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-1 1940 at 5:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-14- 1940 to 4-1- 1940, and that I last saw h[illegible] alive on 4-1-40.

Immediate cause of death	Duration
Generalized Carcinomatosis	1 year
Ulcus, liver & ascites, bowel, brain	1 year
Due to Carcinoma of right breast.	1 year
Due to Cachexia and secondary anemia	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John P. Ulrich Jr M. D.
Address 5 St. Paul Balt. Md. Hosp Date signed 4-1-40

Edward P Ruby

67893 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 67893

CERTIFICATE OF DEATH

157 E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 403 S. Augusta Ave St. 20-8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward P. Ruby

If U. S. Veteran specify WAR .....

(a) Residence: No. 403 S. Augusta Ave St., ... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 21/40

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Chester Ruby

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margt. Redgrave

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Margt. Ruby

(Address) 403 S. Augusta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apr. 2 1940

UNDERTAKER George L. Aghrust

Address 2401 Pennsylvania Ave.

(Date) 1940 Huntington Williams, Mg. Partner.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar. 31st 1940

22. I HEREBY CERTIFY, That I attended deceased from Mch 26 1940 to Mch 31st 1940

I last saw him alive on Mch 31 1940 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
3 Weeks Pneumonia	
Organic heart dis to pulmonary	
Other contributory causes of importance Pneumonia Complicated by Pneumonia & Pleurisy	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. A. Smith M. D.

(Address) 1605 N. North Ave

7894

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-W Registered No. F 67894

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1115 Enson Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 Enson Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Salvatore Di Stefano

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-03-1023

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Josephine Di Stefano

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 25 1885

8. AGE: Years 55 | Months 2 | Days 5 | If less than one day hr. min.

9. Birthplace Italy (City, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Pasquale Di Stefano
13. Birthplace Italy

MOTHER
14. Maiden Name Rosario Y Bruno
15. Birthplace Italy

16 (a) Informant Josephine Di Stefano
(b) Address 1115 Enson Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Albert W Dingon
(b) Address 4440 E North Ave

APR 8 1940 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1939, to Mar 30 1940
and that I last saw h[illegible] alive on Mar 29 1940

Immediate cause of death Cerebral Hemorrhage — Mar 30 — Duration 1940
Due to Uremia Chronic 1939
Due to Hypertension 1939
Due to Nephritis 1939

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 2502 Eastern Date signed Apr 8-40

VS 3

67895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 67895
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mthena + Caton Aves.
(c) Hospital or institution:
St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 623 Aldershot Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Edward F. Rogers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Rose

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1864

8. AGE: Years 76 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace: Balto. Md. (Town, county, and state)

10. Usual Occupation: Plumber

11. Industry or business

FATHER
12. Name: Peter Rogers
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Bridget Montague
15. Birthplace: Ireland

16 (a) Informant: Mrs. H. J. Hunt
(b) Address: 625 Aldershot Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2, 1940 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Pikesville, Md.

18 (a) Funeral director: George Le. Smith
(b) Address: 1900 Eutaw Place, Baltimore

APR 2 1940 (a) Date rec'd by registrar (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3-31- 1940 at 7.40 a.m. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-27 1940 to 3-31-1940 and that I last saw him alive on 3-31 1940.

Immediate cause of death: Arteriosclerosis generalized

Due to:

Due to:

Other Conditions: Diabetes mellitus

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —

Of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Charles N. Levick M.D.

Address: St Agnes Hosp Date signed 3-31-40

F 67896

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46-E

Registered No. F 67896

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Northway Apts.
(c) Hospital or institution:
none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Northway Apartments
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Anne English Bagby

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Charles T. Bagby
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1867

8. AGE: Years	Months	Days	If less than one day
72	6	13	hr. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name James W. English
13. Birthplace Va.

MOTHER
14. Maiden Name Anne Chapman
15. Birthplace Va.

16 (a) Informant Charles T. Bagby
(b) Address Northway Apartments

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2, 1940 (month) (day) (year)
(c) Cemetery Loudon Park
Location Frederick Avenue, Baltimore

18 (a) Funeral director John O. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Place, Baltimore

APR 2 1940 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 31 1940; at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 21 1940 to March 31 1941. and that I last saw h.er alive on March 31 1940

Immediate cause of death Carcinoma of Colon

Duration 7 months

Due to

Due to

Other Conditions Metastases to liver

(Include pregnancy within 3 months of death)

Major findings:
Of operation Carcinoma of ileo-caecal junction & liver metastases
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —

23. Signature John Tilden Howard M. D.

Address 12 E. Eager St. Date signed Apr. 1, 40

F 67897 54105 FB

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

Registered No. F 67897

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 733 Wilmer Court (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Spriggs

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband ~~or wife~~ Charles (dead)
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 5, ~~1878~~ 1880
8. AGE: Years ~~61~~ 59 | Months 5 | Days 26 | If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife - Housework
11. Industry or business

FATHER
12. Name William Chester
13. Birthplace Maryland

MOTHER
14. Maiden Name Katie Brown
15. Birthplace Pema.

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn.
Location

18 (a) Funeral director Thos. E. Kelson
(b) Address 1303 Presstman St

19 (a) Date rec'd 1940 (b) Registrar Huntington Williams, M.D.

APR 2

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-31- 1940, at 12:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-28- 1940, to 3-31- 1940 and that I last saw h~~e~~r alive on 3-31- 1940.

Immediate cause of death: Diffuse avidoma Cellulitis — Duration: 7 days
Due to: Diabetes mellitus — 10 "
Due to — ?
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature I. Milwaukee Stein M. D.
Address Balto City Hosp. Date signed 4-1-40

F 67898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-B Registered No. F 67898

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address ——

(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (~~yrs.~~ mos., or days) 8

(e) Length of stay in Baltimore (yrs., mos., or days) ——

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland County U.S.A.

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1544 Woodyear St. (If rural give location)

(e) If foreign born, how long in U. S. A.? —— years

3 (a) FULL NAME Pearl Harrison

3 (b) If veteran, name war ——

3 (c) Social Security Account No. ——

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: George Harrison

6 (c) If single, give age ——

7. Birth date of deceased (mo., day, yr.): April 10 1903

8. AGE: Years 37 | Months 11 | Days 20 | If less than one day: hr. ——— min. ———

9. Birthplace: Balto. Md. (Town, county, and state)

10. Usual Occupation: Home wife.

11. Industry or business ——

FATHER 12. Name: Oscar Washington,

13. Birthplace: Md

MOTHER 14. Maiden Name: Eliza Barnett.

15. Birthplace: Md

16 (a) Informant: George Harrison

(b) Address: 1544 Woodyear St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4 3 40 (month) (day) (year)

(c) Cemetery or crematory: Arbutus

Location: Md

18 (a) Funeral director: Thomas E. Kelson

(b) Address: 1303 Presstman st

19 (a) APR 9 1940 (Date received by registrar) (b) Huntington Ave Baltimore Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 30 1940. at 12:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-22 1940, to 3-30 1940, and that I last saw h[illegible] alive on 3-30 1940.

Immediate cause of death: Pelvic Peritonitis — Duration: Acute

Due to: Uterine Fibroid

Due to: Secondary Anemia

Other Conditions: ——

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Uterine Fibroid

Of autopsy: ——

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ——

(b) Date of occurrence ——

(c) Where did injury occur? (City or town) (County) (State) ——

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ——

(e) Means of injury ——

23. Signature: Franklin Phillips M. D.

Address: 514 Division St Date signed: 3/30/40

67899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 67899

Registered No. 1314

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1029 W. Cross St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1029 W Cross St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John E. Towner

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Nancy Lee.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 16 1875

8. AGE: Years	Months	Days	If less than one day
64	3	14	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation City Fireman
11. Industry or business Fire Dept

FATHER
12. Name James Towner
13. Birthplace West Va

MOTHER
14. Maiden Name Louise Baiker
15. Birthplace Balto Md.

16 (a) Informant Mrs. James Towner
(b) Address 1029 W Cross St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave

18 (a) Funeral director John J Conway & Son
(b) Address 908 Hollins St.

19 (a) 1940 (b) (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1940 at 89 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1939, to March 30 1940, and that I last saw him alive on March 24 1940

Immediate cause of death	Duration
(a) Intestinal Nephritis	8 Months
Due to Mitral Stenosis	
Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dorsey Hoag M.D.
Address 721 Wash. Blvd. Date signed March 31 1940

F 67900

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1860

F 67900 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address —
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 837 W Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Knox

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Late Mary Knox

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
about 80			hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Watchman

FATHER
12. Name James Knox
13. Birthplace Washington, D.C.

MOTHER
14. Maiden Name Mary Curtis
15. Birthplace Ireland

16 (a) Informant Mr. James P. Knox
(b) Address 901 Hollins St

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 4/3/1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd

18 (a) Funeral director John J. Coveny & Son
(b) Address 901 Hollins St

19 (a) APR 2 1940 (Date rec'd by registrar) (b) Attesting official Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31st 1940, at 5:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Pneumonia, hypostatic	4 days
Due to Fracture, neck of left femur	4 days
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 28, 1940
(c) Where did injury occur? 837 W Fayette St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury fell to floor

23. Signature H. Lee Williams M.D.
Medical Examiner.
Date signed 3 [illegible] 40

COPIES ARE NOT ACCEPTED

VS 6

67901

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V/3B

F 67901
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1539 Orleans St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-5
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1539 Orleans St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herman Dorsey

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-21-1901

8. AGE: Years	Months	Days	If less than one day
38	3 2	10	hr. min.

9. Birthplace Marley Neck, A.A Co. Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Washington Dorsey
13. Birthplace Anne Arundel Co Md

MOTHER
14. Maiden Name Eleanor Spencer
15. Birthplace Anne Arundel Co. Md

16 (a) Informant Washington Dorsey
(b) Address 1539 Orleans St

17 (a) (Burial, cremation, or removal) (b) Date thereof 4 3 1940 (month) (day) (year)
(c) Cemetery or crematory Marley Neck
Location A.A. Co. Md.

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

ARR (a) Date received by registrar (b) Registration District Huntington Williams Hd.
VS 3 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/31 1940 at 6.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-12 1940 to 3-31 1940 and that I last saw him alive on 3-31 1940.

Immediate cause of death	Duration
Pulmonary Tuberculosis	2 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Howard M.D.
Address 1500 E. Madison St Date signed 4/3/40

67902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

E 67902 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1736 Baker st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1736 Baker st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Gantt (Gant, or Ganz)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 69 | Months | Days | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name unknown

13. Birthplace —

MOTHER 14. Maiden Name —

15. Birthplace —

16 (a) Informant Mary Brown

(b) Address 1218 Wheatcoat

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 4/3/40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn.

Location

18 (a) Funeral director F. E. Kelson

(b) Address 1303 Preston am St

19 (a) Date received (b) Registrar Washington Williams, M.D. Registrar

APR 2 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1940, at Early a. m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Generalized arteriosclerosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.

Date signed 3/30/40

7903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 67903

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1136 N. Hamburg St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2

(e) Length of stay in Baltimore (yrs., mos., or days) 49

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
or Street No. 1136 N. Hamburg St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 49. years

3 (a) FULL NAME Henry J. Konradi Jr.

3 (b) If veteran, name war: no.

3 (c) Social Security Account No. 215-10-0693

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Carrie L. Konradi

6 (c) If alive, give age: 60. years

7. Birth date of deceased (mo., day, yr.) Oct 8. - 1882.

8. AGE: Years 57 | Months 5 | Days 22 | If less than one day: hr. ... min.

9. Birthplace: Germany (Town, county, and state)

10. Usual Occupation: Inspector

11. Industry or business: Brass Copper & Brass Inc.

FATHER
12. Name: Henry J. Konradi
13. Birthplace: Germany.

MOTHER
14. Maiden Name: Katherine M. Jag.
15. Birthplace: Germany.

16 (a) Informant: Carrie L. Konradi
(b) Address: 1136 N. Hamburg St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr 3. 1940 (month) (day) (year)

(c) Cemetery or crematory: Meadowridge Memorial Park
Location: Dorsey. Md.

18 (a) Funeral director: Mr. Mrs. John N. Teufel & Son
(b) Address: 801 N. Fayette St.

19 (a) ... (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar 31. 1940 at 2.9. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 30 1940. to Mar. 31 1940. and that I last saw him alive on Mar. 30 1940.

Immediate cause of death

Due to: Lobar Pneumonia — Duration: 6 da.

Due to: Cardiac Dilatation — Duration: 24 hrs.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Stanley C. Gale M. D.
Address: Med Arts Bldg. Date signed

~~67904~~ 67904

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 F 67904 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore - (If outside city or town limits, write RURAL and give town)
(d) Street No. 170 + W. Lafayette Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16-9

3 (a) FULL NAME John Nicholson
3 (b) If veteran, name war
3 (c) Social Security Account No. 218-10-7316
4. Sex Male
5. Color or race Negro
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Beatrice Nicholson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 57 Months Days If less than one day hr. min.
9. Birthplace Maryland - (Town, county, and state)
10. Usual Occupation Laborer -
11. Industry or business
FATHER 12. Name George Nicholson
13. Birthplace Md. -
MOTHER 14. Maiden Name Mary -
15. Birthplace Md.
16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-40 (month) (day) (year)
(c) Cemetery or crematory Furnace Branch
Location Arlington Md
18 (a) Funeral director Jas. Bu. Skinner
(b) Address 227 Lombard St
19 (a) Huntington Woodlawn, Md.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 31, 1940, at 9 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 9th 1940, to Mar. 31 1940 and that I last saw h. alive on Mar. 31 1940.

Immediate cause of death Cachexia — Duration ? Weeks

Due to Primary Carcinoma of Liver

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W B McAllister Jr. M. D.
Address Johns Hopkins Date signed

7905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

483

F 67905
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 524 N. Calhoune
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) ?
(e) Length of stay in Baltimore (yrs., mos., or days) .

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Balto.
(If outside city or town limits, write RURAL and give county)
(d) Street No. 524 N. Calhoun St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Rosa Brooks

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widow

6 (b) Name of husband or wife Chas. Brooks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 16 1884

8. AGE: Years	Months	Days	If less than one day
56	2	13	— hr. — min.

9. Birthplace Charles Co Md.
(Town, county and state)
10. Usual Occupation Domestic
11. Industry or business Housework

FATHER
12. Name Henry (Unknown)
13. Birthplace Charles Co Md

MOTHER
14. Maiden Name Henrietta Smallwood
15. Birthplace Charles Co Md.

16 (a) Informant Gilbert E Smallwood
(b) Address 618 Pitcher St.

17 (a) ..... (b) Date thereof April 2, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location .....

18 (a) Funeral director Mrs Katie R Williams
(b) Address 327 N Schroeder St.

19 (a) ..... (b) ..... Registrar

APR 2 1940
Registered by .....

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29, 1940, at 2:15 PM

21. I certify that death occurred on the date above stated that I attended deceased from March 10, 1940 to March 29, 1940 and that I last saw h alive on March 29 1940.

Immediate cause of death Carcinoma of Intestines

Duration
7

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be chargvid statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Walter S. Saylor M. D.
Address 1522 Harlem Ave. Date signed 3/31/40

correct age if approximate

906 F 67906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 767 Ramsay St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 767 Ramsay St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Henry Kaufman
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Elizabeth Kaufman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 30. 1885

8. AGE: Years 54 | Months 7 | Days 1 | If less than one day hr. min.

9. Birthplace U S A. (Town, county, and state or foreign country)

10. Usual Occupation Painter for School Board
11. Industry or business

FATHER
12. Name Leo Kaufman
13. Birthplace U.S.A.

MOTHER
14. Maiden Name Annie Moller
15. Birthplace U.S.A.

16 (a) Informant Elizabeth Kaufman (wife)
(b) Address 767 Ramsay St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4 / 3 / 40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore City (Md

18 (a) Funeral director John R Deering
(b) Address 1242 Lead Ter (Catonsville)

19 (a) (Date rec'd by registrar) (b) Hunting Ter Williams MD (Registrar)

APR 2

VS 3 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 31 1940 at 3.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1st 1939 to Mar 31 1940 and that I last saw him alive on 3-31-1940

Immediate cause of death
Myocarditis — Duration 7 M
Due to Nephritis — 2 yrs
Due to Hypertension — 2 yrs
Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Hans J Steele M. D.
Address 523 Aisquith Date signed 4-1-40

67907 F 67907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1336 Argyle ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1336 Argyle ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E Matthews

3 (b) If veteran, name war

3 (c) Social Security Account No. 4[illegible]

4. Sex fem | 5. Color or race colored | 6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife Evans Matthews

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years 74 yrs | Months | Days | If less than one day hr. min.

9. Birthplace Coppersville, Talbot Co., Md (Town, county, and state)

10. Usual Occupation laundress

11. Industry or business

FATHER 12. Name Phillip Mooney

13. Birthplace Coppersville Talbot Co Md.

MOTHER 14. Maiden Name Mary E Mooney

15. Birthplace Coppersville Talbot Co Md

16 (a) Informant Agnes Bailey

(b) Address 1336 Argyle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2-40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cemetery

Location Balto.

18 (a) Funeral director Archibald G Gaddes

(b) Address 2241 Eutaw Pl

19 (a) 3-40 (Date received by registrar) (b) Thomas J Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30th 1940, at 4:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 22 1940 to March 30 1940. and that I last saw her alive on March 29 1940.

Immediate cause of death: Bronchio pneumonia following La Grippe

Due to Severe cough with phlegm in stomach

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration 8 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. B. Tevana, M.D. M. D.

Address 528 E 36th Street Date signed

VS 3

correct age is 74 yrs

7908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1157

F 67908 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution:
St. Josephs Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 715 N. Fulton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary C. Clark

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife James P Clark
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 10 1859

8. AGE: Years	Months	Days	If less than one day
80	10	21	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Wm Barker
13. Birthplace Va

MOTHER
14. Maiden Name Patience Jones
15. Birthplace Md

16 (a) Informant James P Clark
(b) Address 715 N Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore City

18 (a) Funeral director Geo R Sittle
(b) Address 2700 Edmondson Ave

19 (a) (Date) 1940 (Signature of registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1940, at 7 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 28 1940 to April 1 1940, and that I last saw he alive on April 1 1940.

Immediate cause of death
Cardiac Decompensation — 5 days
Terminal Pneumonia — 2 days
Due to Ludwigs Angina — 6 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Kelmenson M. D.
Address St. Josephs Hosp Date signed 4-1-40

909 F 67909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3506 Chestnut Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3506 Chestnut Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura L. McFadden.

3 (b) If veteran, name war: none. | 3 (c) Social Security Account No. none

4. Sex: Female. | 5. Color or race: White. | 6 (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife: Wm. J. McFadden.

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 16-1862

8. AGE: Years	Months	Days	If less than one day
77	6.	14	hr. min.

9. Birthplace Carroll Co. Md. (Town, county, and state)
10. Usual Occupation House work
11. Industry or business At home.

FATHER
12. Name Adam Henry.
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Hanna Leheigh.
15. Birthplace Unknown.

16 (a) Informant Mrs. Beulah Spann.
(b) Address 3506 Chestnut Ave.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof April 3-1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Baltimore - Md.

18 (a) Funeral director Charles J. Schwab.
Address 505 N. Monroe St.

19 (a) 4 Apr 2 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1940, at 9.35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-1 1939, to March 31 1940 and that I last saw h[illegible] alive on March 31 1940.

Immediate cause of death	Duration
Arteriosclerotic Cardiovascular Disease with Decomp.	?
Due to	
Due to	
Other Conditions Possible Ca of Colon	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lawrence J. Shumaker M. D.
Address 3711 Falls Rd Date signed 4-1-40

correct age in [illegible] only

67910

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194-a

F 67910 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 304 Dunmbridge Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 304 Dunmbridge Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME MICHAEL J. KRAM

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife Caroline M. Kram

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1863

8. AGE: Years 77 | Months — | Days 15 | If less than one day hr. min.

9. Birthplace Germany Baltimore
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Fireman

FATHER
12. Name John. Kram
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmina Egring
15. Birthplace Germany.

16 (a) Informant John M. Kram
(b) Address 1521 Abbottson St.

17 (a) Burial (b) Date thereof 4/4/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Chas F. Dausch Inc.
(b) Address 18 W. Mt. Royal Ave

19 (a) (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

APR 2 1940

VS 6

correct age if apparently under 1 year

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1st 1940, at 9:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said — find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration sudden

Due to Arteriosclerosis general

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Waltemeyer M.D.
Coroner Medical Examiner.

Date signed 4-1-40

F 67911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 67911

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 131 E. Preston Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles W. Phillips Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 716-10-3768

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Etta M. Phillips
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) April 18-1875

8. AGE: Years	Months	Days	If less than one day
64	11	12	hr. min.

9. Birthplace Penna. (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business Penna Railroad

FATHER
12. Name George Phillips
13. Birthplace Penna

MOTHER
14. Maiden Name Elizabeth Hollenbaugh
15. Birthplace Penna

16 (a) Informant Mrs Etta M. Phillips
(b) Address 731 E. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Chas. E. Sauerwein Sons Inc.
(b) Address 118 N. Mt Royal Ave.

19 (a) (Date rec'd by registrar) (Signature of registrar) (Registrar)

APR 2 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1940, at 5:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 27 1940 to March 30 1940 and that I last saw h[illegible] alive on March 28 1940.

Immediate cause of death: Lobar Pneumonia — Duration

Due to Type III pneumococcus.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. B. Daugherty M. D.

Address Franklin Sq. Hosp. Date signed 4/3/40

F 67912

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 112

F 67912 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 minutes
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3808 Juniper Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

112

3 (a) FULL NAME Louis Roosmanor (Dr. Louis ROSSMANN)

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mary Queen Roosmanor
6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) March 5, 1899

8. AGE: Years	Months	Days	If less than one day
41	0	28?	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation dentist
11. Industry or business Dentistry (self employed)

FATHER
12. Name Louis Rossmann.
13. Birthplace Germany

MOTHER
14. Maiden Name Minnie Leipple
15. Birthplace Maryland.

16 (a) Informant Mrs. Mary A. Rossmann (wife)
(b) Address 3808 Juniper Rd - Finished

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director Stewart & Mooney Co
(b) Address 108-20 North Avenue

19 (a) [illegible] (Date rec'd by custodian) (b) Interring or removing [illegible]

APR 2 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1940, at 2:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1940, to April 2 1940, and that I last saw him alive on April 2 1940.

Immediate cause of death	Duration
Respiratory failure	5 hr.
Due to Bronchial asthma	2 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. D. Sunday
Address Union Memorial Date signed 4/2/40

correct age is especially important

F 67913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 a Registered No. F 67913

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4013 Oakford Ave.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) abt 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. City.
(c) City or town Balto. City.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4013 Oakford Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Harriett Boker

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Edward W. Boker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb-26-1872

8. AGE: Years	Months	Days	If less than one day
68	01	5	hr. min.

9. Birthplace Washington, D.C.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Horace Lockard
13. Birthplace Indiana

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Mrs. Dora T. Bond (daughter)
(b) Address 4013 Oakford Ave.

17 (a) Cremation (b) Date thereof Apr 3 '40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Avenue

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (U. F. WOODEN SUC.) 106 W. SOUTH AVENUE

19 (a) (Date rec'd by registrar) (b) Thornton Williams Registrar

APR 2 VS 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1940, at 1210 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13 1940, to April 1 1940, and that I last saw h[illegible] alive on March 31 1940.

Immediate cause of death
Cerebral Hemorrhage
Due to Arterial Hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
45 days
about
years

Major findings:
Of operations None
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. E. Nichols M.D.
M. D.
Address Pikesville Md. Date signed 4-1-40

67914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

136-B F 67914 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division Street
(c) Hospital or institution: Provident Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 W Fort St (If rural give location) 22
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Alfred Redwood
3 (b) If veteran, name war world war
3 (c) Social Security Account No. none
4. Sex male
5. Color or race
6 (a) Single, married, widowed, or divorced. married
6 (b) Name of husband or wife ?
6 (c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) 1863
8. AGE: Years 77 | Months | Days | If less than one day ..... hr. ..... min.
9. Birthplace Hampton, Va (town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Joseph R Redwood
13. Birthplace Hampton Va

MOTHER
14. Maiden Name ?
15. Birthplace Unknown

16 (a) Informant Hilda Prince
(b) Address 115 Perry Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-40 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Balto City

18 (a) Funeral director Garnett L. Brown
(b) Address 1201 Pennsylvania Ave

19 (a) Date received by registrar APR 2 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/29/40 at 3:16 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/23/40 to 3/29/40 and that I last saw h[illegible] alive on 3/29/40

Immediate cause of death Acute Toxemia — Duration .....
Due to .....
Due to .....
Other Conditions Urinary extravasation. Perforation of bladder
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy not obtained

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature H. A. Colbleone M. D.
Address ..... Date signed 3/29/40

F 67915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58-9 F 67915 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1508 Covington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1508 Covington St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John M. Keys

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine K. Keys
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 21, 1892

8. AGE: Years	Months	Days	If less than one day: hr.	min.
58	2	10	18	52

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business B. & O. R.R.

FATHER
12. Name John Keys
13. Birthplace Pa.

MOTHER
14. Maiden Name Marion Smith
15. Birthplace Balto Md.

16 (a) Informant Mrs. John M. Keys (wife)
(b) Address 1508 Covington St.

17 (a) Burial (b) Date thereof 4/6/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Old Frederick Rd

18 (a) Funeral director Margaret G. Flynn
(b) Address 1422 Light St

(c) (b) [illegible] Funeral director

APR 2 1940
(Date rec'd by registrar) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1940 at 9:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1937 to March 31 1940 and that I last saw him alive on March 31 1940.

Immediate cause of death Rheumatic Carditis — Duration 4 years

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Kerman M. D.
Address 1934 Wilkens Ave Date signed April 1, 1940

F 67916

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

54 B F 67916 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2016 N. Bentalou St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2016 N. Bentalou St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 32 years

5

3 (a) FULL NAME Bella Katz

3 (b) If veteran, name war	3 (c) Social Security Account No.
~	~

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Jacob
(c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years	Months	Days	If less than one day
37			hr. min.

9. Birthplace Russia (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Sandor Katofsky
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah
15. Birthplace Russia.

16 (a) Informant Jacob Katz
(b) Address 2016 N. Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Pl. & Druid Hill Ave
Location Mt. Pl. & Druid Hill Ave.

18 (a) Funeral director Chas. Leupp Inc.
(b) Address 1439 E. Baltimore St

19 (a) APR 2 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-1-40 19 , at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from — 1938, to 4-1 1940, and that I last saw h. alive on 4-1 1940.

Immediate cause of death: malignant tumor of brain — Duration: 4 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton Brush M. D.
Address 2904 Reisterstown Rd Date signed 4/2/40

VS 3

67917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-1

F 67917

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 17 N. Amy St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 17 N. Amy St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 18 years

3 (a) FULL NAME Baila Goldberg

3 (b) If veteran, name war	3 (c) Social Security Account No.
-	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Jekuda
13. Birthplace Russia

MOTHER
14. Maiden Name Libby
15. Birthplace Russia

16 (a) Informant Mrs. Pluet
(b) Address 17 N. Amy St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-40 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Phil Rd. + Brooklyn Ave.

18 (a) Funeral director Jos. Louis Inc.
(b) Address 1439 E Balto St

APR 2 1940 (a) (Date rec'd by registrar) (b) for Williams (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-1-40 19 , at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1931 to April 1 1940, and that I last saw her alive on April 1 1940.

Immediate cause of death
General Arteriosclerosis
Chr. Myocarditis

Duration 10 yrs 10 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton L. Solomon M.D.
Address 127 S. Bway Date signed 4/2/40

F 67918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered F 67918

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Keeley Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 413 E. Preston St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Lowenstein

3 (b) If veteran, name war No

3 (c) Social Security Account No. No

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Ruth E. Stollings

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 17, 1886

8. AGE: Years 53 | Months 3 | Days 14/5 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Street Cleaning Dept

11. Industry or business Balto, Md Tobacco

FATHER
12. Name Charles J. D. Lowenstein
13. Birthplace Germany

MOTHER
14. Maiden Name Anna E. Brendel
15. Birthplace Balto, Md

16 (a) Informant Margaret C. Samuel
(b) Address 522 Fremont Ave

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** April 4 1940 (month) (day) (year)
(c) Cemetery or crematory London Park Cemetery
Location Frederick Rd Irvington

18 (a) Funeral director Edmund W. Conkling Son
(b) Address 924 E. Eager St.

19 (a) APR 2 1940 (Date registered) **(b)** [illegible] (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1st 1940, at 4½ P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Calcification Aortic Valve; Erosion Indeed - Plaques; Embolism Anterior ventricular branch Left Coronary Circumflex coronary artery.

Duration

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M.D. Medical Examiner.

Date signed 7-2-40

Correct age is especially important

F 67919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-W

Registered No. E 67919

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 411 Loudon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 N. Loudon Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2017

3 (a) FULL NAME Mary A. Reynolds

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband Late George W. Reynolds
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1859

8. AGE: Years	Months	Days	If less than one day
80	10	28	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name Wm H. Jubb
13. Birthplace Md

MOTHER
14. Maiden Name Mary E Boyd
15. Birthplace Md

16 (a) Informant Mrs Frank Pipkin
(b) Address 411 Loudon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2 1940 (Month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location 2930 Frederick Rd

18 (a) Funeral director Harry L Wittle
(b) Address 410 E Edmondson Ave

19 (a) APR 2 1940 (b) (Date Rec'd by registrar) Registrar

VS 8

correct age is expressing

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1940, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1940 to March 30 1940, and that I last saw h alive on March 29 1940.

Immediate cause of death: Chronic Nephritis — Duration 2

Due to Arteriosclerosis — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature George L Wiseley M. D.
Address 4000 Edmondson Ave Date signed 4-2-40

67920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W ✓ Registered No. F 67920

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1808 W Fayette Street
(c) Hospital or institution: ********** ********** **********

F 67921

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 67921 Registered No.

1. PLACE OF DEATH
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2729 Parkwood ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas M Dunnock

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-3653

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ellis M. Dunnock
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Aug. 29 1886

8. AGE: Years	Months	Days	If less than one day
53	7	1	hr. min.

9. Birthplace Dorchester Co., Md.
(Town, county, and state)

10. Usual Occupation Motorman
11. Industry or business Balto. Transit Co.

FATHER
12. Name Matthew Dunnock
13. Birthplace Dorchester Co., Md.

MOTHER
14. Maiden Name Annie Corsey
15. Birthplace Dorchester Co., Md.

16 (a) Informant Mrs. Ellis M. Dunnock
(b) Address 2729 Parkwood Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 3, 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave.,

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.,

19 (a) APR 2 1940 (Date rec'd by registrar) (b) Hunter or Williams, M.D. Registrar

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-30-1940 at 3 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy I find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to Arteriosclerosis	
Due to	
Other Conditions Hypertension	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 3-31-40

VS 6

F 67922

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-3

F 67922 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1732 Light St.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1732 Light St.,
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Michael Haffner

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Amanda A. Haffner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1858

8. AGE: Years 81 | Months 5 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Worked in Box Factory
Retired 10 Yrs. ago

11. Industry or business Raffell Box Co.

FATHER
12. Name Not Known
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Mrs. Amanda A. Haffner
(b) Address 1732 Light St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 3, 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Blvd.

18 (a) Funeral director H. Howard Storey
(b) Address 715 Light St.,

19 (a) APR 2 1940 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

7.50

20. DATE OF DEATH Mar. 31, 1940 19 , at 8 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 30 1940 to Mar. 31 1940 and that I last saw him alive on Mar. 30 1940

Immediate cause of death — Duration

Acute dilatation of heart — 2 days

Due to Mitral regurgitation (Indef.)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Campbell M. D.

Address 1644 Hanover St. Date signed

67923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 ✓

F 67923
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 444 Patapsco Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 77

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Brooklyn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 444 Patapsco Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

25

3 (a) FULL NAME Margaret V. L. Ford

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Robt. L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 27 1862

8. AGE: Years	Months	Days	If less than one day
77	4	4	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework at home
11. Industry or business —

FATHER
12. Name George Long
13. Birthplace Germany

MOTHER
14. Maiden Name Lillie Parks
15. Birthplace Md.

16 (a) Informant Mrs Lillie Marks
(b) Address 1442 Patapsco St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3/40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location 2900 Blk Frederick Ave

18 (a) Funeral director William M Marack
(b) Address 716 Light St

19 (a) (Date rec'd by registrar) (b) Signature

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1940, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1939 to Mar. 31 1940 and that I last saw her alive on Mar. 30 1940.

Immediate cause of death	Duration
Aortic Insufficiency	June 1939
Due to	
Due to	
Other Conditions Carcinoma of Uterus (Include pregnancy within 3 months of death)	1929

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William D Scott.
Address 4815 Pennington Ave Date signed Apr 1 1940 M. D.

VS 2

67924 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 67924

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

Registered No. _____

CITY OF BALTIMORE: (No. 2416 W. Lanvale St. 16th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 1 mos. 3 da. How long in U. S. If of foreign birth? — yrs. — mos. — da.

2. FULL NAME Frederick L. Roden

If U. S. Veteran specify WAR

(a) Residence: No. 2416 W. Lanvale St., S. S. No. 212-05-9903

(Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Wright

6. DATE OF BIRTH (month, day, year) Feb. 28, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	63	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. McDowell & Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Bernard J. Roden

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Margaret Revell

16. BIRTHPLACE (city or town) (State or country) ------- Ireland

17. INFORMANT Mrs. Rose Wright Roden

(Address) 2416 W. Lanvale Street

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 4/4 19 40

19. UNDERTAKER Henry Jr. Meade & Son

(Address) 505 N. Calvert St.

20. FILED Huntington Williams, M.D. Registrar.

APR 2 19

OCCUPATION is very important. See instructions on reverse side.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 1, 19 40

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1940 to Apr. 1 19 40

I last saw h[illegible] alive on April 1, 19 40 Death is said to have occurred on the date stated above, at 3:10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriolar Sclerosis (malignant type) (Contributory)	5 years 1945 ?
Cerebral hemorrhage	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ____ 19 ____

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Tilden Howard, M. D.

(Address) 12 E. Eager St.,

67925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-B

Registered No. F 67925

1. PLACE OF DEATH:
(a) Baltimore City, Maryland U. S. Marine Hosp.
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
Wyman Park Drive and 31st Street,
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2803 Erdman Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Paul Joseph JORDAN

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 714-03-4097

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Marie M. Schaefler
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Oct. 24, 1891

8. AGE: Years	Months	Days	If less than one day
48	5	6	hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Railway Express Company

FATHER
12. Name Paul Jordan
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Rose Worthington,
15. Birthplace Ireland.

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof April 3-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cath
Location Balto

18 (a) Funeral director Jos J Otterson Son
(b) Address 3201 Pentaclay Ave

19 (a) APR 2 1940 Huntington Wilkins Md
(Date rec'd by registrar) (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30, 1940, at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 8, 1940, to March 30, 1940, and that I last saw him alive on March 30, 1940.

Immediate cause of death	Duration
Intestinal hemorrhage	12 hours
Due to Duodenal ulcer	4 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Laparotomy None
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. M. H. Anderson, M. D.
Address U.S.Marine Hospital, Baltimore, Maryland. Date signed 4-1-40

7926

CCK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

54220 F 67926

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 3
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 128 S. High St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dominic Ruggere

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-1706

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1889

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-4-40 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Trappe Road, Balt.

18 (a) Funeral director Wendell, Dupper
(b) Address 1405 E. Fayette St.

19 (a) (Date rec'd by Registrar) 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-29- 1940, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-29 1940 to 3-29-1940 and that I last saw h[illegible] alive on 3-29-1940

Immediate cause of death Cerebral Hemorrhage — Duration 1 day
Due to Hypertension. CVD — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature I. Swaghelstein M. D.
Address Balto City Hosp. Date signed 4-1-40

VS 3

COPIES MADE BY [illegible]

67927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

Registered No. F 67927

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18hrs
(e) Length of stay in Baltimore 15 (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1756 Llewelyn Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Fedd

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 213-01-42-17

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife: Eddie Fedd
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) May 17 1894

8. AGE: Years	Months	Days	If less than one day: hr.	min.
45	10	13		

9. Birthplace: Greenwood S C (Town, county, and state)
10. Usual Occupation: Loiner Factory
11. Industry or business

FATHER
12. Name: Marshall Fedd
13. Birthplace: S. C.

MOTHER
14. Maiden Name: Georgia Davis
15. Birthplace: S. C.

16 (a) Informant: Eddie Fedd
(b) Address: 1756 Llewelyn ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory: Mt Calvary April 3 1940
Location: A A county

18 (a) Funeral director: Lottie Gross
(b) Address: 1408 Ashland Ave. Huntingdon Philadelphia Pa.

19 (a) APR 2 1940 (b) Registrar
(Date received by local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1940, at 10 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Mucous stasis in bronchi	
Massive collapse of lungs	
Due to Gas, Oxygen and Ether anesthesia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Acute Appendicitis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 3/30/40
(c) Where did injury occur? Johns Hopkins Hosp (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Operating room While at work? No (Specify type of place)
(e) Means of injury Died under anesthesia - G-O-E

23. Signature: H. H. Wandell Jr. M.D.
Medical Examiner.
Date signed 3/31/40

correct age is especially important

VS 6

67928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-1

Registered No. F 67928

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs.

16-8

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 720 Edgewood St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James L. Wharton (James Longacre Wharton)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of wife: Annie C. Wharton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12, 1874

8. AGE: Years 66 | Months 11 | Days 20 | If less than one day: hr. min.

9. Birthplace Dover, Delaware (Town, county, and state)
10. Usual Occupation Pensioner
11. Industry or business Baltimore Transit Co.

FATHER
12. Name Joshua Wharton
13. Birthplace Delaware

MOTHER
14. Maiden Name Mary E. Lofland
15. Birthplace Delaware

16 (a) Informant Mrs. James H. Wharton
(b) Address 720 Edgewood Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/40 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Penna. Ave. Wilmington, Del.

19 (a) APR 2 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1940, at 11.55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/29 1940, to 4/2 1940, and that I last saw h/m alive on 4/2 1940.

Immediate cause of death: Cerebral Vascular accident — Duration: 3 days
Due to Hypertensive C.V. Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Sexton M. D.
Address Mercy Hosp Date signed 4/2/40

correct age is especially important

VS 3

F 67929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 67929

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: W. Baltimore Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo
(e) Length of stay in Baltimore (yrs., mos., or days) 5mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 526 S. Hanover St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ---- years

2-1

3 (a) FULL NAME Beverly Ann Flora

3 (b) If veteran, name war: ---
3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single.

6 (b) Name of husband or wife ---
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 9th 1939

8. AGE: Years	Months	Days	If less than one day
0	5mos	22	..... hr. ..... min.

9. Birthplace Surray, Virginia (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Clifton L. Flora
13. Birthplace Brunswick, Md

MOTHER
14. Maiden Name Flora Stonelegar
15. Birthplace Stanley, Virginia

16 (a) Informant Mr. Clifton L. Flora
(b) Address 530 S. Hanover St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3-1940 (month) (day) (year)
(c) Cemetery or crematory
Location Stanley, Va.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.

APR 2 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-1 1940 at 1¼ M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-22 1940 to 4-1 1940, and that I last saw h.. alive on 3-31 1940

Immediate cause of death: Bron Aspneumonia — Duration: 6 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isadore Licher M. D.
Address West Balto. Gen. Hosp. Date signed

67930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered

F 67930

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1527 W. Lexington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard Co
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
No. 2 Street No. Harris Ville
(If rural give location)
(e) If foreign born, how long in U. S. A.? 2 years

3 (a) FULL NAME Henry Howard
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	widowed

6 (b) Name of husband or wife Lonie Howard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/20/864

8. AGE: Years	Months	Days	If less than one day
75	6mo	2da	hr. min.

9. Birthplace Howard Co
(Town, county, and state)
10. Usual Occupation Farming
11. Industry or business

FATHER
12. Name Henry Howard
13. Birthplace Md

MOTHER
14. Maiden Name Mary Fuller
15. Birthplace

16 (a) Informant Rosie Green
(b) Address 1527 W. Lexington St
17 (a) Burial (b) Date thereof April 5 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Lebey
Location
18 (a) Funeral director Robert L. Lincoln
(b) Address Baltimore Md
19 APR 2 1940 (b) Huntington Williamsburg Md
(Registered by Registrar)
VS 3 Rockville, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1940 at 9 A M
21. I certify that death occurred on the date above stated; that I attended deceased from March 29, 1940 to April 2, 1940 and that I last saw him alive on April 2, 1940
Immediate cause of death Uremia — Duration 8 Days
Due to Burns on knees from a fall on stove — Duration over
Due to Heart weakness cold hands, feet etc
Other Conditions Nephritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature L. B. Tevand M. D.
Address 528 E 35 Street Date signed 4-2-1940

PLEASE WRITE PLAINLY. Physicians: please state the correct age is especially important.

67931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-H

Registered No. F 67931

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 441 E. Eversham Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 yrs 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street 441 E. Eversham Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ray McC Robie

3 (b) If veteran, name war: No Answer

3 (c) Social Security Account No. 213-07-2167

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife: Bernadine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18 1902

8. AGE: Years	Months	Days	If less than one day
37	9	13	hr. min.

9. Birthplace Keyser Mills W Va
(Town, county, and state)

10. Usual Occupation Presser Suit Mfg

11. Industry or business Suit

FATHER
12. Name Abe McRobie
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Sister Mrs Lenora Lenhart
(b) Address 7009 York Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/40 (month) (day) (year)
(c) Cemetery or crematory Ed Gardens
Location Towson Md

18 (a) Funeral director Hutchinson & Gould
(b) Address 1214 E Gould St

19 APR 2 1940 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 6

correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1940, at 1 a. m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said to find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Illuminating gas poisoning — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 4/1/40
(c) Where did injury occur? 441 E. Eversham Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home-Kitchen While at work? No (Specify type of place)
(e) Means of injury Open jets / Gas stove

23. Signature W. P. Lansdale M.D.
Medical Examiner.
Date signed 4/2/40

F 67932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

Registered No. F 67932

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital 12-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 8

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2100 N. Charles st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Crigger

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 220-07-2941

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mildred.
6 (c) If alive, give age 22 years

7. Birth date of deceased (mo., day, yr.): Feb 9 1918

8. AGE: Years: 21 | Months: 1 | Days: 21 | If less than one day: 3 hr. min.

9. Birthplace: Bluefield W Va.
(Town, county, and state)

10. Usual Occupation: Waiter
11. Industry or business: Standard Sanitary Mfg Co

FATHER
12. Name: Joseph D Crigger
13. Birthplace: Smith Co Va

MOTHER
14. Maiden Name: Della May Hendrick
15. Birthplace: Va

16 (a) Informant: Della M Crigger
(b) Address: 2100 N Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr 2 40 (month) (day) (year)
(c) Cemetery or crematory: Maryland Cem
Location: Forestville Md

18 (a) Funeral director: McCord & Sons
(b) Address: 1214 E Lanvale St

APR 2 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1940 at 6:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Burns — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Accidental
(b) Date of occurrence: 4/1/40
(c) Where did injury occur? Washington Blvd Saint Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work?
(e) Means of injury: Burn on hand by caught in fire

23. Signature: Wm H Anderson M.D. Medical Examiner.
Date signed 4/2/40

VS 6

correct age is especially important

F 67933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓

Registered No. F 67933

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 114 S. Stricker St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 9 3

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 114 S. Stricker St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James R. Marton

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Sophia E (nee Haigley)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 20, 1857

8. AGE: Years	Months	Days	If less than one day
82	6	11	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired Machinist
11. Industry or business B+O. RR.

FATHER
12. Name John Martin
13. Birthplace Md

MOTHER
14. Maiden Name Rebecca Orem
15. Birthplace Md

16 (a) Informant Lillie Marton
(b) Address 114 S. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3 1940 (month) (day) (year)
(c) Cemetery ~~cemetery~~ Mt Olivet
Location 2930 Frederick Ave

18 (a) Funeral director Henry H. Wilhelm
(b) Address 4101 Edmondson Ave

19 (a) APR 2 1940 Huntington Williams M.D. (Registered by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 29 1940 to Mar. 31 1940, and that I last saw ~~him~~ alive on Mar 30 1940.

Immediate cause of death	Duration
Due to Cardiac Dilatation	50 hrs.
Due to Old Age	over
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Lyt. C. Blake M. D.
Address Med. Arts Bldg Date signed

correct age is especially important.

VS 8

67934

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-A

Registered Number 67934

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 627 Linnard St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 627 Linnard St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary O. Irvins

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband ~~Living~~ Late Wm L Irvins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 8, 1867

8. AGE: Years	Months	Days	If less than one day
72	6	24/7	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

MOTHER / FATHER
12. Name Wallace C. Davidson
13. Birthplace Z. Y.
14. Maiden Name Mary a Charlton
15. Birthplace Va.

16 (a) Informant Harry C. Irvins
(b) Address Indian Head, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Bumpy Oak
Location Pomonkey Md

18 (a) Funeral director Harry H Wittke
(b) Address 4101 Edmondson Ave

19 (a) Filed by registrar APR 8 1940 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1940, at 2.15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1934, to March 31 1940 and that I last saw h[illegible] alive on March 31 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Arteriosclerosis	6 years
Due to Chronic Nephritis	
Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Victor Goldberg M.D.
M. D.
Address Date signed

correct age is especially important. Typewriter preferred.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

67935 F 67935

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 N. Charles St. 11-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Dr. Louis B. Henkel Jr

If U. S. Veteran specify WAR

(a) Residence: No. 1317 N. Charles St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Etta Rals Henkel

6. DATE OF BIRTH (month, day, year) April 18th 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Physician

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jersey City N.J.

FATHER

13. NAME John Henry Henkel

14. BIRTHPLACE (city or town) (State or country) N.Y. N.Y.

MOTHER

15. MAIDEN NAME Julia Stein

16. BIRTHPLACE (city or town) (State or country) N.Y. N.Y.

17. INFORMANT Henrietta Steckert

(Address) 24 Myrtle Ave. Irvington N.J.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Date 4/4 1940

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

20. FILED APR 3 1940 Registrar.

State CAUSE OF DEATH in plain terms. DISEASES RESULTING FROM OCCUPATION is very important. See instructions on back.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st 1939 to April 1st 1940

I last saw h alive on April 1, 1940 Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	
Myocarditis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Apple M. D.

(Address) 408 N. Charles St

HEALTH DEPARTMENT—CITY OF BALTIMORE

67936

CERTIFICATE OF DEATH

1 08 F 67936

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Mercy University Hospital St. 2-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sarah E. Hinkel

If U. S. Veteran specify WAR

(a) Residence: No. 1907 Gough St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William E Hinkel

6. DATE OF BIRTH (month, day, year) July 14th 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Beverly Sunderland

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary E. Coleman

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Eleanor Hinkel

(Address) 1907 Gough St

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date 4/5/ 19 40

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

20. FILED APR 3 1940 19 Registrar.

MEDICAL CERTIFICATE OF DEATH X

21. DATE OF DEATH (month, day, year) April 2nd 1940

22. I HEREBY CERTIFY, That I attended deceased from March 25th 1940, to April 2nd 19 40

I last saw h. alive on April 2nd 19 40 Death is said to have occurred on the date stated above, at 10:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, right	3-25-40
Other contributory causes of importance Senile Disease.	3 yrs. ago

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis Calvin Garcia M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 67937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

Registered F 67937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1129 Ashburton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1129 Ashburton St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

67

3 (a) FULL NAME Bernice E. Fuller

3 (b) If veteran, name war No
3 (c) Social Security Account No. 213-03-6395

4. Sex Female
5. Color or race White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married
6 (b) Name of husband ~~or wife~~ Russell H. Fuller
6 (c) If alive, give age 25 years
7. Birth date of deceased (mo., day, yr.) Feb 3rd 1915
8. AGE: Years 25 | Months 1 | Days 29 | If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business May Dept Store

FATHER
12. Name William S. Ashley
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Lilly Williams
15. Birthplace Germany

16 (a) Informant Russell H. Fuller
(b) Address 1129 Ashburton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) APR 3 1940 (Date rec'd by Registrar) (b) Interred Washington Mills Balto MD

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2nd 1940, at 1:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from ~~January~~ 1939, to April 2 1940, and that I last saw h~~er~~ alive on April 2 1940

Immediate cause of death
1. Rheumatic Heart Disease
2 Mitral Stenosis & Aortic Insufficiency
Due to 2: Pulmonary Edema

Duration
1 Year ?
2 Day

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leon Cushman M. D.
Address 1201 Eyler Ave. Date signed 4-2-40

VS 3

F 67938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-c

F 67938 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 Mosher
(c) ~~Hospital~~ or institution:

(d) ~~Length~~ of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 Mosher Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) **FULL NAME** Hannah Miller

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband John L. Miller
6 (c) If alive, give age 76 years
7. Birth date of deceased (mo., day, yr.) 12-15-1874
8. AGE: Years 65 Months 3 Days 16 If less than one day hr. min.
9. Birthplace Finland (Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business —

FATHER
12. Name Isaac Nash
13. Birthplace Finland

MOTHER
14. Maiden Name Unknown
15. Birthplace Finland

16 (a) Informant Mrs. Emma Brindley
(b) Address 1700 Mosher

17 (a) Burial (b) Date thereof 4-3-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Cathedral
Location Baltimore Md

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) —
(b) Registrar's signature for Williams M.D.
Date rec'd APR 3 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/31/40 19 1940

21. I certify that death occurred on the date above stated; that I attended deceased from 3/30 19 3/31/40, and that I last saw her alive on 3/31/40.

Immediate cause of death: Organic Heart Disease — Duration 7 hrs
Due to: Cerebral Hemorrhage
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. Lee Ellis M. D.
Address 1700 Mosher Ave. 4/3/40

correct age is expressing

67939 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 67939

CERTIFICATE OF DEATH V/131-B

1. **PLACE OF DEATH**

CITY OF BALTIMORE: (No. 811 Whetcroft St.) (16-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. **FULL NAME** Phillip E. Booze

If U. S. Veteran specify WAR .....

(a) Residence: No. 811 Whetcroft St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58	58	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. general

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Phillip Booze

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Priscilla Booze

(Address) 514 Bloom St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date April 3, 1940

19. UNDERTAKER Mrs. Geo. A. Holland

(Address) 1681 Druid Hill Ave.

20. FILED ..... 19.. Huntington Williams, Registrar.

APR 3 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/1/40

22. I HEREBY CERTIFY, That I attended deceased from 3/24/40 to 4/1/40 19..

I last saw h alive on 3/31/40 Death is said to have occurred on the date stated above, at 5.30 P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	3/24/40
over	
Other contributory causes of importance: Fatty de Generescence Chronic Nephritis	about 14 yr

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. Edw. Bowley M. D.

(Address) 519 N. Carrollton

† State CAUSE OF DEATH in plain terms. See Instructions on back of certificate. OCCUPATION is very important.

37 IA 67940

F 67940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1313

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 308 N. Calhoun St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eldrine Aurelaia Wright

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race Black

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife David

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-26-13

8. AGE: Years 27 | Months 2 | Days 5 | If less than one day: hr. min.

9. Birthplace Md. (Town, county and state)

10. Usual Occupation Teacher

11. Industry or business Public schools

FATHER
12. Name Ernest Austin
13. Birthplace S.C.

MOTHER
14. Maiden Name Carr Williams
15. Birthplace S.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 4-4-40 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) APR 8 1940 (Date rec'd by registrar) **(b)** [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1940 at 9 00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 15 1940 to April 1 1940, and that I last saw h[illegible] alive on April 1 1940.

Immediate cause of death Uremia — **Duration**

Due to Chronic glomerulonephritis + acute glomerulonephritis

Due to ? B Hemolytic streptococcus sore throat

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles O'Donovan

Address Johns Hopkins Hosp. Date signed 4/1/40

Correct age is absolutely necessary.

VS 3

F 67941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 67941 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 504 E 42nd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 504 E. 42nd St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

27 10

3 (a) FULL NAME John Bernard Cain Sr.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married.

6 (b) Name of husband or wife Clara Meckem Cain

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 13, 1868

8. AGE: Years 72 | Months 1 | Days 27 | If less than one day hr. min.

9. Birthplace Harford Co. - Md. (Town, county, and state)

10. Usual Occupation Stock Broker-Retired

11. Industry or business Halmestock & Co

FATHER 12. Name James H. Cain

13. Birthplace Harford Co.

MOTHER 14. Maiden Name Elizabeth Dean

15. Birthplace Harford Co Md.

16 (a) Informant John B. Cain Jr

(b) Address 504 E. 42nd St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 4-3-40 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore Md.

18 (a) Funeral director Wm. J. Luckner & Son

(b) Address North & Pa Aves

APR 9 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

S/C

VS 8

correct age is especially important

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30th 1940, at 5:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1940. to March 30 1940. and that I last saw h[im] alive on March 30 1940.

Immediate cause of death	Duration
1. Coronary Thrombosis.	40 hrs.
Due to	
Due to	
Other Conditions Generalized Sclerosis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Earl L. Thurber M. D.

Address 4108 Liberty Hts. Date signed April 1 1940

67942
LB 50359

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-a F 67942
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days 4 mth.
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 507 W. Franklin St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 45 yrs. years

3 (a) FULL NAME Benjamin Napoli

3 (b) If veteran, name war —
3 (c) Social Security Account No. 217-03-1751

4. Sex: Male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Angelia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 13, 1873

8. AGE: Years 67 | Months 0 | Days 18 | If less than one day ... hr. ... min.

9. Birthplace Italy
(Town, county, and state)
10. Usual Occupation shoemaker
11. Industry or business

FATHER
12. Name Tony Napoli (d)
13. Birthplace Italy

MOTHER
14. Maiden Name Sarah ? (d)
15. Birthplace Italy

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave

18 (a) Funeral director Albert Bumgay
(b) Address 449 E Monument St

19 (a) APR 3 1940 (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-31 1940, at 3:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-21 1939 to 3-31 1940, and that I last saw him alive on 3-30 1940.

Immediate cause of death: Carcinoma oesophagus — Duration: over 4 months
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. T. Woodward Jr. M. D.
Address Balto City Hosp. Date signed 3-31-40

VS 3

Print age in capitals

7943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-C

F 67943 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 517 East 41, St.
(c) Hospital or institution: None
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 517 East 41St, St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph C. Chester

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Nellie Chester
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) January 19, 1892

8. AGE: Years	Months	Days	If less than one day
57	2 1	12 14	hr. min.

9. Birthplace Baltimore Co. Maryland (Town, county, and state)
10. Usual Occupation Stationary Engineer
11. Industry or business Geo. A. Fuller Co.

FATHER
12. Name Geo. A Chester
13. Birthplace Baltimore, Co., Md.

MOTHER
14. Maiden Name Elizabeth Leach
15. Birthplace Ohio

16 (a) Informant Nellie Chester
(b) Address 517 East 41 St. Balt. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/ 4/ 40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location North Ave. Balt. Md.

18 (a) Funeral director John A. Moran
(b) Address 3000 East Baltimore St.

APR 8 1940 (Date rec'd by registrar) (By) Lillington for Willis A. Hyatt

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/1/ 1940, at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 11 1940 to April 1, 1940. and that I last saw h i alive on April 1, 1940.

	Duration
Immediate cause of death: Acute Cardiac Dilatation	1 day.
Due to: Chronic Myocarditis	—
Due to: Diabetes Mellitus	2 yrs.
Other Conditions: Probable Carcinoma of Pancreas (Include pregnancy within 3 months of death)	

Major findings:
Of operations 2 yrs. ago, Possible Carcinoma of Pancreas
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lloyd C. Saylor M. D.
Address 3902 Belmont Ave Date signed April 2

correct age is especially important

VS 1940

7944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49751 SD F 67944

131-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1255 Williams Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

24 2

3 (a) FULL NAME Jacob J. Miller

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Angela MILLER
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1873

8. AGE: Years	Months	Days	If less than one day
66	3	14	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business

FATHER
12. Name Joseph MILLER
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth CONRAD
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-6-40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A-L-B

18 (a) Funeral director Bernard E Hartz
(b) Address 121 E West St

19 (a) (Date rec'd by registrar) (b) Registrar

APR 8 1940

VS 3

correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-2- 1940, at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-1- 1939 to 4-2- 1940, and that I last saw h. alive on 4-2- 1940.

Immediate cause of death
Uremia — Duration 5 mos

Due to Arteriolar nephrosclerosis — ?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 4-3-40

67945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 67945

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1017 No. CHARLES ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1017 No. CHARLES. ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNIE · [illegible] · DEARBORN · RANDOLPH

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	WIDOWED

6 (b) Name of husband or wife GEORGE · FITZ · RANDOLPH
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY · 29 · 185[illegible]

8. AGE: Years	Months	Days	If less than one day
85	8	4[illegible]	hr. min.

9. Birthplace EXETER · NEW · HAMPSHIRE (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business —

MOTHER / FATHER
12. Name GEORGE O. DEARBORN
13. Birthplace EXETER · NEW HAMPSHIRE
14. Maiden Name SARAH · FRENCH.
15. Birthplace ?

16 (a) Informant Francis F. Randolph (Son)
(b) Address 895 Park Avenue, New York

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4 1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director H. Hyde Kirk & Son
(b) Address Oakland & Mt. Royal Ave.

19 (a) APR 3 1940 (Do not write) (b) Huntington Williams, M.D. Registrar

VS 3

correct age if incorrectly stated

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 – 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 to April 2 1940, and that I last saw h[illegible] alive on April 2 – 1940.

Immediate cause of death	Duration
Coronary Thrombosis	18 hours
Due to Arteriosclerosis	2 yr
Due to [illegible]	[illegible]
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas B Ambler M. D.
Address 3905 N. Charles Date signed 4-3-40

946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 67946 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 736 Waesche St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 73yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 736 Waesche St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Henry Aquilla

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M.

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Victoria

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/18/1867

8. AGE: Years 73 | Months - | Days 14 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Huckster

11. Industry or business

FATHER
12. Name Addison Aquilla
13. Birthplace Md.

MOTHER
14. Maiden Name Eliza Oliver
15. Birthplace Md.

16 (a) Informant Eliza A. Tilghman (Daughter)
(b) Address 736 Waesche St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 5 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director Charles S. Cooper
(b) Address 514 N. Calhoun St.

19 (a) APR 3 1940 (Date rec'd by Registrar) (b) Hunter for Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/1/40 19 , at 11.5 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/15 19 40, to 4/1 19 40, and that I last saw h[illegible] alive on 3/29 19 40.

Immediate cause of death Terminal. Duration 3 days
Bronchio pneumonia
Chronic Cardio-Vascular
Due to Renal Disease 6 mos.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. T. Jackson M.D.
Address 600 N Arlington Ave Date signed 4-7-40

PLEASE WRITE correct age is especially important. Physicians: please

67947

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53-B-85 F 67947 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 708 Pierce St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm. Tate

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Hilda
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 16, 1900

8. AGE: Years	Months	Days	If less than one day
40	1	15	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Paperhanger
11. Industry or business

FATHER
12. Name Hiram Tate
13. Birthplace Va.

MOTHER
14. Maiden Name Carrie Taylor
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof April 7, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Mrs Katy R. Williams
(b) Address 322 N Schroeder St

19 (a) Apr 3 1940 (Date rec'd by registrar) (b) Registrar

VS 3

correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-31- 1940, at 3'8 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-24-1940, to 3-31-1940 and that I last saw h alive on 3-31-1940.

Immediate cause of death	Duration
Atherosclerosis - Coron	?
Due to Aneurism of aorta	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Coronar, atherosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J Murray Gladstein M. D.
Address Balto City Hosp. Date signed 4-2-40

F 67948

F 67948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 124 N. Fremont Ave
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 124 N. Fremont Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Betty Moody

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife George Moody

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/25/1890

8. AGE: Years 49 | Months 5 | Days 6 | If less than one day hr. min.

9. Birthplace N. Carolina
(Town, county, and state)

10. Usual Occupation Domestic.

11. Industry or business

FATHER
12. Name ??
13. Birthplace

MOTHER
14. Maiden Name Fannie Vincent
15. Birthplace Weldon N. C.

16 (a) Informant Miss Betty Moody
(b) Address 124 N. Ft Fremont Ave.

17 (a) Buried (b) Date thereof 4/4/1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cemetery
Location Balto Md.

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Independence St
(c) 1940 Hunter 5700 Williams, Mrs. K.
(Date received by registrar) Registrar

APR 3

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1940 at 4:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h... death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. M. VandeGrift M.D.
Medical Examiner.
Date signed 4/1/40

Correct age is especially important. Physicians: please

F 67949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-a

Registered No. 67949

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1020 N. Mount St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 N. Mount St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marie Lauretta Gray

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife Frank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1891

8. AGE: Years	Months	Days	If less than one day
49			hr. min.

9. Birthplace Calvert Co Md
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER 12. Name Stephen Gray
13. Birthplace Md

MOTHER 14. Maiden Name Susan Curtis
15. Birthplace Md

16 (a) Informant Maggie Cornish
(b) Address 1020 N. Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director T. E. Kelson
(b) Address 1303 Pennsylvania Ave

19 APR 3 1940 (Date rec'd by registrar) (b) Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1940, at 5:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1 1940 to 3/31 1940 and that I last saw h[illegible] alive on 3/30 1940

Immediate cause of death
Cardio-Renal
Due to
CVD
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
1 mo

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature B. J. Hatcher M.D.
Address 1725 Eutaw Date signed 4/3/40

Please answer all questions. Physicians: please write correct age is especially important.

VS 3

F 67950

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 67950 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1355 N. Carey St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1355 N. Carey St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maggie Wilson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	widowed

6 (b) Name of husband or wife James Wilson
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7.28.1865

8. AGE: Years	Months	Days	If less than one day
74 75	8	3	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name Wm. Gray
13. Birthplace Md

MOTHER
14. Maiden Name unknown
15. Birthplace md

16 (a) Informant Fred. Wilson
(b) Address 1355 N. Carey

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/40 (month) (day) (year)
(c) Cemetery or crematory Arbutus Cemetery
Location

18 (a) Funeral director T. E. Kelson
(b) Address 1303 Presstman st.

19 APR 3 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-31 1940, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1937 to 3-31 1940 and that I last saw h er alive on 3-30 1940

Immediate cause of death	Duration
Carcinomatosis	
Due to	
Carcinoma of rt. breast	3 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rayner Browne M.D.
Address 137 W. Madison st Date signed 4/2/40

Please write plainly. Physicians: please write the cause of death so that correct age is especially important.

2125 Maryland Ave.

F 67951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 67951 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the cause of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 16 W 21st St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 16 W 21st St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

12-7

3 (a) FULL NAME John Henry Tititia.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 27, 1938.

8. AGE: Years	Months	Days	If less than one day
1	5	5	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name Samuel Tititia.
13. Birthplace Va.

MOTHER 14. Maiden Name Altha V. Baker.
15. Birthplace Md.

16 (a) Informant Altha V. Tititia.
(b) Address 16 W 21st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4, 1940 (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Hampden

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Huntington Ave Washington Boulevard, Md.

APR 3 1940 (Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2, 1940 at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940 to April 2-1940 and that I last saw h[illegible] alive on April 2- 1940

Immediate cause of death: Bronchopneumonia — Duration: 4 days

Due to Catarrhal infection

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald Moore M. D.

Address 2125 Maryland Ave Date signed 4/2/40

F 67952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-8

F 67952 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 29

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 E Baltimore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Brown

3 (b) If veteran, name war —
3 (c) Social Security Account No. Married for 12 yrs.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Gladys Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 20 - 1893

8. AGE: Years	Months	Days	If less than one day hr.	min.
46	7	11		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER
12. Name Joseph Brown
13. Birthplace Martinsburg W Va

MOTHER
14. Maiden Name Mary A Burrier
15. Birthplace Baltimore Md

16 (a) Informant Gladys B Brown
(b) Address 404 E Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4 - 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Baltimore Md

18 (a) Funeral director F H Leach
(b) Address 814 W Fayette St Baltimore, Md

APR 3 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-1-40 19 at 8:18 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-23-40 19 to 4-1-40 19.
and that I last saw him alive on 4-1-40 19.

Immediate cause of death Chr. Endocarditis
due to Embolism of Coronary Arteries, Rheumatic
Due to Mitral & Aortic Stenosis & Insufficiency
Due to Acute Lobar Pneumonia
Other Conditions Hydrothorax

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy (Above)

Duration	
	?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton J. Wilder M. D.
Address 24 S. Broadway Date signed 4-2-40

PLEASE WRITE PLAINLY, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

67953

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-W

F 67953

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2441 ~~2113~~ N. Fulton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME CLAYTON MARTIN

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1860

8. AGE: Years	Months	Days	If less than one day
79 ~~yrs~~	9	24	hr. min.

9. Birthplace Baltimore County, Maryland. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Samuel Martin
13. Birthplace Baltimore County, Maryland.

MOTHER
14. Maiden Name Susan Barr
15. Birthplace Baltimore County, Maryland.

16 (a) Informant Mrs. Mary Elliott
(b) Address 709 Walnut Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/40 (month) (day) (year)
(c) Cemetery or crematory Luthern
Location Reisterstown, Maryland.

18 (a) Funeral director Wm. J. Tickner, & Sons.
(b) Address Martin & Ray Ayres Huntington Williams, M.D.

19 (a) (Date rec'd by registrar) (b) Registrar

PLEASE WRITE PLAINLY, with ink or indelible pencil. Be careful to report every fact correctly and answer every question. Physicians: please write the causes of death clearly and accurately, especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1st 1940, at 11:45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Williams M.D.
Medical Examiner.

Date signed 4-1-40

67954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W Registered No. F 67954

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 1927 Harlem Av
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1927 Harlem Av
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Webster B. Frazier

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Maggie M. Frazier

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 3, 1874

8. AGE: Years: 66 | Months: 0 | Days: 28 | If less than one day: hr. ..... min.

9. Birthplace: Randallstown, Balto. Co., Md.
(Town, county, and state)

10. Usual Occupation: Retired Lieutenant

11. Industry or business: Baltimore Police Dept.

FATHER
12. Name: William H. Frazier
13. Birthplace: Baltimore County, Maryland.

MOTHER
14. Maiden Name: Sarah E. Edelen
15. Birthplace: Maryland.

16 (a) Informant: Mrs. Maggie M. Frazier
(b) Address: 1927 Harlem Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/40 (month) (day) (year)

(c) Cemetery or crematory: Mt. Olive
Location: Randallstown, Maryland.

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pennsylvania Avenues.

19 (a) Huntington Williams, M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 1 1940 at 10-30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Hypertension Cerebral hemorrhage — Duration

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: [illegible] M.D.
Medical Examiner.
Date signed 4/2/40

PLEASE WRITE PLAINLY, with pencil or pen and ink. Physicians: please write the causes of death clearly and legibly; correct age is especially important.

7955 F 67955

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-A

Registered No. 156

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2818 Walbrook Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2818 Walbrook Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME ~~GEORGE H EBERSMAN~~ John H Eversman

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-14-3581

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Emma Eversman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21, 1861

8. AGE: Years	Months	Days	If less than one day
78	11	10	hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Paper

FATHER
12. Name John Eversman
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Heinrich
15. Birthplace Germany

16 (a) Informant Mrs. Emma Eversman
(b) Address 2818 Walbrook Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Wm. J. Tickner & Sons. Balto. Md

18 (a) Funeral director Wm J. Tickner & Sons
(b) Address Walbrook & Payson.

19 (a) 4/3/40 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1st 1940, at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquest)
obtained by said inquiry find that said deceased came (Autopsy or Inquest)
to his death on the day stated above.

Immediate cause of death Cerebral hemorrhage — Duration sudden

Due to Arteriosclerosis, generalized. —

Due to —

Other Conditions auricular fibrillation (Include pregnancy within 3 months of death) — 2d, 1940

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wollenweber M.D.
Medical Examiner.
Date signed 4-1-40

PLEASE WRITE PLAINLY. Write correctly. Be especially important. Physicians: please write the causes of death clearly and legibly.

CS 6

F 67956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 67956

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 123 S. Highland
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 89 26

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 123 S. Highland
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Matilda L White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John R White

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/8/1857

8. AGE: Years 89 Months 1 Days 23 If less than one day hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER 12. Name David Mc Sherry

13. Birthplace Germany

MOTHER 14. Maiden Name Rachel Stoll

15. Birthplace Germany

16 (a) Informant Mrs Mary Clark

(b) Address Keyser apts

17 (a) Burial (b) Date thereof 4/3/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Carmel
Location O'Donnell St

18 (a) Funeral director John Ulmer

(b) Address 2008 Orleans St

19 (a) APR 3 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1940 at 2 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to Mar 31 1940 and that I last saw her alive on Mar 31 1940.

Immediate cause of death Chronic Myocarditis — Duration Months

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Horace B. Tilson M.D.

Address 215 S. Highland Date signed 4/2/1940

PLEASE WRITE PLAINLY. Fill in all blanks with the best information obtainable. Answer each question. If none, write none, or insert 0 (cipher). Be sure that your answers are correct as age is especially important. Physicians: please write the cause of death in plain language.

F 67957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 67957

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave.
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(c) City or town Halethorpe (If outside city or town limits, write RURAL and give town)
(d) Street No. Dogwood Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William Humphreys

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (month, day, year) Feb. 22, 1939

8. AGE: Years	Months	Days	If less than one day
	11	6 Mo	hr. ..... min.

9. Birthplace Md. Baltimore (Town, county, and state)

10. Usual Occupation .....

11. Industry or business .....

FATHER
12. Name Unk.
13. Birthplace Va.

MOTHER
14. Maiden Name Jeanette Settles
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address .....

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Rockdale Balto

18 (a) Funeral director Easton Sons
(b) Address Edmondson Ave.

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

APR 3 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/2 1940, at 2 15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3 31 1940 to 4-2 1940, and that I last saw him alive on 4-2 1940.

Immediate cause of death	Duration
Bronchopneumonia, bilateral.	
Due to Acute bronchitis and	
Due to laryngitis	6 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy Bronchopneumonia, tracheitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Charles V. Lemmert M. D.
Address St Agnes Hospital Date signed 4-3-40

Please correct age is especially important. Physicians, please write

F 67958

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-a

Registered No. F 67958

PLEASE WRITE PLAINLY, with ... Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1619 Miller St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1619 Miller St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Henson

3 (b) If veteran, name war None

3 (c) Social Security Account No. 213-12-0328

4. Sex Male | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Emma Henson.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1884

8. AGE: Years 55 | Months 7 | Days 20 | If less than one day hr. min.

9. Birthplace Calvert County Md
(Town, county and state)

10. Usual Occupation Farmer

11. Industry or business Tire Factory

FATHER
12. Name James Henson
13. Birthplace Calvert County Md

MOTHER
14. Maiden Name Annie Parker
15. Birthplace Calvert County Md

16 (a) Informant Emma Henson
(b) Address 1619 Miller Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/40 (month) (day) (year)

(c) Cemetery or crematory Arbutus Memorial Park
Location

18 (a) Funeral director Robert L. Young
(b) Address 804 W. Caroline St.

19 (a) APR 3 1940 (Date rec'd by Local Registrar) (b) [illegible] Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31, 1940, at 5:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 16 1940, to March 31 1940, and that I last saw him alive on March 30 1940.

Immediate cause of death
Cerebral Hemmorrhage — Duration March 15/16
Due to Arterio sclerosis — 1 yr.
Due to Nephritis — 1 yr.
Other Conditions Chr. Nephritis & Hypertension — 1 yr.
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Y. [illegible] M.D.
Address 824 E. Monument Date signed 4/1/40

67959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C ✓

Registered No. F 67959

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3-5 S. Duncan (If rural give location)
(e) If foreign born, how long in U. S. A.? 1 years

3 (a) FULL NAME ~~Burnett~~ ~~Burnett~~ Durham (Dienn) (BURNETT OURHAM)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Charlotte Durham

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 1873

8. AGE: Years	Months	Days	If less than one day
67 66			hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Produce Merchant

11. Industry or business

FATHER
12. Name Samuel Durham
13. Birthplace Dont know

MOTHER
14. Maiden Name Dont know
15. Birthplace Dont know

16 (a) Informant Mrs Margaret Sidler
(b) Address 71 Allegheny Av Reisterstown

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6 1940 (month) (day) (year)
(c) Cemetery or crematory Cedal Hill
Location A. A. Co

18 (a) Funeral director A. Howard Evans
(b) Address 600-2 N Charles St

APR 3 1940 (Date rec'd by registrar)

19 (a) Hunting (b) Towson Md (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said ~~Autopsy~~ (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Crushing injury of skull	
Crushing injury of chest	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 4/1/40
(c) Where did injury occur? Orleans & Forrest Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pedestrian - struck by automobile

23. Signature W. M. Blandford M.D. Medical Examiner.

Date signed 7/2/40

PLEASE WRITE PLAINLY, WITH INK. Be sure to write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

VS 6

67960 HEALTH DEPARTMENT—CITY OF BALTIMORE 67960

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2246 Bank St. 1-5 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Doughnery

If U. S. Veteran specify WAR

(a) Residence: No. 2246 Bank St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Doughnery

6. DATE OF BIRTH (month, day, year) Dec. 26 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John McDonough

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary McDonough

16. BIRTHPLACE (city or town) (State or country) Boston Mass

17. INFORMANT Ronald Doughnery

(Address) 2246 Bank St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date April 4 1940

19. UNDERTAKER Frank V. Pipitone

(Address) 2818 E. Balto St

20. FILED APR 3 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1 1940

22. I HEREBY CERTIFY, That I attended deceased from July 10 1939 to April 1 1940

I last saw her alive on April 1 1940 Death is said to have occurred on the date stated above, at 11 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 day
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph L. Valentine M.D.

(Address) 6 N. Broadway

State CAUSE OF DEATH in plain terms, so (that if any of the following instructions on back of certificate. OCCUPATION is very important. See instr

F 67961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 67961.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3d.
(e) Length of stay in Baltimore (yrs., mos., or days) 3d.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Prince George
(c) City or town Aquasco (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Junior Philip Edlen

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: S
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1939

8. AGE: Years | Months: 0 11 | Days: 20 | If less than one day: hr. min.

9. Birthplace: Aquasco, Pr. George Co., Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name: Dorsey Edlen
13. Birthplace: Prince George Co., Md.

MOTHER
14. Maiden Name: Laura Brown
15. Birthplace: Aquasco Pr. George Co., Md.

16 (a) Informant: Mother
(b) Address: Aquasco, Pr. George Co. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr 3/40 (month) (day or year)
(c) Cemetery or crematory: John Wesley [illegible]
Location: Aquasco, Maryland

18 (a) Funeral dir[illegible]
(b) Addres[illegible]

19 APR 3 1940 (Date rec'd by [illegible]) (c) Huntington Williams [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1940 at 3 20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 31 1940 to Apr. 2 1940 and that I last saw h[illegible] alive on Apr. 2 1940.

Immediate cause of death: Meningitis — Duration: 2 wks
Due to: tubercle bacillus
Due to:
Other Conditions: Pulmonary tuberculosis — Duration: unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: John C. Rousmeier
Address: Sydenham Hosp. Date signed: Apr. 3 1940 M. D.

VS 1

PLEASE WRITE PLAINLY. Please write the causes of death clearly and correct age is especially important. Physicians: please write this

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48-B F 67962

F 67962

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 N. Carroll Street Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ella Bivens

(a) Residence: No. 1014 N. Carroll Street Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John Bivens.

6. DATE OF BIRTH (month, day, year): 7/17/1895.

7. AGE: Years 44 | Months 8 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House work.

10. Date deceased last worked at this occupation (month and year): 1940

11. Total time (years) spent in this occupation: 25—

12. BIRTHPLACE (city or town) (State or country): Spotsylvania Va.

FATHER

13. NAME: Louis Taylor

14. BIRTHPLACE (city or town) (State or country): Spotsylvania Va.

MOTHER

15. MAIDEN NAME: Marandia Burr

16. BIRTHPLACE (city or town) (State or country): Rock River Md

17. INFORMANT: John Bivens

(Address) 1014 N. Carroll St

18. BURIAL, CREMATION, OR REMOVAL: Place Arlington Memorial Date April 3, 1940

19. UNDERTAKER: Mrs Katie R Williams

(Address) 322 N. Schroeder St

20. APR 3 1940 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 3/31. 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 29th 1940 to March 31st 1940

I last saw her alive on March 31st 1940. Death is said to have occurred on the date stated above, at 1030 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	2/28/40
Other contributory causes of importance: Carcinoma of Uterus	8/1/39

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was death due to surgery?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. T. Gregory M. D.

(Address) 1214 N. Arlington Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V8 8

67963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

26139 SD

Registered No. E 67963

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2217 Hargrove Alley
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jane Dixon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife George (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865 ?

8. AGE: Years 72? ~~75~~? Months Days If less than one day hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Dick Daniel
13. Birthplace Virginia

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location [illegible]

18 (a) Funeral director Rayner & Sanders
(b) Address 1412 E. Preston St

19 [illegible] by [illegible] Registrar

APR 3 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-1- 1940, at 2 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-26- 1937, to 4-1- 1940, and that I last saw h[illegible] alive on 4-1- 1940.

Immediate cause of death: Bronchopneumonia — Duration: 9 days

Due to: Hypertensive CVD — Duration: 7

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy [illegible] done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 4-2-40

Please write clearly and correct age is especially important. Physicians: please write

3776 E13 67964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D

F 67964 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6000 Pinehurst Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edgar Mitchell

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Laura

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-17-89

8. AGE: Years	Months	Days	If less than one day
50	8	15	hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business FOUNDRY (IRON)

FATHER
12. Name Glenville Mitchell
13. Birthplace Pa

MOTHER
14. Maiden Name Sarah Foster
15. Birthplace Pa

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/40 (month) (day) (year)
(c) Cemetery or crematory Maryland Memorial
Location Balto. Co.

18 (a) Funeral director Vernon Lemmon
(b) Address 4611 Park Heights

APR 3 1940 (Date rec'd by Registrar) (b) Hunter Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1940 at 12 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1940 to Apr 2 1940. and that I last saw h alive on Apr 2 1940.

Immediate cause of death Pyarthrosis both knees — Duration 3 wks
Due to mycotic aneurysm abdom. aorta — ?
Due to β-hemolytic streptococcus
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy mycotic aneurysm aorta -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John S Hunt M. D.
Address Johns Hopkins Hosp Date signed 4-3-40

PLEASE WRITE PLAINLY. correct age is especially important. Physicians: please write the cause of death carefully

F 67965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

F 67965 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3967 Roland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

137

3 (a) FULL NAME Claire T. Harr

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-034-081

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband ~~or wife~~ John M. Harr
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1903

8. AGE: Years	Months	Days	If less than one day
36	10	11	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Wm. E. Hooper & Sons Co.

FATHER
12. Name George H. Turnbaugh
13. Birthplace Md.

MOTHER
14. Maiden Name Carrie A. Hoffman
15. Birthplace Md

16 (a) Informant John M. Harr (husband)
(b) Address 3967 Roland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7-1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) 1940 APR 3 (Date received by registrar) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/1 1940, at 9:59 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/22/40 19 , to 4/1 1940, and that I last saw her alive on 4/1/40 19

Immediate cause of death
(a) Chronic Appendicitis — Duration 10 days
(b) Chronic Endometritis — Duration 10 days
Due to
Massive Pulmonary Embolism
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Same as above
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Frederick Johnston Jr. M. D.
Address Md General Hospital Date signed 4/1/40

Correct age is especially important. Physicians: please write the names of cause of death plainly.

67966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-B F 67966 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County U.S.A.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6105 Gist Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

27 70

3 (a) FULL NAME Hattie Glover

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	colored	Widowed

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Cincinatta, Ohio (Town, county, and state)
10. Usual Occupation Maid
11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Mrs. Winegarden
(b) Address 6105 Gist Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/40 (month) (day) (year)
(c) Cemetery or crematory ~~Unconfirmed place~~ Location Mt. Olivet Cemetery
18 (a) Funeral director Thos. E. Kelly Jr.
(b) Address 1303 Pennsylvania Ave. Huntingdon, Pa.
19 (a) (Date received by registrar) (b) Registrar

APR 3 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1940 at 8:00 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 3-17 1940 to 4-2 1940, and that I last saw her alive on 4-2 1940.

Immediate cause of death: Paralytic Ileus — Duration: Acute
Due to: Uterine Fibromyoma with bladder obstruction
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations Uterine Fibromyoma
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stromboli Phillips M. D.
Address 1514 Lemmon St. Date signed 4/3/40

PLEASE WRITE PLAINLY with ink. Physicians: please write the causes of deaths clearly and accurately. correct age is especially important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

67967

CERTIFICATE OF DEATH

108 F 67967

1. PLACE OF DEATH (Social Security #213-07-6239)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 803 N. Streeper St. St. 7-1 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph K. Reichert

If U. S. Veteran specify WAR

(a) Residence: No. 803 N. Streeper St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Reichert

6. DATE OF BIRTH (month, day, year) June 4, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	9	17 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Corker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sparrows Point

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Shanahan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Wife

(Address) 803 N. Streeper St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 4/4/40 19

19. UNDERTAKER Charles E. Schimunek.

(Address) 2601-03 E. Madison St.

20. FILED APR 3 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 31, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1940 to March 31, 1940

I last saw him alive on March 31, 1940 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/27/40
Other contributory causes of importance: Acute Cardiac Dilatation	3/27/40

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, when?

(Signed) William J. Grauer M. D.

(Address) 801 Cathedral St.

Information should be given by person best acquainted with facts. State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

DONAWAY

F 67968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. 3698

F 67968

PLEASE WRITE PLAINLY, WITH UNFADING INK. Erasures or alterations will void certificate. Be sure that all items are complete and correct as far as is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 905 Myrtle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 905 Myrtle Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillie Donaway

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Unknown

6 (c) If alive, give age? years

7. Birth date of deceased (mo., day, yr.) 3-28-1886

8. AGE: Years 54 | Months | Days 3 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Home work
11. Industry or business own home

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Lucy Holliday
15. Birthplace Virginia

16 (a) Informant Irene Winkler
(b) Address 905 Myrtle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 5, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 N. Biddle St.

19 Apr 3 1940 Huntington Williams M.D. Registrar
(Date received by State Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-1-1940, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-25-1940, to 4-1-1940, and that I last saw her alive on 4-1-1940.

Immediate cause of death: Myocarditis — Duration: Unknown

Due to: Unknown

Due to:

Other Conditions: Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Irving K. Flaunders M. D.
Address 1029 N. Stricker Date signed 4-2-40

VS 3

376232
F 67969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F ✓ Registered No. F 67969

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 5236 Park Height Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

77

3 (a) FULL NAME William White

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-8157

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	married

6 (b) Name of husband or wife Ivy L. White
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-13-86

8. AGE: Years	Months	Days	If less than one day
53	3	20	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name Thomas Whit
13. Birthplace Md

MOTHER
14. Maiden Name Amanda Haupt
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 4/5/40 (month) (day) (year)
(c) Cemetery or crematory Wesley Chapel
Location Rockville Md.

18 (a) Funeral director Young Byers
(b) Address 505 Pk Ave

19 (a) (Date received by registrar) APR 3 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1940, at 6:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-28- 1940, to 4-3 1940, and that I last saw h~~im~~alive on 4-3 1940.

Immediate cause of death Carcinoma, Liver — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma, Liver
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James R. Hay M. D.
Address Johns Hopkins Hosp. Date signed 4-3-40

PLEASE WRITE PLAINLY. Items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23. Please write the cause of death clearly and correct age is especially important. Physicians: please write the cause of death clearly and

F 67970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 67970

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and supply correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Nelson & Eaton ave
(c) Hospital or institution: St Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life 27-10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6808 Park Heights ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James M. O'Keefe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary A Connor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MARCH - 23 - 1865

8. AGE: Years	Months	Days	If less than one day
75	—	10	hr. min.

9. Birthplace Anthony, Harford Co. Md (town, county, and state)
10. Usual Occupation Caretaker
11. Industry or business

MOTHER - FATHER
12. Name John Thomas O'Keefe
13. Birthplace Ireland
14. Maiden Name Catherine Ward
15. Birthplace Ireland

16 (a) Informant J. M. O'Keefe
(b) Address 6808 Park Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. B. Ward & Son Inc.
(b) Address 113 West Royal ave

19 (a) APR 3 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1940, at 8 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-30 1940, to 4-3, 1940, and that I last saw him alive on 4-3, 1940.

Immediate cause of death Cardiac failure — Duration

Due to Arteriosclerotic cardio-vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Lewis M. D.
Address St Agnes' Hospital Date signed 4-3-40

V8 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

67971

CERTIFICATE OF DEATH

122-0 F 67971

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John (Jack) Kring

If U. S. Veteran specify WAR

(a) Residence: No. Dolchester St., ... Ward. Howard Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 20 1940

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	2	14 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Catonsville Md

FATHER

13. NAME John D. Cosby

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emily Kring

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Emily Kring
(Address) Dorchester Md

18. BURIAL, CREMATION OR REMOVAL
Place Dolfin Cem. Date 4/4/ 1940

19. UNDERTAKER H. Slingluff Thom
(Address) 1640 Harford Ave

20. FILED APR 3 1940 Hunter Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1940 to April 3, 1940

I last saw him alive on April 3, 1940 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intussusception in region of caecum	60 hrs
Generalized plastic peritonitis	24 hrs

Other contributory causes of importance

Was an operation performed? Yes Date of 4-2-40

For what disease or injury? Intussusception

Name of operation Reduction of intussusception

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Henry A Bruce M. D.
M. D.

(Address) Univ. Hospital

INSTRUCTIONS: Please answer questions in ink and in plain terms, so that it may be properly classified. State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

V8 8

F 67972

BALTIMORE CITY HEALTH DEPARTMENT 83-a Registered No. F 67972

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Give full name of deceased. If not in hospital or institution, give residence. Do not use words "Resident," "Transient," "Boarding," "Hotel," "Infirmary," "Asylum," "Institution," "Unknown," or "Not Known." If unknown, supply information required to the best of your knowledge and belief. Fill all blanks. Be sure to write the causes of death clearly and legibly. Physicians: please write correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 76 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 433 E. Lorraine Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jennie Kilmer
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1864
8. AGE: Years 76 Months - Days - If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation House work
11. Industry or business

FATHER
12. Name John M. Kilmer
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Ann J. Smith
15. Birthplace Baltimore Md

16 (a) Informant Miss Smith
(b) Address 2727 Maryland Ave
17 (a) (Burial, cremation, or removal) (b) Date thereof 4/4/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location
18 (a) Funeral director Mary M. Riedfield
(b) Address 501 E. 32nd St.
19 (a) Filed by registrar Huntington Williams M.D. Registrar
APR 3 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-2- 1940, at 1A. M
21. I certify that death occurred on the date above stated; that I attended deceased from 3-27 19 40 to 4-2 1940, and that I last saw her alive on 4-1- 1940.
Immediate cause of death Cerebral Hemorrhage — Duration 5 days
Due to Arteriosclerosis
Due to
Other Conditions Hypertension
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Milton J. Wilder M. D.
Address St. Josephs Hosp Date signed 4-4-40

VS 3

Spare—6-8-15—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

67973 F 67973

CERTIFICATE OF DEATH.

93-D

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2623 Huntington Ave ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.) 40 Wilkens Ave Soc Security Hosp

2-FULL NAME Mrs. Effie Hecker

(a) RESIDENCE. No. 2623 Huntington Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: 7

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Edward

6 DATE OF BIRTH (month, day, and year): Dec 23 1871

7 AGE — Years: 68 — Months: 3 — Days: 9 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Penna

PARENTS

10 NAME OF FATHER: Calmes

11 BIRTHPLACE OF FATHER (city or town) (State or country): Penna

12 MAIDEN NAME OF MOTHER: Matilda

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Penna

14 Informant: Mrs H Brenner
(Address) 2825 Northern Parkway

15 Filed APR 4 1940 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 2 1940

17 I HEREBY CERTIFY, That I attended deceased from Oct 31 1939 to April 2 1940

that I last saw her alive on March 20 1940

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis
Myocardial Degeneration

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical by Dr

(Signed) Dr. Johnson M. D.

April 4 1940 (Address) 403 Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Moreland Mem Park — DATE OF BURIAL: April 4 1940

20 UNDERTAKER: William Cook — ADDRESS: 1217 St Paul Balto Md

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 67974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 67974

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2029 E. Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 75

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2029 E. Preston St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Stokes Crowder

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Thomas F. Crowder
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 14th 1863

8. AGE: Years	Months	Days	If less than one day
77	1	18	hr. min.

9. Birthplace Lancaster Co. Va. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Lawson Longworth
13. Birthplace Va.

MOTHER
14. Maiden Name Elizabeth Hayden
15. Birthplace Va.

16 (a) Informant Edna Stokes Morrison
(b) Address 2029 E. Preston St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt Carmel
Location Balto Md.
18 (a) Funeral director William Cook
(b) Address 127 St. Paul St
19 (a) Filed APR 4 1940 (Date filed by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2nd 1940 at 1145 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-28-40 to 4/2-40 and that I last saw h[illegible] alive on 4-1-40

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hemiplegia	
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Bruns M.D.
Address 1001 Mathews St Dr

Please write plainly; correct age is especially important. Physicians: please write the cause of death

F 67975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 67975 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 120 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1211 N. Gilmor St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Thomas (50731)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1924

8. AGE: Years	Months	Days	If less than one day
16		22 da.	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation School
11. Industry or business

FATHER
12. Name Walter
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Thomas
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-40 (month) (day) (year)
(c) Cemetery or crematory MT. AUBURN.
Location WEST PORT Md.

18 (a) Funeral director Williams & Jackson.
(b) Address 916 Penna Ave

APR 4 1940 Arlington Williams U.P. (Date received) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3, 1940 at 9:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 4, 1939 to Apr. 3, 1940, and that I last saw him alive on Apr. 3, 1940.

Immediate cause of death	Duration
Tuberculosis of the lungs	Years 1 Mos. 3 Days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address Balto. City Hospitals Date signed 4-3-40 M. D.

VS 8

Please write plainly. Physicians: please write the cause of death correctly. correct age is especially important.

67976 Wolpe

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-13 F 67976 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 78 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town Washington D.C.
(If outside city corporate limits, write RURAL, and give town)
(d) Street No. 541 Kenyon St. N.W.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 20 years

3 (a) FULL NAME Harry Wolpe

3 (b) If veteran, name war: Pvt
3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years	Months	Days	If less than one day
36			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Merchant Self

FATHER
12. Name Meyer A Wolpe
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Hospt Rec
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/4/40 (month) (day) (year)
(c) Cemetery or crematory Washington DC
Location Washington DC

18 (a) Funeral director B Adamansky
(b) Address 3501 14th St NW

19 (a) (Date received) (Registrar) (b) Washington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/4 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-15 1940, to 4-4-1940, and that I last saw h[illegible] alive on 4-3 1940.

Immediate cause of death: Congestive Heart failure — Duration
Due to Rheumatic Heart Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W Pushkin Asst
Address Sinai Hospital Date signed 4/4/40 M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

67977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V107

F 67977

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employ undertaker to complete items. Give full and correct age in years, months, days, hours, or minutes, as the case may be. Occupation should be such as to indicate the trade, profession or particular kind of work done during the greater part of working life, even though deceased was not actively employed at time of death. Industry or business should indicate the character of the establishment, as factory, store, farm, etc., in which the occupation was followed. Physician: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 716 Radnor Ave City (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martin Kane Dempsey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Wid

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2, 1939

8. AGE: Years	Months	Days	If less than one day
	7	1	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Martin L. Dempsey
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Winifred Lemmon
15. Birthplace New York

16 (a) Informant Martin L. Dempsey
(b) Address 716 Radnor Ave
Burial (Burial, cremation or removal) (b) Date thereof 4-5-40 (month) (day) (year)
(c) Cemetery or crematory H. of Redemption
Location Harford Rd. Balto
18 (a) Funeral director J. J. Moran
(b) Address 3000 E. Baltimore
19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1940, at 8:17 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1- 1940 to 4-3 1940 and that I last saw h[illegible] alive on 4-3 1940

Immediate cause of death: Bronchopneumonia - bilateral

Due to: Pneumococcus - type unknown

Due to:

Other Conditions: Mongolism

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration
3 Days
7 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph M. Cordi M. D.
Address Union Mem. Hosp. Date signed

F 67978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-31-A

F 67978 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Give full name of city or town. Give correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2829 Windsor Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 2829 Windsor Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1ST

3 (a) FULL NAME Horace F. Audoun

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/14/82

8. AGE: Years	Months	Days	If less than one day
57	5	18	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Atty. at law

11. Industry or business

FATHER
12. Name Joseph A. Audoun
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Heturah Ayers
15. Birthplace Balto. Md.

16 (a) Informant Annie A. Audoun
(b) Address 2829 Windsor Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/4/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Fred. Ave. Balto. Md.

18 (a) Funeral director John B. Mitchell-Long Inc.
(b) Address 2900 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

PR 4 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2, 1940 at 7P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1939 to Apr 2 1940 and that I last saw him alive on 4-2 1940.

Immediate cause of death
Hyperinfection of Lt. Lung - Pleurisy
Due to Tuberculosis Interstitial
Due to Nephritis - Duration 3 yrs. 6 yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martin W. Shook M. D.
Address 806 N. Fulton Ave. Date signed 4.3.40

VS 3

67979 HEALTH DEPARTMENT—CITY OF BALTIMORE 67979

CERTIFICATE OF DEATH

83-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 555 Baker St. 17-E Ward)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Davis

If U. S. Veteran specify WAR .....

(a) Residence: No. 1310 Division St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hattie Davis

6. DATE OF BIRTH (month, day, year) — 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53 52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W.P.A.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME William E. Davis Sr

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Amelia Maddox

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Summer Davis

(Address) 1310 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Date Apr 7 1940

19. UNDERTAKER James A. Sayer

(Address) 142 W. Biddle St

20. FILED ..... 19.....

Registrar.

APR 4 1940 Hamilton Jr. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/2, 1940

22. I HEREBY CERTIFY, That I attended deceased from 4/1, 1940 to 4/2, 1940

I last saw him alive on 4/2/40, 1940 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
Paralysis	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Benj. Rhett M. D.

(Address) 134 W. Biddle St.

NOTICE—Information should be carefully supplied. AGE: information CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 67980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 67980 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1303 E. North Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 969 1303 E. North Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Aubrey Slade

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rubye Belle Slade
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1882

8. AGE: Years	Months	Days	If less than one day
57	10	24	hr. min.

9. Birthplace Parkton, Maryland (Town, county, and state)
10. Usual Occupation Engineer, P. R. R.
11. Industry or business

FATHER
12. Name Wm. T. Tracey
13. Birthplace Maryland

MOTHER
14. Maiden Name Kate ?
15. Birthplace Maryland

16 (a) Informant Mr. Aubrey Slade, Jr.
(b) Address 1303 E. North Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-40 (month) (day) (year)
(c) Cemetery Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

APR 4 1940 (a) [illegible] (Date rec'd by Registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1, 1940, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1, 1939, to April 1, 1940; and that I last saw him alive on April 1, 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 hours
Due to Hypertensive Cardiovascular Renal Disease	1 year
Due to	
Other Conditions Hemiplegia (right)	3 hours

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel A. Wolfe M. D.
Address 1331 Eutaw Pl. Date signed 4-2-40

PLEASE WRITE PLAINLY, with ink or indelible pencil. Answer all questions as fully as possible. Physicians: please write the causes of death clearly and legibly. Information as to correct age is especially important.

F 67981

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93-D

F 67981 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Employees of undertakers must report correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1807 N. Gay st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1807 N. Gay st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura E. Gorwood

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 3 1867

8. AGE: Years 72 | Months 4 | Days - | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Jacob Wm Stouck
13. Birthplace Carroll County Md

MOTHER
14. Maiden Name Mary E. Thompson
15. Birthplace Ireland

16 (a) Informant Mrs Emma Frazer
(b) Address 1807 N. Gay st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North ave

18 (a) Funeral director Henry Lutz
(b) Address 1203 N. Broadway

19 (Date received by registrar) Certificate for William [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 3 1940, at 4 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 18 1940 to 4/1 1940, and that I last saw h[illegible] alive on 4/1 1940.

Immediate cause of death Coronary Thrombosis — Duration
Due to Ch myocarditis
Due to Ch Hypertention
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN (Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Hornstein M. D.
Address 733 Ashburton St Date signed 4/3/40

F 67982

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-B F 67982 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3310 Sumter ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3310 Sumter ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

2-7-16

3 (a) FULL NAME Samuel Goldberg.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Ladies Tailor

FATHER
12. Name
13. Birthplace Russia

MOTHER
14. Maiden Name
15. Birthplace Russia

16 (a) Informant Abraham Goldberg.
(b) Address 3310 Sumter ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel Cemetery
Location German Hill Road.
18 (a) Funeral director Jos Levinson & Bro
(b) Address 1124-26 W North ave
19 (a) Date rec'd 1940 (b) Registrar

APR 4 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1940. at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1940. to Apr 3 1940. and that I last saw h[im] alive on Apr 3 1940.

Immediate cause of death	Duration
Acute Cardiac Dilatation	1 d
Due to chron. Myocarditis	3 yr
Due to & Nephritis	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature M J Baylin
Address 2040 Eutaw Date signed 4/4-40 M. D.

F 67983

376961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130

F 67983

Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and report correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. - (b) County Queen Anne's
(c) City or town Grasonville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a). FULL NAME Minnie Miles

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	married -

6 (b) Name of husband or wife James -
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-25-97

8. AGE: Years	Months	Days	If less than one day
42	10	8	hr. min.

9. Birthplace Maryland -
(Town, county, and state)

10. Usual Occupation Oyster shucker

11. Industry or business

FATHER
12. Name Ind Bud -
13. Birthplace Md -

MOTHER
14. Maiden Name Kate Williams
15. Birthplace Md -

16 (a) Informant Records -
(b) Address PUBLIC ADMINISTRATOR

17 (a) (Burial, cremation, or removal) (b) Date thereof April 6, 1940 (month) (day) (year)
(c) Cemetery or crematory Wesley Cemetery
Location Marion, Md

18 (a) Funeral director George W. Tilghman
(b) Address Marion, Md

19 (a) (Date rec'd by registrar) (b) [illegible] (Registrar)

APR 4 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1940 at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 15 1940 to Apr 3 1940 and that I last saw h[illegible] alive on April 3 1940.

Immediate cause of death	Duration
a Renal	
Due to acute glom. nephritis	
Due to	
Other Conditions Exfoliative dermatitis.	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury D. M. Welty

23. Signature D. M. Welty M. D.
Address Johns Hopkins Hosp. Date signed 4-3-40

F 67984 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH ✓ 154 F 67984

Registered No. _____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Baby Girl Roddy ✓

If U. S. Veteran specify WAR _____

(a) Residence: No. Church Home & Inf. St., 2408 Mc Elderry St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant Newborn

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 3, 1940

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Thomas Roddy

14. BIRTHPLACE (city or town) Mary land.
(State or country)

MOTHER

15. MAIDEN NAME Marie Varholy

16. BIRTHPLACE (city or town) Mary land
(State or country)

17. INFORMANT Esther - Thomas Roddy
(Address) 2408 E Mc Elderry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 5, 1940

19. UNDERTAKER Frank Grotta & Son
(Address) 1906 Aliceanna St

20. FILED APR 4 1940 Harrington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from 4/3, 1940, to 4/3, 1940

I last saw he alive on 4/3, 1940. Death is said to have occurred on the date stated above, at 5:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity.	
Other contributory causes of importance: Maternal Eclampsia	

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) H Reuniam M. D.

(Address) Church Home & Inf.

Information should be carefully supplied. State exactly. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V0 3

F 67985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89-a Registered No. F 67985

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered, or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Union Memorial Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County Chester
(c) City or town Offord (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs Carrie Zsane Rhoden X

3 (b) If veteran, name war: no
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Femal	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 23 1890

8. AGE: Years	Months	Days	If less than one day
49 50	9	11	hr. ..... min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

MOTHER / FATHER
12. Name Isaiah M. Rhodes
13. Birthplace Indiana Pa.
14. Maiden Name Martha Bowe
15. Birthplace Offord Pa.

16 (a) Informant Harry Rhoden
(b) Address Offord Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7 1940 (month) (day) (year)
(c) Cemetery or crematory Offord Pa.
Location Offord Pa.

18 (a) Funeral director C. E. Tipton
(b) Address Rising Sun Md.

APR 4 1940 (Date rec'd by registrar) (b) Huntington Williamsville Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1940, at 2 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 2 1940 to Apr. 7 1940 and that I last saw her alive on Apr. 4 1940.

Immediate cause of death [redacted]
Pulmonary Syphilis
Due to Pneumococcal Meningitis (Type VIII)
Due to .....
Other Conditions Pneumococcal acute otitis media
(Include pregnancy within 3 months of death)

Duration
—
3½ Days
4 Days

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature S. D. Sunday
Address Union Memorial Date signed 4/4/40

F 67986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-3 F 67986 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use typewriter if possible. Do not abbreviate. Write the causes of death clearly and legibly. Give full name of street and number; if in hospital or institution, give name instead of street and number. If death occurred outside city or town limits, give RURAL and name of town. Fill in all items if possible. Omit no information because you think it unimportant. Physicians: please write the cause of death clearly and legibly. Be sure that the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2755-Alameda
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) --

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2755-Alameda (If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME William C. Seifried

3 (b) If veteran, name war --

3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna M. (Westerkam)
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) 11,15/1879

8. AGE: Years	Months	Days	If less than one day
60	4	18,17	xxxxxxxxxx hr. ---- min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Collector & Investigator Jewl. Co.

FATHER
12. Name John Seifried
13. Birthplace Germany

MOTHER
14. Maiden Name Anna M. (Wambold)
15. Birthplace Germany

16 (a) Informant Mrs. Anna M. Seifried
(b) Address 2755-Alameda

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore, Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735-Harford Ave. Huntingtor Palisades, Md.

19 APR 4 1940 (Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2, 1940 at 6:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 26 1940 to April 2 1940 and that I last saw him alive on April 2 1940.

Immediate cause of death	Duration
Chronic Interstitial Nephritis	1932
Due to Coronary Occlusion	"
Due to	
Other Conditions Cholecystitis	Jan. 40

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert E. Singewald M. D.
Address 16[illegible] E. North Ave. Date signed 4-3-40

67987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43 F 67987 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry of information required is necessary for correct statistics. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3800 Taylor Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 29
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3800 Taylor Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William G. Roberts

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna C. Roberts
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 5th 1868

8. AGE: Years: 71 | Months: 10 | Days: 26 | If less than one day: hr. min.

9. Birthplace: Baltimore Co. Maryland (Town, county, and state)
10. Usual Occupation: Farmer
11. Industry or business: Duck Farm

FATHER
12. Name: Unknown
13. Birthplace: Baltimore Co. Maryland

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Mrs. Anna Roberts
(b) Address: 3800 Taylor Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 4 1940 (month) (day) (year)
(c) Cemetery or crematory: Parkwood
Location: Baltimore Maryland

18 (a) Funeral director: Sasseaman Funeral Home
(b) Address: 7401 Belair Road

19 (a) 1940 (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1st 1940, at 10:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 30 1939 to April 1 1940 and that I last saw him alive on April 1st 40

Immediate cause of death: Cardiac Decompensation — Duration: Dec 30/39 a Number of Years

Due to: Chronic Myocarditis — a Number of Years

Due to:

Other Conditions: Arterio Sclerosis — a Number of Years

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Morris B. Green
Address: 3009 Eutaw Pl. Date signed: 4/3/40

F67988 Kuegel

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

F67988 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 243 S. Highland Ave
(c) Hospital or institution: Bellevue City Hospital 26 & 8
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town 243 So Highland Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore (If rural give location)
(e) If foreign born, how long in U. S. A.? 70 years

3 (a) FULL NAME John A Kuegel

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NO

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6 - 1862

8. AGE: Years 78 | Months | Days 24 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business retired

FATHER
12. Name unknown
13. Birthplace Germ.

MOTHER
14. Maiden Name unknown
15. Birthplace Germ.

16 (a) Informant Marie Buettner
(b) Address 243 S. Highland ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 3 1940 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Balto Co Md.

18 (a) Funeral director Lilly Zeiler INC
(b) Address 403 S. Broadway

19 (a) Wilmington Williams MD (Date received) (Registrar) Registrar

APR 4 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1940 at 9:35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture skull — Subarachnoid hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Accident
(b) Date of occurrence 3-22-40
(c) Where did injury occur? Home 243 So Highland Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell down stairs

23. Signature Wm A Kuegel M.D. Medical Examiner.
Date signed 4/2/40

F 67989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-a

F 67989 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1520 Ashland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1520 Ashland Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hattie Reed

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edward Reed

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) March 15, 1883

8. AGE: Years 57 | Months - | Days 16 | If less than one day hr. min.

9. Birthplace: Raleigh N. Carolina (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: "

MOTHER
14. Maiden Name: Hattie Green
15. Birthplace: N. C.

16 (a) Informant: Edward Reed
(b) Address: 1520 Ashland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4, 1940 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary Cemetery
Location: A.A. County Md

18 (a) Funeral director: Mrs. R.A. Elliott & Daughter
(b) Address: 1129 N. Carrollton Ave Baltimore, Md

19 (a) APR 4 1940 (b) (Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1940, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1940, to March 31 1940, and that I last saw h e alive on March 30 1940.

Immediate cause of death: Coronary Occlusion — Duration: March 31, 1940

Due to: Arteriosclerosis — Duration: Complicating

Due to: Acute Insufficiency

Other Conditions: Acute Pyo Nephritis, Acute Insufficiency

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: R. L. Yearney

Address: 14 W Chesapeake Date signed 4/1/40 M. D.

67990 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

SOCIAL SEC.# 216 - 01 - 0707

CERTIFICATE OF DEATH 46-D

F 67990

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 61 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Joseph Weigand

If U. S. Veteran specify WAR

(a) Residence: No. 2800 Orleans St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Weigand

6. DATE OF BIRTH (month, day, year) 12 Feb 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	1	1920	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipefitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wioli Bros

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Conrad Weigand

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Anna Weigand 2800 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 6, 1940

19. UNDERTAKER (Address) Lilly & Tilley INC 403 S. Wolfe St.

20. FILED APR 1 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1940 to April 2, 1940

I last saw him alive on April 2, 1940 Death is said to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Carcinoma of rectum with extension to pelvic tissue and metastases to the umbilicus	Months

Other contributory causes of importance:

Cachexia Emaciation	4 weeks

Was an operation performed? Yes Date of February 24 1940

For what disease or injury? Carcinoma of rectum

Name of operation Attempted resection of rectum

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, Dr. ...

(Signed) Edwin R. Ruzicka M. D.

(Address) University Hospital

Information should be carefully supplied. All items must be answered. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 67991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C F 67991 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Orleans St west of Belmont Ave
(c) Hospital or institution:
D. O. S. Johns Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 418 N. Belmont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Gertrude Gerry

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Edward George
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 16 - 1885

8. AGE: Years	Months	Days	If less than one day
55	0	15	..... hr. ..... min.

9. Birthplace Balto, Md (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business at Home

FATHER
12. Name George Collins
13. Birthplace Balto Md

MOTHER
14. Maiden Name Louise Brandt
15. Birthplace Balto Md

16 (a) Informant Edward George
(b) Address 418 N. Belmont ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4 - 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemt
Location Balto Md

18 (a) Funeral director Lilly & Zeiler INC
(b) Address 403 S. Carlton St

19 (a) ..... (b) .....
(Date rec'd by registrar) Funeral for Williamsburg

APR 4 1940

MEDICAL CERTIFICATION 740

20. DATE OF DEATH April 1 1940 at P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said I (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Crushing injury, fracture Intra cerebral hemorrhage	
Due to About base of brain	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/1/40
(c) Where did injury occur? Orleans St West of Belmont (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Struck by automobile

23. Signature H. Maxwell Grafft M.D.
Medical Examiner.
Date signed 4/2/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

67992

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D F 67992 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1490 Williams St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1490 Williams St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME August Kach
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Blanche
6 (c) If alive, give age 70 years
7. Birth date of deceased (mo., day, yr.) Dec. 29, 1862
8. AGE: Years 77 Months 3 Days 3 If less than one day ..... hr. ..... min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Pharmacist
11. Industry or business
FATHER 12. Name Jacob Kach
FATHER 13. Birthplace Germany
MOTHER 14. Maiden Name ?
MOTHER 15. Birthplace Germany
16 (a) Informant Mrs Edna Warwick
(b) Address 136 E Fort Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Rd.
18 (a) Funeral director J. F. McCauley
(b) Address 130 E Fort Ave
19 (a) ..... (b) ..... (Date rec'd) (Reg. No.)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1940 at 3.50 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Mar 7 1940 to April 2 1940 and that I last saw h[illegible] alive on Apr. 2 1940.

Immediate cause of death	Duration
Coronary Thrombosis	25 days.
Due to	
Due to	
Other Conditions Chronic Myocarditis	?

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Sidney H. Strauto M. D.
Address 421 E Fort Ave Date signed 4/4/40

APR 4 1940

67993 F 67993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 541 E. Gittings St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edna M. Rebstock (Rebstock)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife George H.
6 (c) If alive, give age 56 years
7. Birth date of deceased (mo., day, yr.) July 10, 1883

8. AGE: Years	Months	Days	If less than one day
57	8	22	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles Howard
13. Birthplace Balto.

MOTHER
14. Maiden Name Catherine Smith
15. Birthplace Balto.

16 (a) Informant Mrs. George Rebstock
(b) Address 541 E Gittings St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6-40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Road.

18 (a) Funeral director H. H. Culley
(b) Address 130 N. Fort Ave.

19 (a) (Date received by registrar) APR 4 1940 (b) Undertaker's Address

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2, 1940, at 3:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 17, 1940 to April 2, 1940, and that I last saw h. alive on April 2, 1940.

Immediate cause of death Cardiac insufficiency — Duration
Due to Arteriosclerotic Heart Disease
Due to Chronic Myocarditis
Other Conditions Cellulitis of left foot
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. D. Smith M. D.
Address 511 Hanover St. Date signed 4/4/40

55059 - MB

67994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-P V

F 67994 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on this certificate before burial or removal. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo., 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 640 N. Carey St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harriet Hoey

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Famel	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3, 1937

8. AGE: Years	Months	Days	If less than one day
2	11 10	0 29	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Harry Hoey
13. Birthplace Maryland

MOTHER
14. Maiden Name Cecelia Jones
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Mt Wilson

18 (a) Funeral director E G Wilson
(b) Address 1000 Brantley Av.

19 (a) APR 4 1940 (Date rec'd by registrar) Hattie Williams Registrar

VS 3

CERTIFICATE TO MEDICAL EXAMINER

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1940, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1940, to April 2 1940, and that I last saw her alive on April 2 1940.

Immediate cause of death: Food aspiration under anesthesia — Duration: 30m

Due to

Due to

Other Conditions nephritis, chronic — Duration: 8 mo.

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy Contra - 2 in vessels

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.
(b) Date of occurrence.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. R. Klagsbrunn M. D.
Address Balto City Hosp Date signed 4-4-40

Howard J. Madison M.D.
Chief Medical Examiner

F 67995 37-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 67995 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered; if none, say so. Do not use ditto marks. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4745 Park Heights Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.) 48 years

71

3 (a) FULL NAME Kaufmann Kaufmann

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband or~~ wife Emma Kaufmann
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) 3-2-1879

8. AGE: Years 61 | Months 1 | Days 0 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation antique shop
11. Industry or business

FATHER
12. Name Joseph Kaufmann
13. Birthplace Germany

MOTHER
14. Maiden Name Jeannette Seidl
15. Birthplace Germany

16 (a) Informant B.C.H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/40 (month) (day) (year)
(c) Cemetery or crematory Chevra Shalom
Location Balto. Md.

18 (a) Funeral director Harid Sondheim & Son
(b) Address 1902 Eutaw Place

19 (a) 1940 (Date received by registrar) (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-2 1940, at 5:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-31 1940 to 4-2 1940, and that I last saw ~~him~~ her alive on 4-2 1940.

Immediate cause of death	Duration
Acute cardiac failure	suddenly
Due to Gas gangrene left foot	1 day
Due to Diabetic gangrene left foot	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Gas gangrene diabetic left foot
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Krubsack Jr. M.D.
Address Balto City Hosp. Date signed 4-3-40

M. D. B 1268-0

F 67996 HEALTH DEPARTMENT—CITY OF BALTIMORE F 67996

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 903 W. Barre St. 21-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Monti

(a) Residence: No. 903 W. Barre St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Concetta Monti

6. DATE OF BIRTH (month, day, year) August 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	7 8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Sam Monti
(Address) 903 W. Barre St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 4/5/40 19

19. UNDERTAKER Chas B. Ruckdeschel
(Address) 637 Washington Blvd

20. FILED APR 4 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1940 to April 3, 1940

I last saw him alive on April 2, 1940. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerotic Cardio-Vascular Disease	1938
Other contributory causes of importance: Bronchial Asthma	1938

Name of operation. Date of

What test confirmed diagnosis? Exam Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Edward J. Milan M. D.

(Address) 682 Washington Blvd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

67997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 67997 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 409 Augusta St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 409 Augusta St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ophelia Saylor

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1855

8. AGE: Years 85 | Months | Days | If less than one day hr. min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation HR

11. Industry or business —

FATHER
12. Name HR
13. Birthplace —

MOTHER
14. Maiden Name HR
15. Birthplace —

16 (a) Informant Mrs Ada Lee Stokes
(b) Address 409 Augusta St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location —

18 (a) Funeral director Edward Bryan
(b) Address 1244 Orleans St

19 (a) — (b) Huntington Hollow, Md
(Date received by registrar) APR 4 1940 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1940 4 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1940 to April 1940 and that I last saw him alive on April 1940.

Immediate cause of death Chronic Nephritis (interstitial)
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration: May 10 1940

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 409 Augusta St Date signed 4-4-40

[redacted] 67998 F 67998 [redacted]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 64

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Oakland & Payson Ave
(c) Hospital or institution: West Balto gen Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 15 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2010 Payne Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

16

3 (a) FULL NAME Martin Patts

3 (b) If veteran, name war: None.
3 (c) Social Security Account No. None.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 11 - 1938

8. AGE: Years 1 | Months 5 | Days 22 21 | If less than one day: hr. ..... min.

9. Birthplace Balto. md (Town, county, and state)
10. Usual Occupation None.
11. Industry or business —

FATHER
12. Name Wm. Shipley
13. Birthplace Unknown.

MOTHER
14. Maiden Name Mary Patts
15. Birthplace Balto md.

16 (a) Informant Grandmother
(b) Address 2010 Payson ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April - 5 / 1940 (month) (day) (year)
(c) Cemetery or crematory Mount Olive
Location Randallstown - Md.

18 (a) Funeral director Charles J. Schwab
(b) Address 505 N. Monroe St. Huntington Williams, Md.

19 APR 4 1940 (Date rec'd by Registrar) Lytle Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/2/40, at 2 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/2/40 1940, to 4/2/40 19..., and that I last saw him alive on 4/2/40 19 2:30 p.m.

Immediate cause of death: Status Thymico Lymphaticus — Duration: 2

Due to: Thymico Lymphatic Constitution — Duration: 2

Due to: .....

Other Conditions: .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations: .....
Of autopsy: Hyperplastic thymus - 60 gm.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature Howard L. Wallenstein M.D. M. D.
Address 1 E Lexington St Date signed .....

Howard L. Wallenstein M.D.

F 67999 ✓ F 67999

LB 51702 S. S. # ? BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mth. 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 525 W. Biddle St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Green

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-2[illegible]

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: John Thomas Green (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 20 ? 18[illegible]

8. AGE: Years 66 ? | Months ? 0 | Days ? 12 | If less than one day ... hr. ... min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name William Vaughn
13. Birthplace Va.

MOTHER
14. Maiden Name Annie Davis
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) ... (Burial, cremation, or removal) (b) Date thereof 4-5-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave

19 Filed by registrar APR 4 1940 (b) Huntington Williamsport, Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-2 1940, at 5[illegible] A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-8 1940, to 4-2 1940, and that I last saw her alive on 4-1 1940.

Immediate cause of death Hypertensive cardiovascular disease — Duration ?

Due to

Due to

Other Conditions Varicose ulcers of leg. ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Kuhnhenn M. D.
Address Balto City Hosp. Date signed 4-2-40

BALTIMORE CITY HEALTH DEPARTMENT

F 68000 **CERTIFICATE OF DEATH** 93-D Registered No. F 68000

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 227 S. Broadway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 227 S. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Henry (or) Henry Oldenwurtel Jr.

3 (b) If veteran, name war No.

3 (c) Social Security Account No. 214-12-3474

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Tillie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 27 1886

8. AGE: Years	Months	Days	If less than one day
53	4	4	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER 12. Name Henry Oldenwurtel
13. Birthplace Germany

MOTHER 14. Maiden Name Louise (Frauline) Holtzgold
15. Birthplace Germany

16 (a) Informant Minnie Oldenwurtel
(b) Address 227 S. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 6 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4300 Belair Rd

18 (a) Funeral director Martin F. E. Diffel
(b) Address 87 S. Arch St

19 (a) APR 4 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1940, at 11 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Oct. 1 1939, to April 1 1940, and that I last saw him alive on April 1 1940.

Immediate cause of death	Duration
Acute Cardio-Vascular Disorganization	Acute
Due to Myocarditis	6 mos.
Due to Cerebral Hemorrhage	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac H. Langdon M.D.
Address 200 E. Preston Date signed 4/1/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as far as known. Age, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 68001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 68001 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. The item of information should be carefully supplied. The correct age is especially important. Physician ... cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Mercy Hospt
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Franklintown (If outside city or town limits, write RURAL and give town)
(d) Street No. Inglenide Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John H. Sakers

3 (b) If veteran, name war
3 (c) Social Security Account No. 216-14-1078

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	MARRIED

6 (b) Name of husband or wife Elizabeth W. Sakers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30 1863

8. AGE: Years	Months	Days	If less than one day
76	4	32	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Retired - Watchman
11. Industry or business Franklin Laundry

FATHER
12. Name Jackson Sakers
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Ellen Hutchins
15. Birthplace Md.

16 (a) Informant Mrs. Elizabeth W. Sakers
(b) Address Franklintown

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 5 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St

(a) Date received APR 4 1940 (b) Registrar Thomas J. Williams, Jr. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1940, at 8:00 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 23 1940, to April 2 1940, and that I last saw him alive on April 2 1940.

Immediate cause of death	Duration
Acute Cardiac Failure	24 h.
Pulmonary Edema	
Due to Arteriosclerotic C V D	
Due to	
Other Conditions G. B. Disease	
Poss Ca of Pancreas (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm T. Barlow M. D.
Address Mercy Hospt Date signed

MARGIN RESERVED FOR BINDING

Every item of information should be carefully supplied. PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 68002

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1606 North Vincent St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ELGIN SPERGIN

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

UNIVERSITY MEDICAL SCHOOL APR 4 1940
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address —

19 (a) APR 4 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1940, at 12 noon M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic heart disease.	
Due to	
Due to	
Other Conditions Malnutrition	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Wollenweber M.D.
Medical Examiner.
Date signed 3-26-40

F 68003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

Registered No. 68003

THE MORGUE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Found in water
(b) Street address — near Pier 1 Patapsco
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Unknown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
55?			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 4 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Madry

19 (a) APR 4 1940 (Date rec'd by registrar) (b) Huntington Williams, Hyg. Registrar 5315

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1940, at 6 15 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
drowning	1 hour
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide probably accident
(b) Date of occurrence March 28 1940
(c) Where did injury occur? near Pier 1 Patapsco (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? harbor place While at work? No (Specify type of place)
(e) Means of injury drowning in bay

23. Signature H. L. Wolbarsht M.D.
Medical Examiner.

Date signed 3-28-40

VS 6

F 68004

3 F 68004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D Registered F 68004

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 109 N. Schroeder (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walker Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-25-03

8. AGE: Years	Months	Days	If less than one day
36	3	3	hr. min.

9. Birthplace SC (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name Samuel Brown
13. Birthplace SC

MOTHER
14. Maiden Name H. Caldwell
15. Birthplace SC

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL APR 4 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Mohr

19 (a) APR 4 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 28 1940 at 11 40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 26 1940 to Mar 28 1940, and that I last saw h alive on Mar 28 1940

	Duration
Immediate cause of death: Aneurysm, Abdominal Aorta	2 hrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Aneurysm
Of autopsy Aneurysm

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Gray Morton M. D.
Address Home Hopkins Hospital Date signed 4-4-40

VS 8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68005 — Registered No. F 68005

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1671 Darley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1671 Darley Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Chas. H. Miller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 20, 1875

8. AGE: Years 64 | Months 6 | Days 13 11 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER 12. Name John F. Holtzman

FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name Katherine Eichler

MOTHER 15. Birthplace Germany

16 (a) Informant Mrs. Lester Cline

(b) Address 1914 N. Patterson Park Ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Apr. 5, 1940 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem.

Location Baltimore Md.

18 (a) Funeral director John Ulrich

(b) Address 2008 Orleans St

19 (a) APR 4 1940 (Date received by registrar) (b) Huntington Willi... Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1940, at Early a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. W. Vandegrift M.D. (Medical Examiner)

Date signed 4/2/40

F 68006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

112

Registered No. F 68006

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 421 S. Robinson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 63/4/3

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 421 S. Robinson St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROSE PAYNE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Asbury R. Payne
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1876

8. AGE: Years	Months	Days	If less than one day
63	4	03	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Fred Single
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabety Snyder
15. Birthplace Baltimore, Md.

16 (a) Informant Asbury R. Payne
(b) Address 421 S. Robinson St.

17 (a) Burial (b) Date thereof Apr. 6, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Colgate, Md.

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St.

19 MOD A 1940 (b) Huntington Williams M.D.
(Date filed by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1940, at 2 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1939, to April 2 1940, and that I last saw him alive on April 2 1940.

Immediate cause of death	Duration
Bronchial Asthma	5 yrs
Due to	
Due to	
Other Conditions Acute Cardiac Dilatation	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Michael J. Dausch M. D.
Address 1530 E. Baltimore St. Date signed 4-3-40

F 68007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CAUTION—RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. Center St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Peggy Lee Hughes

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
1	15 3		hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name James Hughes
FATHER 13. Birthplace Md.

MOTHER 14. Maiden Name Margaret Brightwell
MOTHER 15. Birthplace Md.

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6, 1940 (month) (day) (year)
(c) Cemetery or crematory Cemetery Westminster
Location Westminster, Md.
(d) Funeral director H. Bankard & Son
(e) Address Westminster, Md

19 (a) (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1940, at 8:20 a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 30 1940, to April 4 1940 and that I last saw her alive on Apr 4 1940.

Immediate cause of death	Duration
Heart failure	24 hrs
Due to Emphysema and Lobar Pneumonia	? 6 weeks
Due to	
Other Conditions Septicemia (Pneumococcus Type VI) (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry P. Boldberg
Address Johns Hopkins Hosp Date signed 4-7-40

Huntington Williams M.D.

F 68008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131 A

Registered No. F 68008

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Mercy Hospital
(a) Baltimore City, Maryland
(b) Street address Calvert St
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 410 S. Pulaski St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Henry Kalter

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-0094

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of ~~husband or~~ wife Mary E. Kalter (nee Dickelson)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 25, 1881

8. AGE: Years	Months	Days	If less than one day: hr.	min.
58	7	8		

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation Night Watchman
11. Industry or business Buses, Transit Co.

FATHER
12. Name Henry Kalter
13. Birthplace Germany

MOTHER
14. Maiden Name Anna ?
15. Birthplace Norway

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 6/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Western
Location ~~Edmondson Ave~~ & Longwood St

18 (a) Funeral director Harry H. Wirtz
(b) Address 410 Edmondson Ave

19 APR 4 1940 Huntington Williams, M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1940, at 445 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1940, to April 3 1940, and that I last saw h. m. alive on April 2 1940.

Immediate cause of death Uremia — Duration

Due to Urinary retention

Due to Hypertrophy of prostate

Other Conditions Arteriosclerotic C.V. disease, Chronic nephritis ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Sefton
Address Mercy Hosp. Date signed 9/5/40 (M. D.)

H. L. Wallamsohn, M.D. Asst Med Sup

F 68000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159 Registered No. F 68000

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland ✓
(b) Street address West Balto Gen. Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1905 Buck St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Michael Perez

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2/1940

8. AGE: Years | Months | Days | If less than one day 4 hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Michael Joseph Perez
13. Birthplace England

MOTHER 14. Maiden Name Rose K. Szczublewska
15. Birthplace Balto Md.

16 (a) Informant M. Fred Ryan
(b) Address West Balto Gen Hosp.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory UNIVERSITY MEDICAL SCHOOL APR 1940
Location

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) APR 4 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/2 1940, at 9 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 4/2 1940 to 4/2 1940 and that I last saw h[illegible] alive on 4/2 1940

Immediate cause of death Partial atelectasis — Duration 4½ hrs

Due to Inspiration of Bronchial secretion

Due to

Other Conditions Prematurity

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Partial atelectasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature Leonard Wallenstein M. D.
Address [illegible] Date signed 4/2/40

2510

VS 3

F 68010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ Registered No. F 68040

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3100 WESTFIELD AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3100 Westfield Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME IDA C. HODGES.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, ~~widowed~~ or divorced.

6 (b) Name of husband or wife Thomas J. Hodges

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15-1863.

8. AGE: Years 77 | Months 0 | Days 18 17 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name James T Hodges

13. Birthplace Portsmouth Va

MOTHER 14. Maiden Name Susan Haslup

15. Birthplace Unknown

16 (a) Informant James A. Hodges.

(b) Address 3100 Westfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 5-40 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location

18 (a) Funeral director Wendell E. Humphreys.

(b) Address 1501 N. Broadway

19 Filed APR 4 1940 by Thurston for Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1939 to April 2 1940, and that I last saw h alive on Apr 2 1940.

Immediate cause of death	Duration
Pulmonary Hypostasis.	
Due to Unprecedented failure	
Due to	
Other Conditions Arterio Sclerosis & Hypertension. (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury —

23. Signature Chas. Sumwalt M. D.

Address 726 Cathedral St Date signed 4/3/40

F 68011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 68011

Sinai Hospital

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Balto Md
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mon 15
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1625 Warwick ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah or Sally Waiterman

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-18-6789

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Henry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years	Months	Days	If less than one day hr.	min.
37				

9. Birthplace Williamsport Pa (Town, county, and state)
10. Usual Occupation Saleslady Dept Store
11. Industry or business

FATHER
12. Name Jacob Lee Levin
13. Birthplace Russia

MOTHER
14. Maiden Name Annie Bloom
15. Birthplace Russia

16 (a) Informant Henry Waiterman
(b) Address 1625 Warwick ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 5/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Cemetery Washington Blvd
Location Washington Blvd
18 (a) Funeral director Sol Levinson & Bro
(b) Address 1124-26 W North ave
19 Filed APR 4 1940 Registrar Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/4 1940 at 7:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1940 to April 4 1940, and that I last saw h[illegible] alive on March 31 1940.

Immediate cause of death	Duration
(1) Anemia	
(2) Hypertensive Cardiovascular renal disease	
Due to Anemia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herman L. Winkler M.D.
Address Sinai Hospital Date signed 4/4/40

VS 3

68012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

Registered No. 68012

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: 1200 Valley Street

(c) Hospital or institution: Little Sisters of the Poor

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1200 Valley St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anastasia Cahill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem.	White	Widowed

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible] 1843

8. AGE	Months	Days	If less than one day
97 Years			hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER

12. Name ?

13. Birthplace ?

MOTHER

14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Little Sisters of the Poor

(b) Address 1200 Valley Street.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Cathedral

Location Baltimore

ARR 4

(a) Funeral director Bela Wendefeld

(b) Address 914 Greenmount Ave

19 (a) 1940 (Date received by registrar) (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3, 1940 19 at 11. p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1- 1940, to April 3- 1940, and that I last saw h[illegible] alive on April 3 1940

Immediate cause of death	Duration
Chronic Myocarditis -	5 yrs
Due to	
Due to Arterio-Sclerosis	10 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature E. Gill Hall M. D.

Address 1631 E North Ave Date signed 4/4/40

BALTIMORE CITY HEALTH DEPARTMENT

F 68013 **CERTIFICATE OF DEATH** 120B Registered No. F 68013

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2734 Harford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 99

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2734 Harford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 89 years

3 (a) FULL NAME Mrs Grace M Buck

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or ~~divorced~~:

6 (b) Name of husband or wife: Theo A Buck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 18 1847

8. AGE: Years 93 | Months 5 | Days 13-14 | If less than one day hr. min.

9. Birthplace Glasgow Scotland (Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER
12. Name Stephen Buck
13. Birthplace Scotland

MOTHER
14. Maiden Name Grace Marshall
15. Birthplace Scotland

16 (a) Informant Miss Harriet J Buck
(b) Address 2734 Harford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave

18 (a) Funeral director William M Marack
(b) Address 715 Light St

19 (a) APR 4 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1940, at 9.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 30 1940 to April 2 1940, and that I last saw h. alive on April 2 1940.

	Duration
Immediate cause of death: Secondary Pneumonia	4 day
Due to:	
Due to: Hemorrhage in brain	6 day
Other Conditions:	own

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel A Evans M. D.
Address 612 W 40 St Date signed

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ORIGIN RESERVED FOR BINDING

F 68014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

Registered No. F 68014

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1107 Battery Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 46

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 Battery Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2463

3 (a) FULL NAME John Henry Schultz

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-5522

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Maggie W Schultz
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Feb 3 1874

8. AGE: Years	Months	Days	If less than one day
66	1	24	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Labor
11. Industry or business

FATHER
12. Name August Schultz
13. Birthplace Baltimore

MOTHER
14. Maiden Name Catherine Kitler
15. Birthplace Germany

16 (a) Informant Mrs Maggie W Schultz
(b) Address 1107 Battery Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6 / 40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) APR 4 1940 (Date rec'd by registrar) Huntington Williams M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1940 at 6.25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1939 to April 2, 1940, and that I last saw h alive on April 2, 1940.

Immediate cause of death: Carcinoma of Stomach — Duration: 8 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George Schlotter,
Address 827 Light St Date signed 4/3/40 M.D.

F 68015

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68015

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 210 S. Fremont Ave (St.) (Ward) 71

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Estella Simms

If U. S. Veteran specify WAR _____

(a) Residence: No. 210 S. Fremont Ave St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1924

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	16			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Simms

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Daisy Spriggs

16. BIRTHPLACE (city or town) (State or country) Anundel Co Md

17. INFORMANT Daisy Simms
(Address) 210 S. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Date April 8 1940

19. UNDERTAKER E Levy Newsom
(Address) 1220 Brandley Ave

APR 5 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 3 1940

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1 1940 to Apr 3 1940

I last saw h__ alive on Apr 2 1940 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4/1/40
Other contributory causes of importance: None	

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) John W. Gaines M. D.

(Address) 615 S. Paca St.

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VD 2

F 68016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a Registered No.

F 68016

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 y.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5415 Summerfield Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick Schimpf

3 (b) If veteran, name war No

3 (c) Social Security Account No. 214-09-1584

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Ellen Schimpf

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Sept 28th 1868

8. AGE: Years	Months	Days	If less than one day
71	6	6	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Shipping Clerk
11. Industry or business White & Co

FATHER
12. Name Christian Schimpf
13. Birthplace Germany

MOTHER
14. Maiden Name Marie V.
15. Birthplace Germany

16 (a) Informant Ellen Schimpf
(b) Address 5415 Summerfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/40 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) 1940 (Date received by registrar) (b) [illegible] for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-4-40 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1939 to 4-4 1940 and that I last saw him alive on 4-4 - 1940.

Immediate cause of death: Hypostatic Pneumonia

Duration 4 Days

Due to

Due to

Other Conditions Cardiac failure, arterio sclerosis, Benign Prostatic Hypertrophy
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard S. Klemmer M.D.
Address St. Joseph's Hosp. Date signed 4-5-40

VS 8

F 68017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 68017 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

LARGE SPACE RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and calvert
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County [redacted]
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. St Paul Court Apts, City (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Francis Charles Fisher (Alice)

3 (b) If veteran, name war —
3 (c) Social Security Account No. [illegible]

4. Sex: F.
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mr. Francis Fisher
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 21, 1874
8. AGE: Years 65 Months 7 Days 15 If less than one day hr. min.
9. Birthplace California (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Mr. Robt. Barnett
13. Birthplace California

MOTHER
14. Maiden Name Not Known
15. Birthplace ?

16 (a) Informant Record
(b) Address St. Joseph Hospital
17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4/5/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md.
18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St
19 (a) [illegible] (Date rec'd by local registrar) (b) [illegible] Registrar

APR 5 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4, 1940, at 1:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 3 1939, to April 4 1940, and that I last saw him alive on April 4, 1940.

Immediate cause of death Toxemia of
Infection, chronic,
Duration 5 Months

Due to Infected wound, ulcer, erysipelas, post operative
Due to Fracture of neck of left femur.
Other Conditions Senility.
(Include pregnancy within 3 months of death)

Major findings: Of operation Fracture neck of left femur.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Nov 3, 1939
(c) Where did injury occur? Charles St. 31st N. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work?
(e) Means of injury Fell to floor

23. Signature Murray L. Johnson, M.D.
Address Union Memorial Hosp. Date signed 4/4/40 M. D.

W. B. Sandkuhl, M.D. Assistant Med. Examiner

F 68018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 131 - F 68018

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1525 Gorsuch Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1514 Hay St North
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

8 7

3 (a) FULL NAME Christina Hagen

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex Female | **5. Color or race** White | **6 (a) Single, married, widowed, or divorced** Widow

6 (b) Name of husband or wife John F.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 8 1853

8. AGE: Years 86 | Months 6 | Days 25 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ? Unknown
13. Birthplace ? "

MOTHER
14. Maiden Name ? "
15. Birthplace ? "

16 (a) Informant John H Rich
(b) Address Randallstown Md

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 4/5/40 (month) (day) (year)
(c) Cemetery or crematory Salem Methodist
Location Catonsville Md

18 (a) Funeral director Wellington Cook
(b) Address 1217 St Paul St

19 (a) APR 5 1940 (Date received by Registrar) **(b)** Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 3 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 28 1940 to April 3 1940 and that I last saw h.e.r alive on April 2 1940.

Immediate cause of death	Duration
Bronchopneumonia	5 days
Due to Hypertensive Cardio-vascular renal disease	2 yrs +
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Helen G. Hagemann

Address 1445 N. Gay St **Date signed** M. 4/3/40 D.

F 68019

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-4

F 68019 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1664 Normal Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1664 Normal Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard S. Steiner

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-14-1653

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~ Florence M—

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) May 22-1876

8. AGE: Years 64 | Months 0 | Days 12 | If less than one day: hr. min.

9. Birthplace Duquesne Penna (Town, county, and state)

10. Usual Occupation Stationary Engineer

11. Industry or business Union Cent. Co.

FATHER
12. Name Unknown - Steiner
13. Birthplace ? "

MOTHER
14. Maiden Name Sarah A Boke
15. Birthplace ? Unknown

16 (a) Informant Lloyd D. Steiner
(b) Address 1664 Normal Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) APR 5 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1940 at 1030 AM

21. I certify that death occurred on the date above stated; that I attended deceased from February 12 1940 to April 4 1940 and that I last saw h alive on April 3 1940.

Immediate cause of death
Aortic Insufficiency
Arterial Hypertension — Duration 3 months

Due to

Due to

Other Conditions Phlebitis
Cerebral Embolus — 3/26/40

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Rosenberg M.D.
Address 2025 Eutaw Pl Date signed 4-4-40

VS 3

F 68020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 170

F 68020

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 624 W Hamburg St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Dreuling

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 3 1923

8. AGE: Years	Months	Days	If less than one day
16	5	1	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation School Boy.

11. Industry or business

FATHER 12. Name Harry W Dreuling

13. Birthplace Balto Md.

MOTHER 14. Maiden Name Susanna Dill

15. Birthplace Hungary.

16 (a) Informant Harry W Dreuling

(b) Address 624 W Hamburg St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-40 (month) (day) (year)

(c) Cemetery or crematory Holy Cross

Location Balto Co.

18 (a) Funeral director Bernard C Hartz

(b) Address 121 E West St

19 (a) (Date rec'd by Registrar) (b) Registrar

APR 5 1940

VSV

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1940 at 1 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pulmonal hemorrhages in Cerebral Edema	hours
Due to Lobular pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Accident
(b) Date of occurrence 4/7/40
(c) Where did injury occur? Patapsco Highway (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Riding bicycle struck by motor

23. Signature Wm. Van Lahr Medical Examiner. M.D.

Date signed 4-7-40

68021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1163-H Registered No. F 68021

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Type correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 219 N. Howard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2313 Garrett Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Culleton

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-0783

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 5th 1912

8. AGE: Years	Months	Days	If less than one day
27	11	28	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Beautician

11. Industry or business Modern Beauty Shop

FATHER
12. Name James R. Culleton
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Katherine Lynch
15. Birthplace Balto Md.

16 (a) Informant Joseph W. Hodges
(b) Address 2313 Garrett Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/5/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date received) 1940 (b) Huntington Williams M.D. registrar

APR 5

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1940. at 4 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said I.I. (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Asphyxiation due to poisoning

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 4/3/40
(c) Where did injury occur? 219 N. Howard 2nd floor (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Beauty parlor While at work? No (Specify type of place)
(e) Means of injury Gas heater open

23. Signature H. W. Williams M.D. Medical Examiner.

Date signed 4/3/40

F 68022

LB S. S. F-7

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 68022

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mth. 21 days 26 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) St. No. unknown (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Joyce

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
75	?	?	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name ? Mulvern
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. records
(b) Address

17 (a) April 5th 1940 (Burial, cremation, or removal) (b) Date thereof April 5 1940 (month) (day) (year)
(c) Cemetery or crematory Balto. Cemetery
Location Baltimore & North ave

18 (a) Funeral director Geo. Schilling & Son Geo. Schilling
(b) Address 1124-1126 E. Monument St. City

19 (a) 1940 (Date rec'd by registrar) (b) Huntington Wills Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-3- 1940, at 10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-13- 1940 to 4-3- 1940 and that I last saw h- alive on 4-2- 1940.

Immediate cause of death	Duration
Coronary occlusion	12 hr
Due to Art. Hy. Dis.	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. M. Wagle Jr. M. D.
Address Balto City Hosp. Date signed 4-4-40

F 68023

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68023

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022 S Clinton St 26-4 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Georgi or Wojciech Szeliga

If U. S. Veteran specify WAR _____

(a) Residence: No. 1022 S Clinton St St., _____ Ward. Social Security 213-07-2608

(Usual place of abode) 2nd (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Szeliga

6. DATE OF BIRTH (month, day, year) 1883

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Driller

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Szeliga

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Elsie Szeliga

(Address) 1022 S Clinton St

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date 4/6 40 19

19. UNDERTAKER John J Duda

(Address) 3529 Hudson St

20. FILED Huntington Williams Registrar.

APR 5 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 2 1940 to April 3 1940

I last saw him alive on April 2 1940 Death is said to have occurred on the date stated above, at 11.9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Was an operation performed? — Date of _____

For what disease or injury? —

Name of operation _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury _____, 19___

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Andrew Szymanowski, M. D.

(Address) 2579 Eastern Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 68024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 68024

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: W. Balt. Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 526 N. Eutaw St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Elizabeth Goddard

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	widowed

6 (b) Name of husband or wife
6 (c) If alive, give age 66 yrs.

7. Birth date of deceased (mo., day, yr.) Sept 6, 1873

8. AGE: Years	Months	Days	If less than one day
53	6	28	hr. min.

9. Birthplace St. Mary County, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 9, 1940 (month) (day) (year)
(c) Cemetery or crematory Trinity Cemetery
Location St. Mary City, St. Mary Co., Md.

18 (a) Funeral director Ambrose Fina.
(b) Address 1017 W. Cross St.

APR 5 1940 (Date received by local registrar) (Signature of local registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-9 1940, at 12 30 Noon M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-4 1940 to 4-9 1940, and that I last saw h[illegible] alive on 4-9 1940.

Immediate cause of death: Coronary occlusion — Duration 6 hrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury

23. Signature Fred H. Bowen
Address NB. GH. Date signed 4/5/40

VS 3

F 68025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-a F 68025 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2926 Winchester St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2926 Winchester St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice Reister Dobson,

3 (b) If veteran, name war ----

3 (c) Social Security Account No. ----

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Beauregard Dobson,

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20, 1866

8. AGE: Years 74 | Months -- | Days 14 | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Jonothan D. Reister,
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Byrd Dobson,
(b) Address 3321 Alto Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director Geo W Little
(b) Address 2700 Edmondson Ave.

19 (a) (Date rec'd by local reg.) (b) [illegible] (Registrar)

APR 5 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4, 1940 19 at 9.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3 19 40 to Apr 3 19 40 and that I last saw h[illegible] alive on Apr 3 19 40

Immediate cause of death: Chronic Cardio-renal disease — Duration: 1 yr

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chester A. Rahn

Address 734 Poplar Rd Date signed 4/5/40

68026

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68026

CERTIFICATE OF DEATH

✓ 107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 N. Carrollton St. 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Moses Jones

If U. S. Veteran specify WAR

(a) Residence: No. 822 N Carrollton St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Cage Men + Women's Home

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 26 1859

7. AGE: Years 80 | Months 10 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Carroll Co Md.

FATHER

13. NAME: Ben Jones

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Eliza ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Rebecca Jones

(Address) 822 N. Carrollton Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place: Mt. Auburn Date: 4-6- 1940

19. UNDERTAKER: Frances A. Hemsley

(Address) 578 St. Paul St.

Filed 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 29 1940 to April 3rd 1940

I last saw h. alive on April 3rd 1940. Death is said to have occurred on the date stated above, at 7 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance:	

Was an operation performed? Yes Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edw. J. Kheller M. D.

(Address) 1700 Druid Hill Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vs 5

M. D. H. 1268-9

68027

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68027

F 3423

CERTIFICATE OF DEATH

107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 Brunt St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Delores Keys

(a) Residence: No. 1913 Brunt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 12, 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	2322	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME James Keys

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Bessie Read

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT James Keys

(Address) 1913 Brunt St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4/5 1940

19. UNDERTAKER Thos. E. Kelson

(Address) 1302 Pennsylvania Ave

20. FILED APR 5 1940 Hunting to Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from Apr 3, 1940 to Apr 4, 1940

I last saw h[illegible] alive on Apr 3, 1940. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3/31/40

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. William Frey M. D.

(Address) 1921 Penna Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

68028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

Registered No. E 68028

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 - 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 608 Dolphin St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROBERT GARRETT.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-05-2131

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	Col	single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900 ?

8. AGE: Years	Months	Days	If less than one day
? 40			hr. min.

9. Birthplace Balto. Maryland
(Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Charles W. Garrett
13. Birthplace Maryland

MOTHER
14. Maiden Name Rachael Wilson
15. Birthplace Maryland

16 (a) Informant Grace Garrett
(b) Address 1310 Myrtle Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-6-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Westport

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave.

APR 5 1940
(a) Date received by registrar (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1940, at 10 55 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Burns, second and third degree, brain	
Due to Traumatic	
Due to	
Other Conditions Epilepsy	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 24, 1940
(c) Where did injury occur? 608 Dolphin St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury fell against gil stove during epileptic attack

23. Signature T. L. Williams M.D.
Coroner's Physician or Medical Examiner
Date signed 7-4-40

no house afire

F 68029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. F 68029

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2823 W. North Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-6
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2823 W. North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Elias Bear Coplin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Flora Coplin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
66	8	—		

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Joseph Coplin
13. Birthplace Russia

MOTHER 14. Maiden Name Dora —
15. Birthplace Russia

16 (a) Informant Mrs. H. Madanick
(b) Address 2807 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-5-40 (month) (day) (year)
(c) Cemetery or crematory Wash. Blvd.
Location Wash. Blvd

18 (a) Funeral director Jack Keiro Inc
(b) Address 1439 E. Balto. St.

19 (a) Registered (b) [illegible] Williams
Registrar

APR 5 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1940, at 11 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15 1940, to 4-4 1940, and that I last saw him alive on 4-4 1940.

Immediate cause of death: Coronary Thrombosis
Cardiac asthma — Duration: 1 day

Due to

Due to

Other Conditions Benign Hypertrophy Prostate.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. N. Wilson

Address 617 W 40th Date signed 4/5/40 M. D.

F 68030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46E

F 68030

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 St Johns Road St., 27th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gertrude Scheuler

(a) Residence: No. 500 Overhill Road St., 27th Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Stockton Busby

(Address) 500 Overhill Road

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date April 5 1940

19. UNDERTAKER A. J. Jenkins & Son. Co

(Address) 6 East Mc Collch St

FILED APR 5 1940 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24 1940 to April 4 1940

I last saw her alive on April 4 1940. Death is said to have occurred on the date stated above, at 10-30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of	1/24/39
Transverse Colon with	
Metastasis to Abdominal Viscera	

Other contributory causes of importance:

Name of operation No operation Date of

What test confirmed diagnosis X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Victor Porter M. D.

(Address) 4822 Roland Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARION RESERVES FOR BINDING

68031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 68031 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-19
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5715 Maple Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ruth Smith.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Edward G. Smith.
6 (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) Nov 11, 1907

8. AGE: Years	Months	Days	If less than one day
32	4	22	hr. min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Adam Helfer.
13. Birthplace Md.

MOTHER
14. Maiden Name Eva ?.
15. Birthplace Md.

16 (a) Informant Edward G. Smith.
(b) Address 5715 Maple Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave.

18 (a) Funeral director Thos. Sowell & Donovan
(b) Address 616-17 Chesapeake Bldg.

APR 5 1940 Huntington, W. Va.
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1940, at 9:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1940 to April 3 1940, and that I last saw h[illegible] alive on April 3 1940.

Immediate cause of death Pneumonia — Duration 4 hrs.

Due to Coma or State from intra cerebral hemorrhage — Duration 3 wks.

Due to Malignant Hypertension — Duration 3 years.

Other Conditions Otitis media, pneumococcal, ot. — Duration ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. J. Surbey M. D.
Address Union Memorial Date signed 4/3/40

F 68032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 68032

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4902 Cronondale
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 dd
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4902 Cronondale
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME James Maynard Stolliday

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary B. Stolliday
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Jan-20-1870

8. AGE: Years 70 | Months 2 | Days 14 | If less than one day — hr. — min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual Occupation Bond Salesman
11. Industry or business Investments.

FATHER 12. Name Theodore H. Stolliday
13. Birthplace Virginia

MOTHER 14. Maiden Name Matilda Ellaymard
15. Birthplace Baltimore

16 (a) Informant Mrs. J. M. Stolliday (wife)
(b) Address 4902 Cronondale

17 (a) Entombment (Burial, cremation, or removal) (b) Date thereof Apr-6-40 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 100 W. NORTH AVENUE

19 (a) Date received APR 5 1940 (Registrar) (b) Registrar Huntington Stillwell, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 3 1940, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1930 to Apr 3 1940 and that I last saw him alive on Mch 24 1940

Immediate cause of death: Coronary Thrombosis — Duration: sudden
Antecedent Hypertension — June 28/35
Due to Arteriosclerosis — Oct 12, 1930
Intramural Hemorrhage
Due to Cerebral hemorrhage — Apr 24/37
hemiplegia
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A Luetcher M. D.
Address 1 E Eager St Date signed 4/4/40

F 68033

LB 84556 S.S. ?

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 68033 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. MARGIN RESERVED FOR BINDING. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 min. 7 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 724 N. Fremont Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married

6 (b) Name of husband or wife Florence

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1885

8. AGE: Years	Months	Days	If less than one day
56	5	21	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business unemployed

FATHER
12. Name ?
13. Birthplace Md.

MOTHER
14. Maiden Name Lacy ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thos. E. Kelson
(b) Address 1303 Presstman St.

19 (a) APR 5 1940 (Date received by registrar) (b) Funeral Director for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-3- 1940, at 6:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3- 1940, to 4-3- 1940, and that I last saw h[illegible] alive on 4-3- 1940.

Immediate cause of death
Lobar pneumonia — Duration 10 days
Pulm. edema. — 1 day
Due to Gen. arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [illegible]
Address Balto City Hosp. Date signed 4-7-40 M. D.

M. D. B. 1288-9

68031

HEALTH DEPARTMENT—CITY OF BALTIMORE

68034

CERTIFICATE OF DEATH

92-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1337 Mount St. 15-1 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hanna Blackwell

(a) Residence: No. 1337 Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fannie Blackwell

6. DATE OF BIRTH (month, day, year): Dec 1 1890

7. AGE — Years: 49 | Months: 4 | Days: 3 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Northumberland Co Va.

FATHER

13. NAME: Isaac Blackwell

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Amanda Cockrell

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Fannie Blackwell
(Address) 1337 Mount St

18. BURIAL, CREMATION, OR REMOVAL: Mt Auburn Date 4/6 19 40

19. UNDERTAKER: Thos. E. Kelson
(Address) 1303 Pennsylvania Ave

20. FILED 1940 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 3, 19 40

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 19 40 to April 3, 19 40

I last saw h[illegible] alive on Mar 26, 19 40 Death is said to have occurred on the date stated above, at 7.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	Jan 40

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. William Frey M. D.

(Address) 1928 Pennsylvania Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 4

F 68035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-B

F 68035 Registered No.

PLEASE WRITE PLAINLY, WITH UNFEADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2124 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2124 Druid Hill Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josephine S. Lawsome

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 13, 1927

8. AGE: Years	Months	Days	If less than one day
13	1	21	hr. min.

9. Birthplace Baltimore (Town, county and state)

10. Usual Occupation Student

11. Industry or business

FATHER 12. Name Joseph Lawsome

13. Birthplace Baltimore

MOTHER 14. Maiden Name Rebecca Gladys Simms

15. Birthplace Baltimore

16 (a) Informant Rebecca Gladys Lawsome

(b) Address 2124 Druid Hill

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/40 (month) (day) (year)

(c) Cemetery or crematory Mt Zion

Location

18 (a) Funeral director Thos. E. Kelson

(b) Address 1303 Pennsylvania Ave

19 (a) APR 5 1940 (Date rec'd by registrar) Huntington for Nathaniel Mc Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 3 1940, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 10 1940 to Apr. 3 1940. and that I last saw h[illegible] alive on Apr 3 1940.

Immediate cause of death Acute Meningitis — Duration 2 weeks

Due to La Grippe & Influenza

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dan'l L. Berry M. D.
Address 1420 E. Chase Date signed 4-4-40

VS 3

F 68036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54a F 68036

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Sparrows Point, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1328 Dorset Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Perry

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

Sex: Female | 5. Color or race: Wht | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Guy

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) March 26, 1898

8. AGE: Years 42 | Months 0 | Days 8 | If less than one day: hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation House-wife

11. Industry or business

FATHER
12. Name Charles F. Hatton
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Caroline Miller
15. Birthplace Washington D.C.

16 (a) Informant Guy Perry
(b) Address 1328 Dorset Rd Sp Pt Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (month) 7 (day) 40 (year)

(c) Cemetery or crematory Moreland Pk
Location Baltimore Md

18 (a) Funeral director Heward & Farrington
(b) Address 21 W. 25th Huntington Williams, Md.

19 APR 5 1940 (Date rec'd by Local Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1940, at 12:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/4 1940 to 4/4 1940 and that I last saw her alive on 4/4 1940

Immediate cause of death: Bronchopneumonia — Duration: 24 hr

Due to:

Due to:

Other Conditions: Glioma of brain — Duration: ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Glioma of brain
Of autopsy: same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. P. Tennyt, M. D.
Address St. Joseph's Hosp Date signed 4/7/40

F 68037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 68037 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1125 Battery Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1125 Battery Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Celia S Krug

3 (b) If veteran, name war

3 (c) ~~Social~~ Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John Krug
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 30 - 1882

8. AGE: Years	Months	Days	If less than one day
57	11	3	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Lawrence Kirk
13. Birthplace Ireland

MOTHER
14. Maiden Name Helen Connors
15. Birthplace Ireland

16 (a) Informant Naome Krug
(b) Address 1125 Battery Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 30-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director Desmond & Covington
(b) Address 21 W 25th St

19 APR 5 1940 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/3/40 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1940, to April 3 1940, and that I last saw h[illegible] alive on 4/3/40 19

Immediate cause of death: Cerebral Hemorrhage — Duration 4/3/40

Due to Hypertension — March 15 1940

Due to Nephritis over

Other Conditions Mad

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Kerbel M. D.
Address 122 E. Chase St Date signed 4/7/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68038

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 68038 Registered No. 163-H

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2516 Barclay St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2516 Barclay St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Maude Jenkins

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1879

8. AGE: Years	Months	Days	If less than one day
61	0	3	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Albert T. Jenkins
13. Birthplace Charles County, Maryland

MOTHER
14. Maiden Name Eliza Luckett
15. Birthplace ----- Maryland

16 (a) Informant Mrs. Corinne J. Griffith
(b) Address Tudor Arms Apartments

17 (a) Burial (b) Date thereof 4/6/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Reisterstown Rd. Pikesville

18 (a) Funeral director H. W. Meares and Son
(b) Address 805 North Calvert Street

APR 5 1940
(Date rec'd by registrar)

(b) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION about 3P

20. DATE OF DEATH April 7 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said I find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Illuminating gas poisoning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 7/4/40
(c) Where did injury occur? 2516 Barclay St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Kitchen of Home While at work? No
(Specify type of place)
(e) Means of injury Open jet gas stove

23. Signature Huntington Williams M.D.
Medical Examiner.
Date signed 4/4/40

F 68039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B

Registered No. F 68039

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1083 Elliott Dr.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1083 Elliott Drive
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert S. Kilbourn (Kilburn)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	married

6 (b) Name of husband or wife Annie May
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-10-1880

8. AGE: Years	Months	Days	If less than one day
60	1	23	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Stationary Engineer
11. Industry or business

FATHER
12. Name William A. Kilbourn (Kilburn)
13. Birthplace Balto Md

MOTHER
14. Maiden Name Lucy M. Clark
15. Birthplace Balto Md

16 (a) Informant Annie May Kilburn
(b) Address 1083 Elliott Drive

17 (a) Burial (b) Date thereof 4-6-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location
Funeral director Leonard F. Lucke
Address 5305 Harford Rd.

4-5 1940 Hunter Gyn Williams M.D. Registrar
(Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/3/40 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/8 1938, to April 3 1940, and that I last saw h alive on 4/3 1940

Immediate cause of death Malignant

Papilloma of bladder (urinary)

Due to

Other Conditions Acute uremia

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
2 yrs
2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benjamin Miller M.D.
Address 2026 Wilkens Ave Date signed 4-5-40

ITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The especially important. Physicians: please write the causes of death clearly and legibly.

68040 53609-FD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D Registered No. F 68040

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 446 Orchard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Dungee

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~ Edna Dungee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-30-1882

8. AGE: Years 57 | Months 9 | Days 2 | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation waiter

11. Industry or business

FATHER
12. Name Wm. Dungee
13. Birthplace Balto.

MOTHER
14. Maiden Name Sarah Smith
15. Birthplace Balto.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Auburn
Location Balto. Md.

18 (a) Funeral director John M. Dorsey
(b) Address 1700 E. Monument

19 APR 5 1940 Williams Myers Registrar
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-2- 1940, at 8:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-9- 1940, to 4-2- 1940, and that I last saw h~~im~~ alive on 4-2- 1940.

	Duration
Immediate cause of death: Cardiac failure	7
Due to: Hypertensive CVD	7
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emanuel Klebstein M. D.
Address Balto. City Hosp. Date signed 4-3-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68041 CERTIFICATE OF DEATH 131-a F 68041

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 N. Mount St. 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Moore

If U. S. Veteran specify WAR

(a) Residence: No. 218 N. Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colo.

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Moore

6. DATE OF BIRTH (month, day, year): 9/26/1890

7. AGE: Years 50 | Months — | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housework

10. Date deceased last worked at this occupation (month, day, year): 1940 | 11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Hamilton Va.

FATHER

13. NAME: John Scarber

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Lawless ?

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Ethel Dunkins

(Address): 218 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Date: April 6, 1940

19. UNDERTAKER: Mrs Katie A. Williams

(Address): 322 N. Schroeder St

20. FILED: APR 5 1940 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 3rd 1940

22. I HEREBY CERTIFY, That I attended deceased from March 27 1940 to April 3rd 1940

I last saw her alive on April 3rd 1940. Death is said to have occurred on the date stated above, at 11.05 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchial endocarditis 3/27/40

Other contributory causes of importance:

Interstitial Nephritis 2 mo

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, state

(Signed) J. J. Gunson M. D.

(Address) 222 N. Arlington Ave

VS 3

A.C.—MAKE PENCIL WRITE UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

68042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P Registered No. F 68042

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 945 W. Fayette St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lonnie Hailey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Fem

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Randolph Hailey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 52 | Months | Days | If less than one day hr. min.

9. Birthplace Oxford N. C.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Lawrence Byrd
(b) Address 132 N. Fulton St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4/5/1940 (month) (day) (year)

(c) Cemetery or crematory Mt Zion Cemetery
Location Balto Md

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.

19 (a) APR 5 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-3-40 19 at 1 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-14-40 19 to 4-3-40 19, and that I last saw h alive on 4-2-40 19.

Immediate cause of death: Cerebral
Due to: Hypertensive Cardio disease & coronary occlusion
Due to: Cerebral infarct.
Due to: Sclerosis of aneurysm
Other Conditions: Diabetes

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address St Jos Hosp Date signed 4-3-40 M. D.

VS 3

F 68043

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1108 Registered No. F 68043

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 W Saratoga St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME THOMAS SCOTT

3 (b) If veteran, name war: World War Vet.
3 (c) Social Security Account No.
4. Sex: M
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: Widowed.
6 (b) Name of husband or wife: Annie Scott.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 48 | Months | Days | If less than one day: hr. min.
9. Birthplace Baltimore Md. (City, county, and state)
10. Usual Occupation Lobby
11. Industry or business

FATHER
12. Name Miram Scott
13. Birthplace Md

MOTHER
14. Maiden Name Francis
15. Birthplace Md.

16 (a) Informant Charles Kennard
(b) Address 1217 W Mulberry St

17 (a) Buried. (Burial, cremation, or removal) (b) Date thereof 4/8/1940 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location Baltimore Md.

18 (a) Funeral director Mrs Katie R Williams
(b) Address 822 N Broadway

19 (a) APR 5 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1940, at 6 30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Pneumonia, lobar, bilateral — Duration: unknown
Due to
Due to
Other Conditions: Cardiovascular renal disease
(Include pregnancy within 3 months of death)
Major findings:
Of operations: no
Of autopsy: an abstract

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H H Wolfenmeyer M.D. (Medical Examiner.)
Date signed 4-4-40

F 68044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 68044 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Church Home + Infirmary
(a) Baltimore City, Maryland
(b) Street address Church Home & Infirmary
(c) Hospital or institution:
Hospital N. Broadway
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 25 N. Ellwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Conrad N. Dippel (CONRAD HENRY DIPPEL)

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Bernadine Dippel

6 (c) If alive, give age 50? years

7. Birth date of deceased (mo., day, yr.) February 14, 1886

8. AGE: Years 54 | Months 1 | Days 20 | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Contractor & Builder

11. Industry or business Own

FATHER
12. Name Christopher Dippel
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Ullrich
15. Birthplace Germany

16 (a) Informant Mrs. Bernadine Dippel (Wife)
(b) Address 25 N. Ellwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 8. 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address Baltimore & Broadway.

APR 5 1940 (Date rec'd by Registrar) Registered

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1940, at 8:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 1940 to April 4 1940, and that I last saw h alive on April 4 1940.

Immediate cause of death
Coronary Thrombosis
Due to Art Sclerosis
Due to
Other Conditions Carcinoma Stomach

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Stomach & metastasis to liver
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. Mason Med Dr M. D.
Address Church Home Baltimore Date signed 4/4/40

F 68045

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 68045

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver
(c) Hospital or institution:
St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2838 Clifton Park Terrace
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theresa Pritsch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Aloysius Pritsch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1875

8. AGE: Years 64 | Months 6 | Days | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business Home

FATHER 12. Name Michael Feeney
13. Birthplace Ire.

MOTHER 14. Maiden Name Jane Jennings
15. Birthplace Ire

16 (a) Informant Aloysius Pritsch
(b) Address 2838 Clifton Park Terr

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Rd. bet

18 (a) Funeral director J. J. Mozan
(b) Address 1300 E Baltimore

19 (a) APR 9 - 1940 (Date rec'd by registrar) (b) Registered No. 61

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-4 1940 at 11:33 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-7 1940 to 4-4 1940 and that I last saw h.s.l. alive on 4-4 1940.

Immediate cause of death	Duration
(a) Nephritis &	
Due to Pyelonephrosis	
Due to (Staphlococcus)	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton J. Wilder M. D.
Address St. Joseph's Hosp Date signed 4-4-40

VS 8

F 68046

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a Registered No. F 68046

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4700 Erdman Ave & Lehigh St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 42 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 4700 Erdman Ave & Lehigh St (If rural give location)
26
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Charles J Fox

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Hermanine M. Fox
6 (c) If alive, give age 78 years
7. Birth date of deceased (mo., day, yr.) Aug 16, 1859
8. AGE: Years 80 81 | Months 7 | Days 29 | If less than one day: hr. min.
9. Birthplace Washington, D. C. (Town, county, and state)
10. Usual Occupation Real Estate
11. Industry or business —

FATHER
12. Name John M. Fox
13. Birthplace England

MOTHER
14. Maiden Name Not known
15. Birthplace

16 (a) Informant Marburg Fox
(b) Address Suitland, Md.
17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Apr. 8, 1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Md.
18 (a) Funeral director Landon M. Brooks
(b) Address Bowie, Md.
APR 5 1940 Huntington Williams, Md. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 5 1940 at 1:40 A M
21. I certify that death occurred on the date above stated; that I attended deceased from 3/15 1940 to 4/5 1940 and that I last saw h alive on 4/4 1940.

Immediate cause of death: Cerebral Hemorrhage due to Cerebral Arteriosclerosis
Due to (a) Senile Nephritis
Due to (b) Cystitis Treasurie
Other Conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations none
Of autopsy no

Duration
Years
4
2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature John T Oneal M.D.
Address 904 Cathedral St Date signed 4/5/40

VS 3

F 68047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930

Registered No. F 68047

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 303 LONELY LANE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 303 Lonely Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? Supp 77 years

3 (a) FULL NAME JULIUS MEYER

3 (b) If veteran, name war: no
3 (c) Social Security Account No. no

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: WIDOWED
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1849

8. AGE: Years 90 91 | Months 10 | Days 21 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation farmer - retired
11. Industry or business own business

FATHER
12. Name ? Meyer
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace Germany

16 (a) Informant Daughter, Anna Barbour
(b) Address 303 Lonely Lane

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 5 1940
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (Date rec'd by registrar) APR 5 1940 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 1940, at 12:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death: arteriosclerotic heart disease
Due to
Due to
Other Conditions senility
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 3-31-40

VS 6

F 68048 (80x1)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 68048

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1325 Presstman St (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Baby Kent.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced. Infant

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 3/26/40

8. AGE: Years | Months | Days 1 (2 days) | If less than one day ____ hr. ____ min.

9. Birthplace Provident Hospital. (Town, county, and state)

10. Usual Occupation Infant.

11. Industry or business

FATHER
12. Name Charles Thomas
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Agnes Kent
15. Birthplace Baltimore, Md.

16 (a) Informant Mary Agnes Kent (mother)
(b) Address 1325 Prestman St

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (month) (day) (year)
(c) Cemetery or crematory Location UNIVERSITY MEDICAL SCHOOL APR 5 1940

18 (a) Funeral director Commissioner of H...
(b) Address Per H. A. Moore

19 APR 5 1940 (Date rec'd by registrar) (Signature) Huntington Williams M.D.

VS 3

3526

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-27-1940. 8.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-27-1940 to 3-27-1940 and that I last saw her alive on 3-27-1940

Immediate cause of death

Due to Premature Birth. (6 months Infant.)

Due to ____

Other Conditions ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations ____

Of autopsy ____

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature Lois Maloney M. D.
Address Provident Hospital Date signed 3/29/40

F 68049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 68049

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address The Johns Hopkins Hospital
(c) Hospital or institution: F 7789
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 62 min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1503 East Biddle St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Connors

3 (b) If veteran, name war ———
3 (c) Social Security Account No. ———

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife: single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 23, 1940

8. AGE: Years | Months | Days | If less than one day: 12 hr. 62 min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation ———
11. Industry or business ———

FATHER
12. Name Leroy Gilliam
13. Birthplace Maryland

MOTHER
14. Maiden Name Eleanor Connors
15. Birthplace Maryland

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL APR 5 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (c) APR 5 1940 Huntington Williams, M.D.
(Date rec'd by reg'r.) (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1940, at 6⁰⁰ P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 23 1940, to March 23 1940, and that I last saw him alive on March 23 1940.

Immediate cause of death	Duration
Aspiration of stomach contents	3-23-40
Due to Prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. W. Overstreet M. D.
Address Johns Hopkins Hosp. Date signed 4-7-40

F 68050 F 7781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 68050

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address The Johns Hopkins Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 36 min

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4414 Marble Hall Rd. (If rural give location) Northwood apts
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gerwin

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	single

6 (b) Name of husband or wife single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21, 1940

8. AGE: Years	Months	Days	If less than one day
		4	— hr. 36 min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Benjamin H. Gerwin
13. Birthplace Tenn.

MOTHER
14. Maiden Name Virginia Marwell
15. Birthplace Va.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL APR 5 1940

18 (a) Funeral director Commissioner of Health
(b) Address APR 5 1940 or M. A. Moore

19 (a) (Date rec'd by registrar) (b) Registrar Thurlington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1940, at 12 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 21 1940, to March 26 1940, and that I last saw him alive on March 26 1940.

Immediate cause of death	Duration
Prematurity	3-24-40
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. W. Overstreet M. D.
Address Johns Hopkins Hosp. Date signed 4-3-'40

377562
68051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 96

Registered No. F 68051

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 304 S. Spring (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 1

3 (a) FULL NAME Jessie Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Black

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-23-00

8. AGE: Years 39 | Months 8 | Days 7 | If less than one day hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name George Jones
13. Birthplace N.C.

MOTHER
14. Maiden Name Mary ?
15. Birthplace N.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) **(b) Date thereof** (month) (day) (year)
(c) Cemetery or crematory
Location [illegible] MEDICAL SCHOOL APR 5 1940

18 (a) Funeral director Commissioner of Health
(Address) APR 5 1940 r H. A. Moore

19 (a) (Date rec'd by registrar) **(b)** Huntington Wilkinson M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAR 30 1940, at 6.05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 27 1940 to MAR 30 1940, and that I last saw him alive on MAR 30 1940.

Immediate cause of death	Duration
Subarachnoid Hemorrhage	4 days
Due to Ruptured aneurysm of internal carotid artery	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same as above.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. M. Welty M. D.
Address Johns Hopkins Hospital Date signed 4-9-40

68052 F 76 ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 157-F

Registered No. F 68052

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address The Johns Hopkins Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1239 Edythe St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Meekins

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Single

6 (b) Name of husband or wife Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1940

8. AGE: Years	Months	Days	If less than one day
		2	— hr. — min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER — 12. Name unknown

FATHER — 13. Birthplace unknown

MOTHER — 14. Maiden Name Alethia Meekins

MOTHER — 15. Birthplace Maryland

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHNS HOPKINS MEDICAL SCHOOL APR 5 1940

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (a) APR 5 1940 (b) Registered by Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1940, at 11.35 pm M

21. I certify that death occurred on the date above stated; that I attended deceased from March 16 1940, to March 18 1940, and that I last saw him alive on March 18 1940

Immediate cause of death	Duration
Congenital heart disease.	3-16-40
Due to Cor biloculari	3-16-40
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. W. Overstreet M. D.

Address Johns Hopkins Hosp. Date signed 4-7-40

F 6954

F 68053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-F

Registered No. F 68053

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address The Johns Hopkins Hospital

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days

(e) Length of stay in Baltimore (yrs., mos., or days) 6 hrs. 19 min.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1904 Linden Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Breuning

3 (b) If veteran, name war ———

3 (c) Social Security Account No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	single

6 (b) Name of husband or wife single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 28, 1940

8. AGE: Years	Months	Days	If less than one day
		10	6 hr. 19 min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER

12. Name Byron Breuning

13. Birthplace Maryland

MOTHER

14. Maiden Name Phyllis Borosso

15. Birthplace Pa.

16 (a) Informant

(b) Address

17 (a) ——— (Burial, cremation, or removal) (b) Date thereof ——— (month) (day) (year)

(c) Cemetery or crematory

Location APR 5 1940

18 (a) Funeral director Commissioner of Health

(b) Address H. A. Moore

19 (a) APR 5 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1940, at 6:28 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 28 1940, to March 10 1940, and that I last saw her alive on March 10 1940.

Immediate cause of death	Duration
Lobular pneumonia	3-8-40
Due to	
Due to	
Other Conditions Patent foramen ovale	2-28-40
Patent ductus arteriosus	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy as above.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E. W. Overstreet M. D.

Address Johns Hopkins Hosp. Date signed 4-3-40

6831

VS 8

68054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68054 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2508 E. Madison St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2508 E Madison St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Troth Shivers

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Maude Shivers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 23, 1868

8. AGE: Years	Months	Days	If less than one day
71	5	10 11	hr. min.

9. Birthplace New Jersey (town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name James Shivers
13. Birthplace N.J.

MOTHER
14. Maiden Name Troth
15. Birthplace N.J.

16 (a) Informant wife
(b) Address 2508 E. Madison St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/40 (month) (day) (year)
(c) Cemetery or crematory Mt Pleasant
Location Millville New Jersey

18 (a) Funeral director Charley E. Schumacher
(b) Address 3601-03 E. Madison St

19 (a) Date of registration APR 5 1940 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1940, at 9:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940, to April 4 1940, and that I last saw him alive on April 1, 1940.

Immediate cause of death	Duration
Coronary occlusion	1 wk.
Cerebral embolism	
Due to	
Arterio-selerotic cardio-vas. dis.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Davidson M. D.
Address 101 W. Read St. Date signed 4-5-40.

VS 3

68055 HEALTH DEPARTMENT—CITY OF BALTIMORE 68055

Security 215-05-5259

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. [redacted] St., 7 W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Horky

If U. S. Veteran specify WAR

(a) Residence: No. 803 N. Port St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Agnes Horky

6. DATE OF BIRTH (month, day, year) 4/11/84

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	11	1921	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Balto Dry Dock

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czechoslavakia

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wife
(Address) 803 N. Port St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Date 4/6/40, 19

19. UNDERTAKER Charles E. Schimunek.
(Address) 2601-03 E. Madison St.

20. FILED APR 5 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1940 to April 2, 1940

I last saw him alive on April 2, 1940 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Lobar Pneumonia	3/27/40
Acute pharyngitis	3/27/40
Other contributory causes of importance: Acute Cardiac Dilatation	4/2/40

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William J. Roane M. D.

(Address) 801 Aliceanna

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

68056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 68056

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 N. Lakewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Selman Stinchcomb

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Frances Stinchcomb
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4 1855.

8. AGE: Years	Months	Days	If less than one day
84	10	3	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name William
13. Birthplace Unknown

MOTHER
14. Maiden Name Hydings
15. Birthplace Unknown

16 (a) Informant wife
(b) Address 700 N. Lakewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (month) 8 (day) 40 (year)
(c) Cemetery or crematory Balto Cem
Location Rose + Fourth Ave.

18 (a) Funeral director C. E. Schumacher
(b) Address 2601-03 E. Madison St.

APR 5 1940 (Date rec'd) (b) Huntington Williams, Md. (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1940 at 1:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquest) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture, base of skull	
Hemorrhage, Abrasions, brain stem	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/4/40
(c) Where did injury occur? 700 N. Lakewood Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell down stairs

23. Signature Howard Grafton M.D. Medical Examiner.
Date signed 4/5/40

F 68057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B 52837

Registered No. F 68057

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 51 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 Shakespeare St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pauline Borowy (52837)

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-2171

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3, 1918

8. AGE: Years	Months	Days	If less than one day
21	8	1	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Crown Cork & Seal
11. Industry or business Worker of Caps

FATHER
12. Name Walter
13. Birthplace Poland

MOTHER
14. Maiden Name Bloeslawa Swistek
15. Birthplace Poland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 9-40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozgaeuer
(b) Address 1930 Eastern Ave

19 APR 5 1940 (Date rec'd by registrar) (b) Huntington Riddle, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4, 1940, at 10:15PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 13, 1940, to April 4, 1940, and that I last saw her alive on April 4, 1940

Immediate cause of death: Tuberculosis of the lung — Duration: Mar 1939
Due to: Tuberculosis of the larynx — Jan 1940
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J. Coleman M. D.
Address Balto. City Hospitals Date signed 4-4-40

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

68058

Registered No. F 68058

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 210. S. Chester St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 210 S. Chester St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stanislaw Gajdzicki

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married Gajdzicki
6 (b) Name of husband or wife: Mary Gajdzicki
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): ? 1879
8. AGE: Years 61 | Months | Days | If less than one day hr. min.
9. Birthplace: Poland (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business: Balto. City

FATHER
12. Name: Karol Gajdzicki
13. Birthplace: Poland

MOTHER
14. Maiden Name: Mary Pienta
15. Birthplace: Poland

16 (a) Informant: Mary Gajdzicki
(b) Address: 210 S. Chester St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 6. 40 (month) (day) (year)
(c) Cemetery or crematory: Holy Rosary
Location: Baltimore
18 (a) Funeral director: Fred W. Ozmanski
(b) Address: 1930 Eastern Ave.
19 (a) Date of registration: APR 5 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1940 at 10 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940 to April 3 1940, and that I last saw him alive on April 1940.

Immediate cause of death: Coronary Thrombosis — Duration: 5 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature: Leo L. Kulack M.D.
Address 126 S. Patterson Pk. Date signed April 5 1940

VS 8

F 68059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 68059

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 409. S Chester St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 409 S. Chester St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Ramiszewski

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Anna Ramiszewski
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): ? 1882
8. AGE: Years: 58 | Months | Days | If less than one day: hr. min.
9. Birthplace: Poland (Town, county, and state)
10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: Joseph Ramiszewski
13. Birthplace: Poland

MOTHER
14. Maiden Name: ?
15. Birthplace: Poland

16 (a) Informant: Stella Popiolek
(b) Address: 409 S. Chester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 6. 1940 (month) (day) (year)
(c) Cemetery or crematory: Holy Rosary
Location: Baltimore

18 (a) Funeral director: Fred W. Ozarowski
(b) Address: 1930 Eastern Ave.

19 (a) APR 5 1940 (Date received by Registrar) Thurston [illegible] Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr. 3 1940, at 5. P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 27 1940, to April 3 1940, and that I last saw h[illegible] alive on April 3 1940.

Immediate cause of death: ARTERIO-SCLEROTIC CARDIO-VASCULAR DISEASE — Duration: FEB. 1940

Due to:

Due to:

Other Conditions: BRONCHO-PNEUMONIA — 2 DAYS

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Joseph F. Drenga M. D.
Address: 209 S. Chester Str Date signed: 4-5-40

F 68060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-P Registered No. F 68060

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6224 Fairdel Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6224 Fairdel Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Lee DeBusey

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widow

6 (b) Name of husband or wife James A. DeBusey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 22 1857

8. AGE: Years	Months	Days	If less than one day
80	7	12	hr. min.

9. Birthplace Hagerstown Md. (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name Cyhrum Funk
13. Birthplace Md

MOTHER
14. Maiden Name Rebecca ?
15. Birthplace Md

16 (a) Informant Ernest G. DeBusey
(b) Address 6224 Fairdel Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 6 40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Albert W Gregory
(b) 1 E North Ave

19 (d) APR 5 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1940 at 12 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 14 1940 to Apr. 4 1940 and that I last saw deceased alive on Apr. 3 1940.

Immediate cause of death
Carcinomata of Rectum

Duration between onset and death

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations — none

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Benj. L. Hayden M. D.
Address 3114 Harford Road Date signed 4/4/40

VS 3

397774
68061

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D Registered No. F 68061

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Ward No. 1200 Valley (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Annie Stielper

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-12-58

8. AGE: Years	Months	Days	If less than one day
81	4	23	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Henry Stilfort
13. Birthplace Md.

MOTHER
14. Maiden Name Anna
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Holy Redeemer (b) Date thereof Apr. 6 1940 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Baltimore

18 (a) Funeral director Rita Weidefeld
(b) Address 914 Greenmount Ave

APR 5 1940 (Date rec'd by registrar)

(a) Huntington Williams Mgr.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1940, at 3:02 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 31 1940 to APR 5 1940, and that I last saw he R alive on APR 5 1940.

Immediate cause of death	Duration
? Bronchopneumonia	2 days
Congestive heart failure	2 days
Due to Arteriosclerotic heart disease	?
Due to	
Other Conditions Herpes zoster of 1st & 2 branches of Rt. trigeminal nerve	1 wk

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles W Duran
Address Johns Hopkins Hosp. Date signed 4-5-40

VS 3

F 68062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

Registered No. F 68062

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: I200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. I200 Valley St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: William Schamgerger (Wolfgang Schoenberger)

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Margaret Young

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1860

8. AGE: 80 Years | Months | Days | If less than one day hr. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual Occupation: Blacksmith

11. Industry or business:

FATHER
12. Name: Charles Schamberger
13. Birthplace: Germany

MOTHER
14. Maiden Name: Barbara Hartinger
15. Birthplace: ?

16 (a) Informant: Little Sisters of the Poor
(b) Address: I200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 6. 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) APR 5 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4, 1940 19 at 12.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch-10 1940 to April 4 1940 and that I last saw him alive on April 3 1940

Immediate cause of death: Chronic Myocarditis — Duration: 3 yrs

Due to:

Due to:

Other Conditions Arterio Sclerosis — 5 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature E Gill Hall M. D.
Address 1631 E North Ave Date signed 4/5/40

VS 8

68063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Dr Spear 928 N Chas St

Registered No. E-68063

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3406 Taney Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3406 Taney Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence L. Hasley

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of ~~husband or~~ wife Louis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 16-1877

8. AGE: Years 63 | Months 1 | Days 17 | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Chas H Fowler
13. Birthplace Balto Md

MOTHER
14. Maiden Name Marietta Farbe
15. Birthplace Balto Md

16 (a) Informant Helen Clark
(b) Address 3406 Taney Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1717 St Paul St.

APR 5 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 3 1940 at 11:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from November 23 1939. to April 3 1940, and that I last saw h[illegible] alive on Feb 26 1940.

Immediate cause of death: Acute coronary occlusion c ventricular fibrillation — Duration: 20 minutes

Due to: Arteriosclerosis — Duration: ? ?

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul W Spear, M.D.
Address 928 N. Chas St Date signed 4/5/40

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

68064

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH ✓107

Registered No. F 68064

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4313 Glenwerton Rd
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 28

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Baltimore
(If outside city or town limits, write RURAL and the town)
(d) Street No. 4313 Glenwerton Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME to Ernest Bryant ✓

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Katharine M. Bryant
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Aug 11-1889

8. AGE: Years 50 | Months 7 | Days 22. | If less than one day ..... hr. ..... min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Asst Engineer

11. Industry or business Bal Dredging Co

FATHER 12. Name Joseph R Bryant
13. Birthplace Virginia

MOTHER 14. Maiden Name Mamie E Burroughs
15. Birthplace Virginia

16 (a) Informant Mrs K M Bryant
(b) Address 4313 Glenwerton Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6-1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore, Md.

18 (a) Funeral director J M Dickinson Sons
(b) Address 1 La Cra

19 (a) 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Clerk

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1940, at 9. A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 29 1940, to April 3 1940; that I last saw him alive on April 2 1940.

Immediate cause of death Bronco Pneumonia — Duration 2 weeks
Due to None other
Due to None other
Other Conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature O. L. Long M. D.
Address 418 Southway Date signed 4-4-40

68065
3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68065

14-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 600 E Clifton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ruth Joanne Hunter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ----------

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-20-32

8. AGE: Years	Months	Days	If less than one day
7	4	14	hr. min.

9. Birthplace Md. (Baltimore) (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Hunter
13. Birthplace Pa.

MOTHER
14. Maiden Name Helen Pilpat
15. Birthplace Ky.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/40 (month) (day) (year)
(c) Cemetery New Cathedral
Location Baltimore, Maryland.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pennsylvania Avenue

19 (a) (Date rec'd by Registrar) 19 40 Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1940 at 9 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 10 1939 to April 4 1940 and that I last saw her alive on April 4 1940.

Immediate cause of death Lymphatic leukemia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Confirmation of diagnosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Harold M. Zinn

Address Johns Hopkins Hospital Date signed 4/4/40

68066 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107 F 68066

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1230 David Hill Ave St. 17-V Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary A. Dickerson

If U. S. Veteran specify WAR

(a) Residence: No. 1230 David Hill Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	col.	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry T. Dickerson

6. DATE OF BIRTH (month, day, year) ? ? 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Waiter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

FATHER

13. NAME Jack Spaulding

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Mary A. Spaulding

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Bertha Dickerson

(Address) Columbus Ohio

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4-6 19 40

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) 1631 Druid Hill Ave

20. APR 5 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-3 1940

22. I HEREBY CERTIFY, That I attended deceased from March 23 1940 to April 2 1940

I last saw h alive on April 2 1940 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	
Other contributory causes of importance: Acute Respiratory Infection	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward J. Handley M. D.

(Address) 1230 David Hill Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V2 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

68067

CERTIFICATE OF DEATH

92-B F 68067

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Incurables St. 12-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME H. Emile Tyndall

If U. S. Veteran specify WAR

(a) Residence: No. above 106 E 25th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Nov 8 1887

7. AGE: Years 52 | Months 54 | Days 26 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Government

10. Date deceased last worked at this occupation (month and year): Dec 1938

11. Total time (years) spent in this occupation: 6+

12. BIRTHPLACE (city or town) (State or country): Michigan

FATHER

13. NAME: Homer Tyndall

14. BIRTHPLACE (city or town) (State or country): Michigan

MOTHER

15. MAIDEN NAME: Margaret Schmidt

16. BIRTHPLACE (city or town) (State or country): Cumberland Md

17. INFORMANT: Felix

(Address): Home for Incurables

18. BURIAL, CREMATION, OR REMOVAL: Cumberland Md

Place: Rose Hill Cemetery Date: April 7, 1940

19. UNDERTAKER: W. J. Ficlenger & Sons

(Address): North & Bunting Ave

20. DATE RECEIVED: APR 5 1940 by [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1940, to April 4, 1940

I last saw MIC alive on April 4, 1940 Death is said to have occurred on the date stated above, at 11:54 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pheumatic mitral stenosis and insufficiency	1918?
Other contributory causes of importance: Cerebral Embolism & Right Hemiplegia	July 1938

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Grafton Harpberger M. D.

(Address) 214 Medical Arts Building

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 68068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-0

Registered No. F 68068

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: So. Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1441 Reynolds Ste. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Mary Schwanke
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Edward Schwanke
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): April 5, 1915
8. AGE: Years 24 25 | Months 11 | Days 27 | If less than one day hr. min.
9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: Own home

FATHER
12. Name: Adam Iwaniski
13. Birthplace: Poland

MOTHER
14. Maiden Name: Frances ?
15. Birthplace: Poland

16 (a) Informant: Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/40 (month) (day) (year)
(c) Cemetery or crematory: Holy Rosary
Location: Baltimore County

18 (a) Funeral director: John M. Weber
(b) Address: 401 S. Chester St.

19 (a) (Signature of local registrar) (b) Huntington Williams, M.D. Registrar

APR 5 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1940, at 11 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 28 1940 to April 2 1940, and that I last saw h she alive on April 2 1940.

Immediate cause of death	Duration
Uraemia	1 mo.
Due to: Chronic Nephritis	2 yrs. +
Due to:	
Other Conditions: Hypertensive cardio-vascular disease (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: A. C. Ballard M. D.
Address: 707 E. Fort Ave. Date signed 4-2-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

68069

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W

Registered No. 68069

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4220 Fernhill Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4220 Fernhill Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

28

3 (a) FULL NAME Mary L. Schlining

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: William H. Schlining

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 31, 1860

8. AGE: Years 80 | Months | Days 5 4 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation: At home

11. Industry or business

FATHER
12. Name: Philip Kraft
13. Birthplace: Germany

MOTHER
14. Maiden Name: Katherine----------
15. Birthplace: Germany

16 (a) Informant: Mrs. G. Raymond Whitney
(b) Address: 4220 Fernhill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 8, 1940 (month) (day) (year)
(c) Cemetery or crematory: Balto. Cem.
Location: Baltimore, Maryland

18 (a) Funeral director: Harry A. Cunnacey
(b) Address: 4204 Edgewood Avenue

19 (a) APR 5 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5, 1940, at 6⁰⁵ A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1, 1938, to April 5 1940, and that I last saw h alive on April 4 1940

Immediate cause of death	Duration
terminal pneumonia	2 days
Due to cerebral hemmorhage	4 days
Due to generalized arteriosclerosis	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: George A. Kurrie, M.D.
Address 3330 Edmondson Date signed 4/5/40

VS 3

F 68070

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

Registered No. F 68070

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1809 Westphal Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1809 Westphal Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

24 hrs

3 (a) FULL NAME Desie M Baker

3 (b) If veteran, name war: –
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Nathan T.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 14 1870

8. AGE: Years	Months	Days	If less than one day
70	2	20	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Housework at home
11. Industry or business

FATHER
12. Name Dont Know
13. Birthplace Va

MOTHER
14. Maiden Name Dont Know
15. Birthplace Va

16 (a) Informant Mr Nathan T Baker
(b) Address 1809 Westphal Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6/40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

APR 5 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Address

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1940, at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch 13 1940 to April 3 1940 and that I last saw h[illegible] alive April 2 1940.

Immediate cause of death: Myocardial insufficiency
Due to: Arterio sclerosis - Hypertension
Due to: Myocarditis
Other Conditions: —

(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury

23. Signature John A Schneeweis
Address 1337 S Charles St Date signed 4/3/40

VS 8

F 68071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

Registered No. F 68071

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 109 S Stricker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 109 S. Stricker (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles S Lambdin

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Fannie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14/856

8. AGE: Years 83 | Months 10 | Days 20 | If less than one day: hr. min.

9. Birthplace Dorchester Co Md (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER
12. Name Thomas Lambdin
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Hubbard
15. Birthplace Md

16 (a) Informant Mrs F Lambdin
(b) Address 109 S Stricker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6/40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Mareck
(b) Address 715 Light St.

1940 APR 5 (Date rec'd by Registrar) Huntington Wills Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1940, at 5:13 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1940, to April 4 1940, and that I last saw h[illegible] alive on April 3 1940.

Immediate cause of death: Acute Cardiac dilatation — Duration: 2 days
Due to: Carcinoma of prostate & bladder — 6 Mo.
Due to: Senility.
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H N Faelon M. D.
Address 4 N Eutaw Date signed

F 68072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered No. F 68072

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1137 Riverside Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto City
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1137 Riverside Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia Schneider

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 17, 1860

8. AGE: Years	Months	Days	If less than one day
79	5	16	hr. min.

9. Birthplace Balto. Md (town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name August Bernhardt
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhemina Beeding
15. Birthplace Germany

16 (a) Informant George A. Schneider
(b) Address 3333 Elmora Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Balto

18 (a) Funeral director A. Pearl Evans
(b) Address 1400 N. Charles St

APR 5 1940 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1940. at 12:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1 1940. to April 3 1940. and that I last saw her alive on April 2 1940.

Immediate cause of death: Arteriosclerosis — Duration: 9 mo.
Due to:
Due to:
Other Conditions: Influenza — Duration: 2 da.
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. F. H. Campbell M.D.
Address 16 E. Lexington St Date signed April 4, 1940

VS 3

F 68073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 68073

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1636 Bel818
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1636 Bel818 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Ackerman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife Annie Ackerman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23, 1858

8. AGE: Years 82 | Months 2 | Days 10 | If less than one day hr. min.

9. Birthplace Richmond Va. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Georg ackerman
13. Birthplace Germany

MOTHER
14. Maiden Name Dent Linder
15. Birthplace Germany

16 (a) Informant William H. Ackerman
(b) Address Brendale A.A. Co.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location A.A. Co.

18 (a) Funeral director O. Howard Evans
(b) Address 1400-02 N. Charles St.

19 (a) APR 5 1940 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/3/40 19 , at 11.15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 40 to March 3 19 40 and that I last saw him alive on 4/3 19 40.

Immediate cause of death
Chronic myocarditis
Due to Senility
Due to Arteriosclerosis
Other Conditions Acute cardiac decompensation with edema
(Include pregnancy within 3 months of death)

Duration: 4/3/40

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jessie Miller M.D.
Address 1224 N Charles St Date signed 4/5/40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68074 — CERTIFICATE OF DEATH — 94-W F 68074

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 S. Charles St., 23 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Maynard Parmer Dovel — If U. S. Veteran specify WAR .....

(a) Residence: No. 1823 S. Charles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Nellie E. Dovel

6. DATE OF BIRTH (month, day, year): Sept 8, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	5 6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blacksmith

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Shendoah Va

FATHER

13. NAME: John Dovel

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Myrtle McDonald

16. BIRTHPLACE (city or town) (State or country): Dont know

17. INFORMANT: Nellie E. Dovel
(Address) 1823 S. Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Cem. Date: April 8, 1940

19. UNDERTAKER: A. Boyd Evans
(Address) 1400 W. Baltimore St

20. FILED: APR 5 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 5, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1940, to April 5, 1940

I last saw him alive on April 5, 1940. Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4-4-40
Arteriosclerosis	2yrs
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Huntington Williams, M. D.

(Address) 707 E. Fort Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

376674
68075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 68075

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 9 mths

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town Ithaca (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dr Michael J. Foran

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-12-73

8. AGE: Years	Months	Days	If less than one day
67	1	23	hr. min.

9. Birthplace N.Y. (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business

FATHER
12. Name ANDREW FORAN
13. Birthplace IRELAND

MOTHER
14. Maiden Name CATHERINE CRONIN
15. Birthplace IRELAND

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/5/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Sta N.Y.
Location Geo A Epley

18 (a) Funeral director Geo A Epley
(b) Address Judson & Fayette

19 (a) APR 6 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1940. at 5.10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 9 1940. to APR 5 1940 and that I last saw him alive on APR 5 1940.

Immediate cause of death Acute cardiac failure and pulmonary infarction — Duration ? 36 hrs.
Due to Arteriosclerotic heart disease — ?
Due to — ?
Due to Chronic bronchopneumonia — 3 wks.
Other Conditions Anemia
Terminal bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ward W. Briggs M. D.
Johns Hopkins Hospital Date signed 4/5/40

VS 3

Female—white, colored, or other; Single, married, widowed, or divorced; Number of completed years in age; Birthplace; Occupation; Industry or business; Name of husband or wife; Name, birthplace, and maiden name of mother; Name of informant; Date of death; Cause of death; Duration of last illness; Date of birth; Age; Place of death; Name of physician; Date of burial; Name of undertaker; Place of burial; Date of registration; Signature of registrar; Number of certificate. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically. Be careful to report correct age. It is especially important.

F 68076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 68076

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1135 Ward st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1135 Ward st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Brown

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~
Male	White	Married

6 (b) Name of husband ~~or wife~~ Mary J. Brown
6 (c) If alive, give age 70 years
7. Birth date of deceased (mo., day, yr.) June 25 1859

8. AGE: Years	Months	Days	If less than one day
80	9	20	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Retired Yard Foreman
11. Industry or business City of Balto

FATHER
12. Name ? Brown
13. Birthplace Unknown

MOTHER
14. Maiden Name ?
15. Birthplace "

16 (a) Informant Frank Brown
(b) Address 1135 Ward st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/40 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 E. Pratt st

19 (a) 10 (Date received by registrar) (b) Huntington Williams, Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5th 1940, 10th A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 30 1940, to Apr. 5 1940 and that I last saw h[illegible] alive on Apr 5 1940

Immediate cause of death Bronchio-Pneumonia — Duration 2 Days
Due to Auricular Fibrillation — 3 Yrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Cate M. D.
Address 523 Cathedral Date signed 4-5-40

correct as especially important. Physicians: please write the causes of death clearly and legibly.

68077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 68077 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 922 S. Charles St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 922 S. Charles St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth M. Heintzeman

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband ~~or wife~~ Chas. H. Heintzeman
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 9th 1885
8. AGE: Years 54 | Months 8 | Days 25 | If less than one day hr. min.
9. Birthplace Dads Island Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Terry O'Donoghue
13. Birthplace Ireland

MOTHER
14. Maiden Name Ida M. ?
15. Birthplace Ireland

16 (a) Informant Charles H. Heintzeman
(b) Address 922 S. Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/40 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) 10 (Date received by registrar) (b) Filed Washington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4th 1940, at 7:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/1/ 1938, to 4/4/ 1940, and that I last saw her alive on 4/1/ 1940.

Immediate cause of death: Coronary thrombosis — Duration: immediate.

Due to:

Due to: — Duration: 11/1/38 to 4/4/40

Other Conditions: Diabetes, hypertensive cardio vascular disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deitel, M.D.
Address 1226 Hanover St. Date signed 4/5/40

68078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

9 ✓

F 68078 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

15-6

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1625 Ashburton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Yingling, Jessie ✓

3 (b) If veteran, name war: No
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1939

8. AGE: Years	Months	Days	If less than one day
	8	2625	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Edward Yingling
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Lenette Lynch
15. Birthplace Baltimore, Md.

16 (a) Informant Father
(b) Address 1625 Ashburton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Registered by Hunter-Wilkins-Williams, Mgr. (Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1940 at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1940 to April 5 1940, and that I last saw him alive on April 5 1940.

Immediate cause of death	Duration
Pertussis	5 days
Due to Pertussis Bacillus	
Due to	
Other Conditions Bronchopneumonia due to Hemolytic Streptococcus (Include pregnancy within 3 months of death)	3 days

Major findings:
Of operations
Of autopsy Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jacob L. Light M. D.
Address Sydenham Hosp. Date signed 4-5-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if possible. If any item cannot be correct state why. Especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

68079

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D F 68079
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5331 Reisterstown Road
(c) Hospital or institution —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7 18
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs -

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5331 Reisterstown Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Maggie L. Eckstine

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
— 10	— none	Female	White	married

6 (b) Name of husband or wife Henry N. Eckstine
6 (c) If alive, give age 61 years
7. Birth date of deceased (mo., day, yr.) Dec 3 1882

8. AGE: Years	Months	Days	If less than one day
57	4	1	hr. ____ min.

9. Birthplace Baltimore County Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Housekeeping

FATHER
12. Name William O. Lucas
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Kate Whitley
15. Birthplace Baltimore Md.

16 (a) Informant Henry N. Eckstine
(b) Address 5331 Reisterstown Road
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.
18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St
19 (a) — (Date rec'd by registrar) (b) Lorraine Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 4 1940 at 4:45 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 4 1939 to Apr 4 1940 and that I last saw h[illegible] alive on Apr 4 1940.

Immediate cause of death	Duration
Due to Coronary Thrombosis	4/4/40
Due to Chronic Myocarditis	May 1937
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Paul A Brown M. D.
Address 1663 W. North Ave. Date signed 4/4/40

VS-3

68080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. F 68080

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
Street No. Arlington Hotel
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

5207 Reisterstown Rd

3 (a) FULL NAME Robert Hentschel

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: M.
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Isabel Hentschel
6 (c) If alive, give age 22 years

7. Birth date of deceased (mo., day, yr.) June 6, 1910

8. AGE: Years 29 | Months 9 | Days 29 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name Richard H. Hentschel
13. Birthplace Germany

MOTHER
14. Maiden Name Lillie Lorz
15. Birthplace Baltimore Md

16 (a) Informant Wife
(b) Address Edgewood Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Wm. Cox
(b) Address 219 E. Saratoga St.

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/5 1940, at 2:05 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/23 1940, to 4/5 1940, and that I last saw h[illegible] alive on 4/4 1940.

Immediate cause of death: (a) Lobar pneumonia — Duration

Due to:

Due to:

Other Conditions: Chr. alcoholism
Delerium Tremens. Cirrhosis Liver
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. Hansman M. D.
Address Md. Gen. Hosp. Date signed 4-5-40

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 68081 — Registered No. F 68081

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 210 Club Road
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md — (b) County —
(c) City or town BALTO — Md
(If outside city or town limits, write RURAL and give town)
Street No. 210 Club Road —
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME ELIZA ANN ROBINSON VALIANT

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	~~Married~~ Widowed

6 (b) Name of husband ~~or wife~~ Joseph G Valiant deceased

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) August 15 1855

8. AGE: Years	Months	Days	If less than one day
84	7	30 29	hr. — min.

9. Birthplace BALTIMORE Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Captain John Sims Oliver
13. Birthplace BALTO - Md

MOTHER
14. Maiden Name Eliza Anne Griffin
15. Birthplace BALTO

16 (a) Informant Joseph Valiant
(b) Address Waldorf Annapolis Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 6 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Greenmount
Location Balto Md

18 (a) Funeral director Henry W Jenkins & Sons
(b) Address McCulloh & Richards Sts.

19 (a) APR 6 1940 (Date received by registrar) Hunting or Williams, Reg. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1940 at 9 20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from December 1933 to April 4 1940, and that I last saw ~~him~~ her alive on April 4 1940.

Immediate cause of death
(a) Coronary Thrombosis — Duration 30 minutes
Due to Arteriosclerotic Cardiovascular Disease — Many years
Due to —
Other Conditions Pernicious Anemia — 7 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Thomas Conrad Wolf M. D.
Address 11 E. Chase St Date signed 4-7-40

VS 3

I certify that the above is a true and correct copy of the original certificate filed in the Bureau of Vital Statistics, Baltimore City Health Department. Any alteration or erasure of information should be carefully supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

68082 Huber L Krause F 68082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver St
(c) Hospital or institution:
St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Whole

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 1012 Hillman St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Huber L. Krause

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	217-07-2160

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Estella Krause
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 22 1897

8. AGE: Years	Months	Days	If less than one day
42	5	12	hr. min.

9. Birthplace Bellhaven N. C. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Window Stripping

FATHER
12. Name Ransome Krause
13. Birthplace Bellhaven N. C.

MOTHER
14. Maiden Name Not Known
15. Birthplace " "

16 (a) Informant William Krause
(b) Address 1012 Hillman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8 40 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Lot Square E of the Chapel
(a) Funeral director Edmund W. Chilton Sr.
(b) Address 924 E. Eager St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5th 1940, at 7:50 M

21. I certify that death occurred on the date above stated, that I attended deceased from April 5th 1940, to April 5 1940, and that I last saw him alive on April 5 1940.

Immediate cause of death	Duration
Pneumonia, Lobar (Rt. Middle & Left Lower)	4 days (?)
Due to	
Due to	
Other Conditions Empyema (Early)	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Kelmenson M. D.
Address St. Joseph's Hosp Date signed 4-5-40

VS

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68083

CERTIFICATE OF DEATH

108 F 68083

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 W. Franklin St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Samuel Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 1715 W. Franklin St., Ward. Soc. Sec. 213-07-6407

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE Lessie Johnson

6. DATE OF BIRTH (month, day, year) Jan 14, 189

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME James Johnson

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Bessie

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Emma Johnson

(Address) 1715 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Annapolis, Md. Date April 6, 1940

19. UNDERTAKER Mrs Katye R Williams

(Address) 320 N Schroeder St

20. FILED APR 6 1940 19 Katye R. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 21 1940 to April 4 1940

I last saw him alive on April 4, 1940 Death is said to have occurred on the date stated above, at 3-30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Pneumonia	
Other contributory causes of importance None	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. J. Coleman M. D.

(Address) 2039 N. Caroll St Baltimore, Md.

INSTRUCTIONS: Fill in correctly, legibly, and completely. Use ink. Be sure to answer EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 68084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 68084

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Fayette & Calhoun Sts.

(c) Hospital or institution: Franklin Square Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 115 S. Schroeder St. (If rural give location)

(e) If foreign born, how long in U. S. A.? 33 years

1940

3 (a) FULL NAME Sarah Peyton

3 (b) If veteran, name war ✓

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Married

6 (b) Name of husband ~~or wife~~ Michael Peyton

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation ~~Housewife~~

11. Industry or business

FATHER 12. Name John Ruddy

13. Birthplace Ireland

MOTHER 14. Maiden Name unknown

15. Birthplace Ireland

16 (a) Informant Michael Peyton

(b) Address 115 S Schroeder

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-40 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location 4200 Old Frederick Rd

18 (a) Funeral director John J Cowan Son

(b) Address 901 Stollins St

19 (a) APR 6 1940 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5, 1940, at 6:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 27 1940, to April 5, 1940, and that I last saw her alive on April 5, 1940.

Immediate cause of death: Pulmonary infarct or possible coronary attack

Due to: Arteriosclerotic Heart Disease

Due to:

Other Conditions: Diabetes, Mellitus. Abscess of st. leg

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Incision & drainage of abscess

Of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Nathan Wolf M. D.

Address Franklin Sq Hosp Date signed 4-5-40.

F 68085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-a ✓ Registered Number F 68085

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1407 Hollins St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Mary E (Alexander) Aleksandrowicz

3 (b) If veteran, name war

3 (c) Social Security Account No.

MEDICAL CERTIFICATION

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Milton J.
6 (c) If alive, give age: 27 years
7. Birth date of deceased (mo., day, yr.): June 22-1913
8. AGE: Years: 24 Months: 9 Days: 17 1 If less than one day: hr. min.
9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

MOTHER / FATHER
12. Name: Vincent Infraguglio
13. Birthplace: Italy
14. Maiden Name: Josephine Serio
15. Birthplace: Italy

16 (a) Informant: Milton J. Aleksandrowicz
(b) Address: 1407 Hollins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-8-40 (month) (day) (year)
(c) Cemetery or crematory: Nyw Cathedral
Location: 713 So. Old Frederick Rd
18 (a) Funeral director: John Howard & Son
(b) Address: 90 Hollins St
19 (a) (Date rec'd by registrar) (b) Registrar

20. DATE OF DEATH 4-4-40 19 at 12:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-14- 19 40 to 4-4- 19 40, and that I last saw h alive on 4-4- 19 40.

Immediate cause of death: Subacute Ruptured Cardiac — Duration: about 2 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McClafferty M. D.
Address Bon Secours Hosp Date signed 4-4-40

APR 6 VS 1940

F 68086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 68086

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Latrobe Apts
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Latrobe Apts. Read St (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Evan Pouetney

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex male
5. Color or race white
6 (a) Single, married, widowed, or divorced. single
6 (b) Name of husband or wife
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) June 7 1853
8. AGE: Years 86 Months 9 Days 30 If less than one day ____ hr. ____ min.
9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Lawyer
11. Industry or business

FATHER
12. Name Thomas Poultney
13. Birthplace Balto Md

MOTHER
14. Maiden Name Susan Carroll
15. Birthplace Balto Md

16 (a) Informant Robert Denison Fricke
(b) Address Owing Mills Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 8 1940 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md.

18 (a) Funeral director Henry W Jenkins Sons & McCulloh or Eutaw & Richard Sts
(b) Address Huntington Williams, M.D.

APR 6 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/6/40 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/30/39 19 to 19 , and that I last saw him alive on 4/5/40 19 .

Immediate cause of death Myocarditis
Arteriosclerosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W H Woody
Address 1403 Park Ave Date signed 4/6/40

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

68087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

F 68087

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1305 N. Milton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 N. Milton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Patrick J. Moylan

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	married

6 (b) Name of husband or wife Katherine A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-14-1867

8. AGE: Years	Months	Days	If less than one day
72	5	21	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Parker
11. Industry or business Missionary

FATHER
12. Name James Moylan
13. Birthplace Ireland

MOTHER
14. Maiden Name Annie
15. Birthplace Ireland

16 (a) Informant Katherine A. Moylan
(b) Address 1305 N. Milton Ave
17 (a) Burial (b) Date thereof 4-9-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location
18 (a) Funeral director Leonard J. Rusk
Address 5305 Harford Rd.
19 (a) (Huntington Ridge, Md.)
(Date rec'd) (Registrar) Registrar

APR 8 1940

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 5, 1940, at 7:00 P.M.

21. I certify that death occurred on the date above stated, and I attended deceased from Jan 5 1940 to April 5 1940, and that I last saw h[illegible] alive on April 4 1940.

Immediate cause of death	Duration
Cardiac Failure	
Arteriosclerotic Cardio-vascular Disease	1 yr.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Karl Grossman
Address 1227 N. Patterson Pk. Ave. Date signed 4/5/40
M. D.

PLEASE WRITE PLAINLY, with unfading ink. Every item must be answered. If unknown or doubtful, so state. Please see that the information given is correct as far as you can ascertain it. Be especially careful that the name and address of informant is correct and complete. Do not abbreviate. Write out fully the name of township, village or city. Do not use initials or figures. Be sure that the date of death is complete and correct as to month, day and year. Ages, dates of birth and birthplaces must be stated. If the deceased was married, widowed or divorced, the name of husband or wife must be given. If a child, the name of father and mother must be given. Occupation should be such as to indicate the trade, profession or particular kind of work done during the greater part of working life, even though deceased was retired from active work at the time of death. Do not return occupations such as laborer, clerk, etc., unless accompanied by a statement of the actual employment. Write plainly, with unfading ink. Physicians: please write the causes of death clearly and legibly.

68088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

Registered No. F 68088

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1521 School Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Dickerson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 9 1934

8. AGE: Years	Months	Days	If less than one day
6	3	26	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation school boy
11. Industry or business

FATHER
12. Name Timothy Dickerson
13. Birthplace S. C.

MOTHER
14. Maiden Name Annie Richards
15. Birthplace Ga.

16 (a) Informant Timothy Dickerson
(b) Address S. C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Geo G. Kelson
(b) Address 1303 Pennsylvania Ave

19 (a) Date received by registrar 1940

ARR

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-5- 1940, at 12:05 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy, Inquiry thereon, and from the evidence obtained by said Autopsy, Inquiry, and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fractured Skull	
Due to Blunt trauma about head - face	
Due to	
Other Conditions Fractured Humerus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4-5-40
(c) Where did injury occur? Balto. Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Struck by auto truck while crossing Baltimore between Gilmore & Fremont Sts

23. Signature Howard J. Mandelbaum M.D. Medical Examiner.
Date signed 4-5-40

F 68089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 12640

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2109 Pennsylvania Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2109 Pennsylvania Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura Brooks

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: William Brooks

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) March 4, 1891

8. AGE: Years 49 | Months 1 | Days 1 | If less than one day: hr. min.

9. Birthplace Calvert Co., Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Cosgrove
15. Birthplace Md.

16 (a) Informant Margaret McDaniels
(b) Address 2109 Penna. Ave

17 (a) Burial (b) Date thereof 4/8/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory St Peters
Location

Funeral director Chas. L. Nelson
(b) Address 1303 Pressman St, Baltimore, Md

19 (a) (Date received by registrar) (b) Hunter for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1940 at 1 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1940, to April 5 1940, and that I last saw her alive on April 5 1940

Immediate cause of death	Duration
Coronary Thrombosis	10 hours
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Watts, M.D.
Address 515 Washington Ave Date signed 4/8/40

68090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No. F 68090

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 516 Conway St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EARL PAYTON

3 (b) If veteran, name war —

3 (c) Social Security Account No. 220-03-0062

4. Sex M

5. Color or race Col W

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date (mo., day, yr.) Aug 26-15

8. AGE: Years 24 Months 6 Days 7 If less than one day hr. min.

9. Birthplace (City, county, and state) Lobeco N.C.

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name William Payton

13. Birthplace N. C.

MOTHER 14. Maiden Name Rose Gilbert

15. Birthplace N.C.

16 (a) Informant Pearl Payton

(b) Address 518 Conway St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-40 (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location Baltimore Md

18 (a) Funeral director Harold L. Brown

(b) Address 1051 W Montgomery St

19 (a) (Date received by Registrar) (b) Filed by Registrar

APR 6, 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3rd 1940, at 8 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of skull, left temporal and maxilla — Duration —

Due to homicide

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence April 3, 1940
(c) Where did injury occur? Eutaw and Lee Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place (Specify type of place) While at work? No
(e) Means of injury struck by club

23. Signature H L Wollenweber M.D.
Medical Examiner.

Date signed 4-3-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be careful to correct age is especially important. Physicians: please

F 68091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. F 68091

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 900 E. Baltimore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

5

3 (a) FULL NAME John O'Brien (54018)

3 (b) If veteran, name war No
3 (c) Social Security Account No.

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 20, 1878

8. AGE: Years 61 Months 4 Days 15 14 If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Printer

11. Industry or business

FATHER
12. Name James T.
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah E. Burns
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md
18 (a) Funeral director Wilhelm Co
(b) Address 1219 St Paul St

19 (a) (Date rec'd by registrar) (b) Registrar
APR 8 1940 Huntington Williams, M.D.
1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4, 1940, at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 22, 1940, to April 4, 1940, and that I last saw him alive on April 4, 1940

Immediate cause of death Tuberculosis of the lungs — Duration [illegible] 1939

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.

Address Balto. City Hospitals Date signed 4-5-40

Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

F 68092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 68092

Every item of information should be carefully supplied. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3241 Fait Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3241 Fait Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 26 yrs years

3 (a) FULL NAME Katherine Deuchler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Frederick Deuchler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1862

8. AGE: Years	Months	Days	If less than one day
77	4	6	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation At. home.

11. Industry or business

FATHER
12. Name Jacob Appel
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Busz
15. Birthplace Germany

16 (a) Informant Mrs. D. Evans
(b) Address 3241 Fait Avenue

17 (a) Burial (b) Date thereof April 8-1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location O'Donnell St.

18 (a) Funeral director Clarence R. Hoffman
(b) Address 2723 E. Preston Street? Huntingdon Pulaski, Md.

APR 6 1940

19 (a) (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION 4:25P

20. DATE OF DEATH April 4 19 40, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said " and find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm H Landvogt M.D.
Medical Examiner.

Date signed 4/5/40

53486 - RB

68093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 68093

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 Sarah Ann St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Hollins

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Robert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1874

8. AGE: Years	Months	Days	If less than one day
65	4	28 8	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Old Age Pensioner

11. Industry or business

FATHER
12. Name Wm. Schribner
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Jackson
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) (Burial, cremation, or removal) (b) Date thereof April 6, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Zion
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.

19 (a) (Date rec'd by registrar) (b) Huntington Wilson, Registrar

VCB

CERTIFICATE TO MEDICAL EXAMINER

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-2 1940, at 2:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-5 1940, to 4-2 1940, and that I last saw her alive on 4-2 1940.

Immediate cause of death
Fracture left femur — Duration one month

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 3-5-40
(c) Where did injury occur? Baltimore Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Fell getting out of bed

23. Signature R. K. Woodward M. D.
Address Balto City Hosp. Date signed 4-2-40

Howard J. Ritchie, M.D. Chief Medical Examiner

Jan B. Katzen

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

68094

HEALTH DEPARTMENT—CITY OF BALTIMORE

68094

CERTIFICATE OF DEATH

131-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 Pierce St. 9-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clem Palmer

1/ U. S. Veteran specify WAR —

(a) Residence: No. 1623 Pierce St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Betty Palmer

6. DATE OF BIRTH (month, day, year) 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56 55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Copper Works

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlotte, county Virginia

FATHER

13. NAME Phil Palmer

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Louis Palmer

(Address) 3509 Fairview ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date April 7, 1940

19. UNDERTAKER Mrs Kate A Williams

(Address) 322 N Fremont Ave Huntington Station, Md

20. FILED April 8 1940 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1940, to April 4, 1940

I last saw him alive on March 25, 1940. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
	,

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Douglas Sheppard M. D.

(Address) 1431 W. Fredrick St

Information should be given by city supplies AGE should be stated EXACTLY. If UNDER 1 YEAR, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

68095 HEALTH DEPARTMENT—CITY OF BALTIMORE F 68095

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 Division St., 17th Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Marie Conegys Tilghman.

If U. S. Veteran specify WAR _____

(a) Residence: No. 1416 Division St. St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Tilghman.

6. DATE OF BIRTH (month, day, year) Oct 13, 1899.

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
40	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

FATHER

13. NAME Richard Conegys.

14. BIRTHPLACE (city or town) (State or country) Kent Co. Md

MOTHER

15. MAIDEN NAME Blanche Mason

16. BIRTHPLACE (city or town) (State or country) Kent Co. Md

17. INFORMANT Ruth Singleton

(Address) 1416 Division St.

18. BURIAL, CREMATION, OR REMOVAL: Place Georgetown Md Date 4/7 1940

19. UNDERTAKER Mrs Katie R. Williams.

(Address) 322 N. Schroeder St.

FILED ___ 19___ Thurlington Wills Registrar

APR 8 1940

GRD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 31 1940 to April 4 1940

I last saw ___ alive on April 3 1940 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Was an operation performed? ___ Date of ___

For what disease or injury? ___

Name of operation ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___ 19___

Where did injury occur? ___

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) R. Finley Stone M. D.

(Address) 729 Keyser Bldg.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 68096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-E

F 68096 Registered No.

PRESS WHITE PAPER, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1707 East Lanvale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 East Lanvale St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank U. Armiger

3 (b) If veteran, name war —

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Louise Flora Armiger
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Dec 25 1864

8. AGE: Years	Months	Days	If less than one day
75	3	109	hr. min.

9. Birthplace Anne Arundel County, Md. (town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Wilcox & Zeigler

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Raymon R. Armiger
(b) Address 618 N. Ellwood Ave.,

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Apr. 6, 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director Chas. U. Black
(b) Address 742 W. North Ave.,

APR 6 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1940, at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1940, to April 4 1940, and that I last saw him alive on April 3 1940

Immediate cause of death	Duration
Hypostatic Pneumonia,	6 da
Due to Coronary Sclerosis	1 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John D Ensor M. D.
Address 715 N. Pulaski St Date signed 4-4-40

VS 8

68097 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 68097

CERTIFICATE OF DEATH √159

1. **PLACE OF DEATH** Registered No.

CITY OF BALTIMORE: (No. University Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. **FULL NAME** Baby Boy Edmunds If U. S. Veteran specify WAR

(a) Residence: No. 835 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	B	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 1, 1940

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME George Edmunds

14. BIRTHPLACE (city or town) Philadelphia
(State or country) Penna.

MOTHER

15. MAIDEN NAME Carrie Talley

16. BIRTHPLACE (city or town) Fendyson
(State or country) North Carolina

17. INFORMANT Carrie Edmunds
(Address) 835 W Lexington

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

19. UNDERTAKER UNIVERSITY MEDICAL SCHOOL APR 6 1940
(Address) Commissioner of Health

20. FILED APR 6 1940 Huntington Williams M.D.
Registrar.

5528

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1940, to April 2, 1940
I last saw him alive on April 1, 1940. Death is said to have occurred on the date stated above, at 4:22 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	4-1-40
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. W. Dorman Jr. M. D.
(Address) University Hospital

VS 2

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 68098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B Registered No. F 68098

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 816 W. 37th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Ba
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 816 W. 37th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.) ..... years

13

3 (a) FULL NAME Emma A. Nicholson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 26 1866

8. AGE: Years	Months	Days	If less than one day
73 74	9+	10+	hr. ..... min.

9. Birthplace Baltimore City
(Town, county, and state)

10. Usual Occupation
11. Industry or business At home

FATHER
12. Name William H. Nicholson
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Margaret A. Johnson
15. Birthplace Johnstown Penna

16 (a) Informant Mrs. Johnston
(b) Address 816 W. 37th Street

17 (a) ..... (b) Date thereof 4/8/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director A. B. Marshall
(b) Address 3539 Falls Road

19 (a) Filed by registrar APR 6 1940 (b) Registrar Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 4 1940 at 9 15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1939 to Apr 4 1940, and that I last saw her alive on Apr 2 1940.

Immediate cause of death Generalized Carcinoma
abd Pis — Duration aft. 1 mo.

Due to ..... — Duration ovr

Due to ..... — Duration

Other Conditions ..... — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations ..... — Duration

Of autopsy ..... — Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph V. Jerardi

Address 900 W 36th St Date signed 4-5-40 M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Answer all questions fully. Where there is no entry, write "None." Do not use abbreviations. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68099 ✓ 137a F 68099

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. University Hospital St 15-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Haddaway — If U. S. Veteran specify WAR .....

(a) Residence: No. 1822 Ashburton Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept 17 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custom house work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Drakes neck Worcester Maryland.

FATHER

13. NAME Robert Haddaway

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ira Rhyland

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Neel Haddaway (Address) Norton Md

18. BURIAL, CREMATION, OR REMOVAL — Place Chesterhouse Date Apr 8, 19 4

19. UNDERTAKER Bk & Sloan's (Address) Still Pond Md

20. FILED APR 6 1940 Hattie Lee Williams M.R. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 / 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 2 1940 to April 6 1940

I last saw him alive on April 6 1940 Death is said to have occurred on the date stated above, at 1.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Operative Shock	4/5/40
Coronary occlusion	4/5/40

Other contributory causes of importance:

Benign Prostatic Hypertrophy	?
Hydronephrosis & Uremia	?

Was an operation performed? Yes Date of 4/5/40

For what disease or injury? Benign Prostatic Hypertrophy

Name of operation Transurethral Resection of Prostate

What test confirmed diagnosis? Rectal Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. B. Nuttall M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

V2.5

F 68100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 68100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 301 S. Mount St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 301 S. Mount St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Leidenitz.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25, 1879

8. AGE: Years	Months	Days	If less than one day
60	11	9	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Late Charles Leidenitz
13. Birthplace Baltimore

MOTHER
14. Maiden Name Augusta Krage.
15. Birthplace Baltimore

16 (a) Informant Mrs Johanna M. Weaver
(b) Address 301 S. Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location 3801 Hyndenick Ave

18 (a) Funeral director Henry A Wittle
(b) Address 4106 Edmondson Ave

19 (a) APR 6 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1940 at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/4/40 19 to 4/4/ 1940, and that I last saw her alive on 4/3/ 1940.

Immediate cause of death — Duration

Hypostatic pneumonia — 1 week

Due to

Due to

Other Conditions Hypotensive cardio vascular disease — 3 mos.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Leidel M. D.
Address 1226 Hanover St. Date signed Sa. 010

VS 3

68101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 163-H E 68101

PLEASE WRITE PLAINLY, WITH CARBON PAPER. Entry must be made on this certificate before burial or removal. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 406 N Greene St
(c) Hospital or institution: U. of M. University Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 406 N. Greene St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Norman Lee Bowen

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-2436

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1901

8. AGE: Years 38 | Months 3 | Days 28 | If less than one day hr. min.

9. Birthplace Calvert County, Md (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name Joseph W. Bowen
13. Birthplace Md.

MOTHER
14. Maiden Name Mary A. Weisenard
15. Birthplace Md.

16 (a) Informant Joseph W. Bowen
(b) Address Hallville, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 7, 1940 (month) (day) (year)
(c) Cemetery or crematory Waters Memorial
Location Island Creek, Md.

18 (a) Funeral director A. A. Harkness & Son
(b) Address Mutual Md.

19 (Date rec'd by Local Registrar) APR 7 1940 (Signature of Local Registrar) Huntington Williams Reg.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1940 at about 7 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) at (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
(a) Illuminating gas poisoning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 4/4/40
(c) Where did injury occur? 406 N. Greene St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home-bed (Specify type of place) While at work? No
(e) Means of injury gas jet on wall open

23. Signature Wm. Faudel Supt. M.D. Medical Examiner.
Date signed 4/4/40

F 68102

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68102

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. 4 W (Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 5 da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME C. Norman Weber

If U. S. Veteran specify WAR _____

(a) Residence: No. Hipsley's Mill, Hamilton Ave, Balto. Md. Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gertrude M.

6. DATE OF BIRTH (month, day, year) Sept. 1899

7. AGE Years	Months	Days	If LESS than 1 day ___ hrs. or ___ min.
40	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) March, 1940

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Remus Weber

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma Burdette

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT E. D. Hawkins

(Address) Gaithersburg, Md.

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Mt. Gabor Date 4-8-40 19___

19. UNDERTAKER J. D. Beall, Jnr.

(Address) Damascus, Md.

20. FILED _____ 19___ _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-6-, 1940

22. I HEREBY CERTIFY, That I attended deceased from 4-1-40 19___ to 4-6-40 19___

I last saw him alive on 4-6-40 19___ Death is said to have occurred on the date stated above, at 9th A m.

The principal cause of death and related causes of importance were as follows:

Date of onset? 3-1-40?

Pneumonia abscess, R.

Osteomyelitis of sacrum

Epidural abscess

over

Other contributory causes of importance:

Was an operation performed? Yes Date of 4-4-40

For what disease or injury? Epidural abscess

Name of operation Laminectomy

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) William S. Miller M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 7 1940 Huntingtown, Md.

F 68103

377173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126

F 68103

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Roanoke (If outside city or town limits, write RURAL and give town)
(d) Street No. 14 Albermarle Ave. S.W. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dora Sinnane

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Peter J—

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-11-82

8. AGE: Years 58 | Months | Days 25 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER 12. Name James Neary

13. Birthplace Ireland

MOTHER 14. Maiden Name Mirai Noland

15. Birthplace Ireland

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof [illegible]-8-40 (day) (year)

(c) Cemetery or crematory

Location Roanoke, Virginia

18 (a) Funeral director Geo M Trout & Son

(b) Address 811 W Main St

19 (a) (Date rec'd by registrar) (b) Registrar

APR 7 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1940, at 7:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 19 1940 to Apr. 6 1940 and that I last saw her alive on Apr. 6 1940.

Immediate cause of death [illegible] Uremia — Duration: 16 days

Due to following cholecystectomy

Due to

Other Conditions Bronchopneumonia

(Include pregnancy within 3 months of death)

Major findings: Of operations Cholecystectomy

Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. F. Jonas Jr. M. D.

Address The Johns Hopkins Hospital Date signed 4-6-40

Registrar

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 131 - F 68104

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Holbrook St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 Holbrook St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hugh F. Hamill

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	5108

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Margaret W. Hamill
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22nd 1861

8. AGE: Years	Months	Days	If less than one day
79	1	13	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Retired Signal Repairman
11. Industry or business Penna R.R.

FATHER
12. Name Patrick Hamill
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary (McKernon)
15. Birthplace Ireland

16 (a) Informant Francis P. Hamill
(b) Address 1631 S. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

(c) Date rec'd APR 7 1940 Huntington Williams Mgr.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5th 1940, at 5:25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 26 1940 to April 5 1940, and that I last saw him alive on April 5 1940

Immediate cause of death	Duration
Cerebral Hemorrhage	3/26
Due to Cardio-Vascular Renal disease	
Due to Arteriosclerosis	
Other Conditions Coronary Thrombosis	4/3

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature L. Littman M. D.
Address 1304 E. Clay Date signed 4/6/40

F 68105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A Registered No. F 68105

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1946 W. Franklin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1946 W. Franklin St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret E. Bennett

3 (b) If veteran, name war NO | 3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10th 1872

8. AGE: Years	Months	Days	If less than one day
67	8	26	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business School Janitress

FATHER
12. Name George L. Bennett
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Lydia Rodemyer
15. Birthplace Balto. Md

16 (a) Informant Sophia E. Bennett
(b) Address 1946 W. Franklin St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/8/40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) [illegible] (Date Received) Registrar [illegible]

APR 4 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6th 1940, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 25 1939, to Apr 6 1940, and that I last saw h e alive on Apr 5 1940.

Immediate cause of death — Duration

Cerebral Apoplexy — 8 days

Due to arterio sclerosis — Contributory:

Due to —

Other Conditions —

(Include pregnancy within 3 months of death.)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M Bowman Hood M. D.
Address 2200 Garrison Blvd Date signed 4/6/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68106

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-W

F 68106 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Madison St
(c) Hospital or institution: Maryland Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1725 Park ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dr. Henry J. Berkley.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife MARY JORDAN

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1861

8. AGE: Years 78 | Months 8 | Days 16½ | If less than one day hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Retired physician

11. Industry or business

FATHER
12. Name Edris Berkley
13. Birthplace Richmond Va

MOTHER
14. Maiden Name Tilesmon
15. Birthplace —

16 (a) Informant Allen S Bowie
(b) Address 811 Hamilton Terrace

17 (a) Cremation (b) Date thereof Oct 8 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Baltimore Md

18 (a) Funeral director Henry Menken & Co
(b) Address Oakdale Mt Holly Springs Pa

19 (a) (b)
Date rec'd (City registrar) Permit issued

APR 7 1940
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-5-40 19 , at 5:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2 1940 to 4-5 1940
and that I last saw him alive on 4-5 1940

Immediate cause of death	Duration
Cardiac failure	4-2-40
Lac Pabst	4-2-40
Due to Celebral hemorrhage	4-2-40
Left sided paralysis	4-2-40
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 4-2-40
(c) Where did injury occur? Balto (City or town) Md (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury Fell go carried Cerebral hemorrhage

23. Signature Dr. H. Greenmanfield Howard J. Greenfield M. D.
Address Md Gen Hosp Date signed 4-7-40
Chief Medical Examiner

68107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W

F 68107 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 11 E. Chase Street
(c) Hospital or institution:
(d) Length of stay in hospital or instt. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 E. Chase St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura Winfanny

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26th 1870

8. AGE: Years	Months	Days	If less than one day
69	8	9	hr. min.

9. Birthplace Philadelphia, Penna. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James Boston Winfanny
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Lucy Sutton
15. Birthplace Danbury Conn

16 (a) Informant Warren W Sayen
(b) Address Rosemont, Pa.

17 (a) Philadelphia, Pa (Burial, cremation, or removal) (b) Date thereof April 8th 1940 (month) (day) (year)
(c) Cemetery or crematory East Laurel Hill
Location Philadelphia, Penna

18 (a) Funeral director H. Winfanny Sons Co
(b) Address Baltimore, Maryland

19 (a) Apr 9 1940 (Date received by registrar) (b) Richard J. McCullough Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1940, at 11.25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1930 Apr, to April 5 1940 and that I last saw her alive on April 5 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	18 Hrs.
Due to Cerebral Arteriosclerosis	
Hypertension	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Toomey
Address 1129 St. Paul St Date signed April 9 1940

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68108

BALTIMORE CITY HEALTH DEPARTMENT 43-DF 68108

CERTIFICATE OF DEATH 84381 SD

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 212 N. Washington Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) FULL NAME Morris Sandler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Jennie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1880

8. AGE: Years	Months	Days	If less than one day: hr.	min.
59	8	20		

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Sidney
13. Birthplace Russia

MOTHER
14. Maiden Name Lena Lina
15. Birthplace Russia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 4-7-40 (month) (day) (year)
(c) Cemetery or crematory Pikesville
Location Pikesville Hamilton Ave

18 (a) Funeral director Levin Funeral Home
(b) Address 1439 E. Baltimore St

19 APR 7 1940 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-5-1940 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3-1940 to 4-5-1940 and that I last saw h[illegible] alive on 4-5-1940.

Immediate cause of death: Cardiac Failure
Due to: Bronchopneumonia
Due to: Hypertensive CVD
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration	
1 wk 24 hrs	
7	

Major findings:
Of operations:
Of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp Date signed 4-5-40 M. D.

VS 3

Especially important. Physicians: please write the causes of death clearly and legibly.

F 68109

Stein

F 68109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Sinai Hospital.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 4409 Park Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 17 years

3 (a) FULL NAME Nathan Stein

3 (b) If veteran, name war	3 (c) Social Security Account No. 215-09-9039
✓	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Helda
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Rabbi
11. Industry or business

FATHER
12. Name Samuel Stein
13. Birthplace Russia

MOTHER
14. Maiden Name Fryma
15. Birthplace Russia

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rum
Location Philad & Bowley's Lane

18 (a) Funeral director Funk Sons Inc.
(b) Address 1439 E. Balto St.

19 (a) APR 7 1940 (Date received by registrar) (b) Huntington Hts Registered

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-5 1940 at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-25 1940, to 4-5 1940.
and that I last saw h(e) alive on 4-5- 1940.

Immediate cause of death	Duration
Myocardial Failure	
Embolism - Right Popliteal a.	
Due to Bilateral Pyelonephritis.	3 days.
Due to Recto-Vesical Fistula	
Other Conditions Arteriosclerosis	
Cerebro vascular Disease.	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Benign Prostatic Hypertrophy - Grade II.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney Friedlander M. D.
Address Sinai Hospital Date signed 4-5-40

PRINT WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

F 68110

Furst

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No.

F 68110

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N Calvert ST.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos. or days) 1 hr. (Entered Dead)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2008 Oakhurst Ave. 3008 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Elizabeth H. Furst

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1893

8. AGE: Years 46 | Months 6 | Days 27 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Thomas F. Lepp
13. Birthplace Maryland

MOTHER
14. Maiden Name Addie E. Twinomo
15. Birthplace Pennsylvania

16 (a) Informant Capitol Funeral's
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard J. Reed
(b) Address 630 N Charles Ave.

18 (c) (Date received) APR 9 1940 (b) by Williams H.S. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1940, at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1940, to April 5 1940, and that I last saw her alive on April 5 1940.

	Duration
Immediate cause of death: Cerebral Vascular Accident	
Due to: Arteriosclerotic C.V.D.	5 yrs.
Due to:	
Other Conditions: Bronchitis Chronic Bronchial Asthma (Include pregnancy within 3 months of death)	5 yrs.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Kammer Jr.
Address Mercy Hospital Date signed 4/5/40

Please write plainly, with pen and ink. Physicians: please write the causes of death clearly and legibly. Information as to correct age is especially important.

F 68111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68111

Registered No. 61

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2400 Arlington Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2400 Arlington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henrietta M. Thistel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Andreas M. Thistel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 11-1864

8. AGE: Years 75 | Months 11 | Days 24 | If less than one day hr. min.

9. Birthplace Norway (Town, county, and state)

10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Franz Rosenoskey
13. Birthplace Norway

MOTHER
14. Maiden Name
15. Birthplace Unknown

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-'40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Leonard J. Rucks
(b) Address 5302 Harford Rd

19 (a) Apr 1940 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 5 1940, at 9:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5, 1940 to April 5 1940 and that I last saw her alive on April 4, 1940

Immediate cause of death: Arteriosclerosis — Duration: 5 yrs.
Due to: Coronary occlusion — 6 Mos.
Due to:
Other Conditions: Diabetes — 5 yrs.
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert L. Snigurski M. D.
Address 613 E. North Ave Date signed 4-6-40

Registrar

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 53

F 68112 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2820 Windsor Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2820 Windsor Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

15 57

3 (a) FULL NAME Herbert W. Arnold

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Sally Arnold

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 24/1886

8. AGE: Years 53 | Months 7 | Days 13 | If less than one day: hr. min.

9. Birthplace Buffalo N.Y.
(Town, county, and state)

10. Usual Occupation Supervisor

11. Industry or business Street Cleaning Dept (City)

FATHER
12. Name Alfred Arnold
13. Birthplace Buffalo N.Y.

MOTHER
14. Maiden Name Ida Johnson
15. Birthplace Rochester N.Y.

16 (a) Informant Mrs. Howard Schlesinger
(b) Address 2332 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8/40 (month) (day) (year)
(c) Cemetery or crematory Woodbridge Memorial Park
Location Washington Blvd

18 (a) Funeral director J. Abrahart & Co
(b) Address 2437 Reisterstown Rd

19 (a) (Date rec'd by Registrar) (b) Registrar

APR 7 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1940, at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939 to April 6 1940 and that I last saw him alive on April 5 1940.

Immediate cause of death: Carcinoma face
Due to: metastases
Due to: (Squamous cell epithelioma)
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. E. Nevin, M.D.
Address 2314 N. North Date signed 4/8/40

Please write plainly, using ink. Physicians: please write the causes of death clearly and legibly. Give the exact cause of death, not the mode of dying, such as heart failure, asthenia, etc. Do not report symptoms, but the diseases causing them. Do not use abbreviations or ditto marks. State the cause of death in terms of disease and as far as practicable the morbid conditions, if any, giving rise to the immediate cause, stating the underlying cause last. Please report cause of death as directed on the other side of this certificate. Please answer correctly all questions, and fill in all blanks with the words "None" or "Unknown" if the information cannot be obtained. Physicians: please write the causes of death clearly and legibly. Correct age in especially important.

68113

HEALTH DEPARTMENT—CITY OF BALTIMORE

68113

CERTIFICATE OF DEATH

147-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-K Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Reitzel

If U. S. Veteran specify WAR

(a) Residence: No. Stemmer's Run St., ... Ward. Balto. Co., Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel S. Reitzel

6. DATE OF BIRTH (month, day, year) ? ? 1907

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	33	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) March 28, 1940

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Paxtonia, Penna.

FATHER

13. NAME Edward H. Shott

14. BIRTHPLACE (city or town) (State or country) ? Penna.

MOTHER

15. MAIDEN NAME Jennie Wolmer

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Husband (Address) Stemmer's Run, Md.

18. BURIAL, CREMATION, OR REMOVAL Shoop's Cem. Date Apr 8, 1940

Patapsco Pa.

19. UNDERTAKER John Ullrich (Address) Dundalk Md.

20. FILED APR 9 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1940 to April 6, 1940

I last saw HER alive on April 6, 1940 Death is said to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic Ileus	4-4-40
Pulmonary Atelectasis	4-1-40
Pelvic Peritonitis.	4-1-40
Other contributory causes of importance Perforation; Ruptured Uterus	over

Was an operation performed? YES Date of March 30, 1940

For what disease or injury? Ruptured Uterus

Name of operation Porro Section

What test confirmed diagnosis? LAB Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) Jno. James Bonniwell M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 68114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W

Registered No. F 68114

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 113 N. Bradford St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 113 N. Bradford St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MYRTLE M. REED

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Samuel A. Reed
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) May 1883

8. AGE: Years	Months	Days	If less than one day
48	11		hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Charles H. Cunry
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Frances Pasterfield
15. Birthplace Baltimore, Md.

16 (a) Informant Samuel A. Reed
(b) Address 113 N. Bradford St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 8, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Frederick Ave., Baltimore, Md.

18 (a) Funeral director John Leerich
(b) Address 2006 Orleans St.

APR 7 1940 (Date rec'd by Registrar) Hunter Tyler Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1940, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jany. 19 1940, to April 5 1940, and that I last saw him alive on April 5 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 Day
Due to Arteriosclerosis — 1 year
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Michael J. Dewan M. D.
Address 2530 E. Baltimore St. Date signed 4-6-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3F 68115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-3F 68115 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 MOS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1926 LINDEN AVE (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Shirley Phillips

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-15-34

8. AGE: Years	Months	Days	If less than one day
5	5½	4	21 hr. min.

9. Birthplace W. VA (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name RAYMOND Phillips
FATHER 13. Birthplace Ohio

MOTHER 14. Maiden Name Nell Eggleston
MOTHER 15. Birthplace W. VA

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7 1940 (month) (day) (year)
(c) Cemetery or crematory
Location Huntington W. Va

18 (a) Funeral director John A. Mitchell & Sons
(b) Address 1900 Eutaw Place

APR 7 1940 (Date rec'd by registrar) [illegible] Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 6 1940, at 9:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 4 1940, to Apr 6 1940, and that I last saw her alive on Apr 6 1940.

Immediate cause of death: Brain Tumor (Malignant) — Duration: 1 month
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Brain Tumor of 3rd Ventricle (Malignant)
Of autopsy Same

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Pickrell M. D.
Address Johns Hopkins Date signed Apr 7 40

Stewart

68116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 68116

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1619 Belt St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1619 Belt St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward D. Stewart

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 218-12-494

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary A. Stewart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14 1871

8. AGE: Years 68 | Months 9 | Days 21 | If less than one day hr. min.

9. Birthplace Dorchester Co Md (Town, county, and state)
10. Usual Occupation Stationary Engineer
11. Industry or business G. G. Gunther

FATHER
12. Name John Stewart
13. Birthplace Md

MOTHER
14. Maiden Name Eliza McGuire
15. Birthplace Md

16 (a) Informant Mary A. Stewart
(b) Address 1619 Belt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7 1940 (Month) (Day) (Year)
(c) Cemetery or crematory Western Cem
Location Balto

18 (a) Funeral director A. Bauernschub & Sons
(b) Address 1400-02 S. Eutaw

APR 7 1940
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1940, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940, to April 6 1940 and that I last saw h[illegible] alive on April 5 1940.

Immediate cause of death	Duration
Cardiovascular Disease	1 yr.
Due to: Myocardial Insufficiency	1 yr
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney H. Streett M. D.
Address 421 E Fort Ave Date signed 4/6/40

F 68117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45-F

Registered No. F 68117

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Streets
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balt. City (If outside city or town limits, write RURAL and give town)
(d) Street No. 94 St. Joseph's Hospital 25 yrs. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Nicholas Dorn

3 (b) If veteran, name war ----
3 (c) Social Security Account No. ----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife ~~—~~
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) abt 1874

8. AGE: Years	Months	Days	If less than one day
abt 67 yrs	—	—	____ hr. ____ min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Elevator Operator
11. Industry or business St. Joseph's Hospital

FATHER
12. Name John Dorn
13. Birthplace Germany

MOTHER
14. Maiden Name Wenigunde ?
15. Birthplace Germany

16 (a) Informant Records St. Joseph's
(b) Address Caroline & Oliver Sts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road Balt. Co.
18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue
19 APR 7 1940 (Date rec'd by Registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-5-40 19 , at 7a M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-23-40 19 , to 4-5-40 19 , and that I last saw him alive on 4-1-40 19 .

Immediate cause of death	Duration
Carcinoma of Tonsil	2 mo
Due to Hypertensive and Arteriosclerotic Cardiovascular	?
Due to Disease	
Other Conditions Tertiary Lues	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard S. Kleinman, M. D.
Address St. Joseph's Hosp. Date signed 4-5-40

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete in every detail. Information should be obtained from most reliable sources. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68118

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

F 68118 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street and No. 1810 Aiken St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Harry A. Minnick

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2/24/1876

8. AGE: Years	Months	Days	If less than one day
64	1	11	— hr. — min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Inspector - md
11. Industry or business Meter works - Factory

FATHER
12. Name Joseph H. Minnick
13. Birthplace Baltimore

MOTHER
14. Maiden Name Margaret Jane O'Brien
15. Birthplace Baltimore

16 (a) Informant Mrs Theresa Minnick
(b) Address 1810 Aiken St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/6/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director George J. Roth & Son
(b) Address 1700 Harford Ave - Balto

19 (a) — (b) Washington Hill Grave
(Date recd by registrar) APR 7 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1940, at 4a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said — (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture, left hip	
Pyelitis	
Due to Uremia	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11/23/39
(c) Where did injury occur? 1810 Aiken St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury, Fall in bed room

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 4/5/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to write the causes of death clearly and legibly. correct age is especially important. Physicians: please write

F 68119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-B

F 68119 Registered No.

PLEASE WRITE PLAINLY, with UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1706-Holbrook Street
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) -----
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1706-Holbrook Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? ---- years

9-9

3 (a) FULL NAME Catherine J. Brian

3 (b) If veteran, name war -----

3 (c) Social Security Account No. -----

4. Sex: F.

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Wm. J. Brian

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.): 10/6/1868

8. AGE: Years 71 | Months 5 | Days 29 | If less than one day: ~~hr. xx min. xx sec.~~

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: At Home

11. Industry or business

FATHER
12. Name: Frank Latchford
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Margaret Murray
15. Birthplace: Baltimore, Md.

16 (a) Informant: Miss Gertrude Misel Washn. DC.
(b) Address: 2222-Wisconsin Ave. NW.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/1940 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Baltimore, Md.

18 (a) Funeral director: George J. Ruth, Inc.
(b) Address: 1735-Harford Ave.

19 (a) Date received by registrar: APR 7 1940 — [illegible] for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1940, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 9 1940 to April 4 1940, and that I last saw her alive on April 4 1940.

Immediate cause of death: Carcinoma of tongue — Duration: 2 yrs

Due to:

Due to:

Other Conditions: metastasis to neck.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: —
(b) Date of occurrence: —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: J. Dunn Moore, M.D.
Address 3105 Belair Rd. Date signed 4/6/40

68120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-04 ✓ F 68120 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 224 N. Madeira St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2244 Madeira St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Matilda Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	W

6 (b) Name of husband or wife William Taylor dead

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1850

8. AGE: Years	Months	Days	If less than one day
90			hr. min.

9. Birthplace Princess ann md
(Town, county, and state)

10. Usual Occupation house work

11. Industry or business

FATHER
12. Name daniel cornish
13. Birthplace st marries county

MOTHER
14. Maiden Name Rachel white
15. Birthplace st marries county

16 (a) Informant Edmond Johnson
(b) Address

17 (a) princess ann md (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory princess ann M. D
Location upper fairmount M. D

18 (a) Funeral director E. Wade Bryan
(b) Address 124 orleans st

19 (a) (b) Registrar
(Date received by registrar)
APR 7 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1940, at 4 a.m. p.m.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ✓ death on the day stated above.

Immediate cause of death	Duration
cardiovascular renal disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm Vander Grift M.D.
Medical Examiner.
Date signed 4/5/40

PLEASE WRITE PLAINLY, with pen and ink. Use no abbreviations. Do not state the causes of death clearly and legibly. correct age is especially important. Physicians: please write the c

F 68121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-W

F 68121 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3300 HAYWARD AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
Street No. 3300 Hayward Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME THEODORE. M. SCHARF

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-2882

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT 2 9 1891

8. AGE: Years 48 | Months 5 | Days 6 | If less than one day hr. min.

9. Birthplace Balto Md (town, county, and state)

10. Usual Occupation Tool man

11. Industry or business Martin

FATHER
12. Name Fred Schaff
13. Birthplace Germany

MOTHER
14. Maiden Name Lena Poltmaei
15. Birthplace Germany

16 (a) Informant Lena Schaff
(b) Address 3300 Hayward Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4/8/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn Md.

18 (a) Funeral director H. H. Leimbach
(b) Address 1518 Pennsylvania Ave.

19 (a) APR 7 1940 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 5 1940, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 30 1940 to Apr 8 1940 and that I last saw h[illegible] alive on apr 5 1940

Immediate cause of death	Duration
Pneumonia (Lobar)	8 days
Due to	
Due to Influenza	10 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard J Schaff M. D.
Address 3329 Cresmont Date signed 4/4/40

* Cross out words not necessary. Give correct age in years, months, days if under one year. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

68122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 117 ~ F 68122

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 55 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 St. Mary's Seminary, Roland Park (If rural give location)
(e) If foreign born, how long in U. S. A.? ----- years

3 (a) FULL NAME Rev. Geo Harig (George L. Harig)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife --------

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 9. 1868

8. AGE: Years 71 | Months 3 | Days 27 | If less than one day: hr. ---- min.

9. Birthplace Louisville, Kentucky (Town, county, and state)

10. Usual Occupation Roman Catholic Priest

11. Industry or business --------

FATHER
12. Name Frederick Harig
13. Birthplace Kentucky

MOTHER
14. Maiden Name Frances Berdelle
15. Birthplace Not obtainable

16 (a) Informant St. Mary's Seminary Record
(b) Address Roland Park

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/40 (month) (day) (year)
(c) Cemetery [redacted] at St. Charles College
Location Catonsville, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

APR 7 1940 (Date rec'd by registrar) (b) [illegible] Baltimore, Md.

VS 8

MEDICAL CERTIFICATION

28. DATE OF DEATH April 6, 1940, at 9 03 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1940 to April 6 1940. and that I last saw him alive on April 6 1940.

	Duration
Immediate cause of death: Gastro-intestinal hemorrhage	
Due to: Probable ulcer	
Due to: -	
Other Conditions: Bronchio pneumonia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas V. Lucid M. D.
Address St. Agnes Hosp. Date signed 4-6-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931

Registered No. F 68123

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Jud. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3023 Clifton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15

3 (a) FULL NAME Miss Mary A. Cooper

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F. | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 13, 1878

8. AGE: Years 62 | Months 2 | Days 23. | If less than one day hr. min.

9. Birthplace Edinburg Va. (Town, county, and state)

10. Usual Occupation Proprietress Boarding house

11. Industry or business

FATHER
12. Name George A. Cooper
13. Birthplace Edinburg Va.

MOTHER
14. Maiden Name Drucilla C. Downey
15. Birthplace Edinburg Va.

16 (a) Informant Miss Nelle Cooper
(b) Address 3023 Clifton Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof April 8-1940 (month) (day) (year)
(c) Cemetery or crematory Cedarcroft Cem.
Location Edinburg Va.

18 (a) Funeral director Mardis & Byers
(b) Address 1600 Division Ave.

19 (a) [illegible] 1940 [illegible] Registrar

APR [illegible]

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/6 1940, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1 1940 to 4/6 1940, and that I last saw h[illegible] alive on 4/5 1940.

Immediate cause of death: Cerebral hemorrhage — Duration: 5 days
Due to: Hypertensive C.V.D.
Due to:
Other Conditions: Rt. hemiplegia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward F. Glassman M.D.
Address Md. Gen. Hosp. Date signed 4/6/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 68124 Registered No.

Physicians: please write the causes of death clearly and legibly. Information must be complete. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 13 Lake Court Apts (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Cecil Cohen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years 41 | Months | Days | If less than one day hr. min.

9. Birthplace New York City (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER 12. Name Jacob

13. Birthplace Russ.

MOTHER 14. Maiden Name Anna

15. Birthplace N.Y.C.

16 (a) Informant Nathan Unger

(b) Address Lake Court Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-40 (month) (day) (year)

(c) Cemetery or crematory

Location New York

18 (a) Funeral director Jack Lewis

(b) Address 1489 E Balto St

19 (a) Filed APR 7 1940 (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1940, at 12:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939 to Apr. 7, 1940, and that I last saw h[illegible] alive on Apr. 7 1940.

Immediate cause of death Carcinomatosis — Duration 1½ yrs.

Due to Carcinoma of Breast — 3 yrs.

Due to

Other Conditions Pyelonephritis — 1 month

(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma — left breast

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William Raffel M.D.

Address Sinai Hospital Date signed 4/7/40

VS 3

F 68125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931 D

F 68125 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution Baltimore, Md.
(d) Length of stay in hospital or inst. (~~yrs., mos., or days~~) 1/2
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs. Native

2. USUAL RESIDENCE OF DECEASED:
(a) State N.J. (b) County
(c) City or town Newark.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME A. Sigmund Kranengieser

3 (b) If veteran, name war

3 (c) Social Security Account No. 137-05-3070

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
About 50			hr. min.

9. Birthplace Hungary. (Town, county, and state)

10. Usual Occupation Real Estate.

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Hos. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-40. (month) (day) (year)
(c) Cemetery or crematory
Location Newark N.J.

18 (a) Funeral director Jack Selvin
(b) Address 1439 E Balto St

19 (a) (Date received by registrar) (b) Registrar

APR 7 VS 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1940, at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1940, to April 7 1940, and that I last saw h/m alive on April 7 1940

Immediate cause of death	Duration
Cerebral Hemorrhage	12 hrs.
Due to Hypertension	
Cardio vascular	
Due to disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward A. Capen M. D.
Address Mercy Hospital Date signed April 7, 1940

F 68126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 171

F 68126 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 & 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 406 Penhurst (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Hoffmann {Thomas M. Hoffman}

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married.

6 (b) Name of husband or wife Lillie C.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 18. 1860

8. AGE: Years	Months	Days	If less than one day
79 79	8	18 17	hr. min.

9. Birthplace Baltimore City (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Bankers Supply Co

FATHER
12. Name Michael Hoffmann Jr
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Rosella Bissette
15. Birthplace Maryland

16 (a) Informant Mrs Lillie C. Hoffman
(b) Address 406 Penhurst Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 8/40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore City

18 (a) Funeral director J. B. Wippert & Son
(b) Address 1300 Eutaw Place

19 (a) APR 8 1940 (Date received) (Registrar) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Hiatus Hernia
Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. B. Vandersall M.D.
Medical Examiner.
Date signed 4/5/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68127

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1108

F 68127
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1322 W. Lafayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Sophie Wood

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 17, 1877

8. AGE: Years	Months	Days	If less than one day
63	2	7/20	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name August Gross
13. Birthplace German

MOTHER
14. Maiden Name Amelia Pochmart
15. Birthplace Baltimore

16 (a) Informant Mrs William Wareheim
(b) Address 1812 N. Payson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-40 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn Rd

18 (a) Funeral director F. B. Wippert & Son
(b) Address 1800 Eutaw Place

19 (a) APR 8 1940 (State registrar) (b) Huntington Mills Registrar

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1940, at 3:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1940, to April 7 1940, and that I last saw h.e.r. alive on April 7 1940.

Immediate cause of death (a) LOBAR PNEUMONIA (b) & BACTEREMIA — Duration 1 week

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John F. Crabtree M. D.
Address Church Home & Inf. Date signed 4-7-40

68128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

184

F 68128 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2215 Christian St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

20

3 (a) FULL NAME ANNA LOU REIDY (Anna Lee Reidy)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-09-2162

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10th 1905

8. AGE: Years 34 | Months 9 | Days 26 | If less than one day hr. min.

9. Birthplace Owsley Kentucky (Town, county and state)

10. Usual Occupation Packer.

11. Industry or business Bachers Pretzel Factory

FATHER 12. Name Henry M. Dunkin

13. Birthplace North Carolina

MOTHER 14. Maiden Name Isabell Hudson

15. Birthplace Florida

16 (a) Informant Husband Amos E. Reidy

(b) Address 2215 Christian St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md.

18 (a) Funeral director F. B. Wippert's Sons

(b) Address 1900 Eastern Ave

APR 8 1940 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6th 1940, at 12:45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Gunshot wound of head — Duration

Due to

Due to

Other Conditions: Subdural hematoma (Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 6 1940
(c) Where did injury occur? 2215 Christian St. (City or town) Baltimore (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury: 22 Caliber rifle bullet.

23. Signature Dr. L. W. Pollenmeier M.D.
Medical Examiner.
Date signed 4-6-40

VS 6 Ronn accidentally discharged while nephew was cleaning it

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-1

F 68129 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1501 N. WOLFE STREET
(c) Hospital or institution: .....
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County .....
(c) City or town BALTIMORE CITY (If outside city or town limits, write RURAL and give town)
(d) Street No. 1501 N. WOLFE STREET (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME .....MR. HARRY L. SPRING.....

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO.....	NO.....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife MAMMIE A. WOLFE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 13. 1875

8. AGE: Years	Months	Days	If less than one day
...64..	..6	..22	.... hr ..... min.

9. Birthplace BALTIMORE, MARYLAND (Town, county, and state)
10. Usual Occupation BRICK LAYER
11. Industry or business CONSTRUCTION CO.

FATHER
12. Name JOHN SPRING
13. Birthplace NORTH CAROLINA

MOTHER
14. Maiden Name MAMMIE MERRITT
15. Birthplace BALTIMORE? MARYLAND

16 (a) Informant MRS MAMMIE A. SPRING
(b) Address 1501 N. WOLFE STREET

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 8, 1940 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDERAL
Location BALTIMORE? MARYLAND

18 (a) Funeral director F. B. Wisbert & Son
(b) Address 1300 EUTAW PLACE

19 (a) ..... (Date received by registrar) (b) ..... Registrar

APR 8 1940

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1940, at 3:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/6 1940 to 4-7 1940 and that I last saw him alive on 3 A.M. 1940

Immediate cause of death	Duration
Myocardial degeneration	2 days
Due to Embolism Arteriosclerosis of left	1 month
Due to Cerebral Hemorrhage	1 day
Other Conditions ll 4	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence None
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? None (Specify type of place) While at work? .....
(e) Means of injury None

23. Signature Daniel Miller M.D.
Address 1500 N. Broadway Date signed 4/7/40

Dr. D. Miller

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

68130 F 68130

BALTIMORE CITY HEALTH DEPARTMENT

LB 51659 S. S. # ? CERTIFICATE OF DEATH 93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mth.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) 414 Pearl St.
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME James Elijah

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	colored	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1897 ?

8. AGE: Years	Months	Days	If less than one day
42 ?	10?	4?	hr. min.

9. Birthplace N. C.
(Town, county, and state)
10. Usual Occupation Fertilizer Helper
11. Industry or business Curtis Bay

FATHER
12. Name George
13. Birthplace S. C.

MOTHER
14. Maiden Name Maxie Nicely (?)
15. Birthplace S. C.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) BURIAL (b) Date thereof 4 - 9 - 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount - Calvary.
Location Anna Arundel County Md.

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna. Ave.

APR 8 1940 (b)
(Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 6 - 1940, at 2 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1 - 6 - 1940, to 4 - 6 - 1940, and that I last saw h alive on 4 - 6 - 1940.

Immediate cause of death Cardiac Failure

Due to Arteriosclerotic Htt. Dis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Not done

Duration
7
7

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Murray Luckstein M. D.
Address Balto City Hosp Date signed 4-6-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 68131 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2543 Laurette Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2543 Laurette Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME BARBARA KANE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	widowed

6 (b) Name of husband or wife Geo. E. Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 29-1860

8. AGE: Years	Months	Days	If less than one day
79	7	8	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name John E. Miller
13. Birthplace Ger.

MOTHER
14. Maiden Name Elizabeth Laumann
15. Birthplace Ger.

16 (a) Informant Mrs. Annie Anderson
(b) Address 2543 Laurette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 10 40 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2016 Orleans St

APR 8 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7th 1940, at 12:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic heart disease	—
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Williams M.D. and Medical Examiner.
Date signed 4-7-40

Please write the causes of death clearly and legibly. Physicians: please note that age is especially important.

68132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68132 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 834 William St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 834 William St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Grace Appel

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife George C
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12 1874

8. AGE: Years	Months	Days	If less than one day
65	6	24	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework at home
11. Industry or business

FATHER
12. Name Joseph Carlisle
13. Birthplace England

MOTHER
14. Maiden Name Elizabeth A Meredith
15. Birthplace Md

16 (a) Informant Mrs L. Mary Carlisle
(b) Address 824 William St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 9/40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location 29th Blk. Frederick Ave

18 (a) Funeral director William M Marech
(b) Address 710 Hollins St Washington Williamsburg, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

APR 8 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5th 1940, at 12:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on April 5 1940.

Immediate cause of death
Metastatic malignancy Causing — Duration 1 yr
Due to Abdominal acute and — 2 mo
Due to Generalized oedema — 1 mo
Other Conditions Pleural Effusion Ascites

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Muller
Address 1225 S Charles St Date signed 4/6/40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68133

Hindin

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 68133

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2659 Miles ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jack D. Hindin

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-5267

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1910

8. AGE: Years	Months	Days	If less than one day
30			hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Municipal airport

FATHER
12. Name Hyman Hindin
13. Birthplace Riga

MOTHER
14. Maiden Name Minnie Berkowitz
15. Birthplace Riga

16 (a) Informant Leon Hindin
(b) Address 3301 Brighton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10 (month) (day) (year)
(c) Cemetery or crematory Herbert Randall
Location Hamilton ave

18 (a) Funeral director Sol Levinson & Bros.
(b) Address 1124-26 W North ave

19 (a) (Date received by registrar) (b) Huntington Williams M.D.

APR 8 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1940, at 12¾ M

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1940 to April 7 1940, and that I last saw h[illegible] alive on April 5 1940.

Immediate cause of death: Bilateral diffuse broncho pneumonia — Duration: 4 days
Due to
Due to
Other Conditions Rheumatic heart disease — Duration: ?
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arnold U. Freed
Address Sinai Hospital Date signed 4/7/40 M.D.

Physicians: please write the causes of death clearly and legibly. Street age is especially important.

F 68134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937 Registered No.

F 68134

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bon Secours Hosp.
(c) Hospital or institution:
Bon Saecurs Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7 S. Wolfe St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Brother Genesius (Klugmann)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/12/1873

8. AGE: Years	Months	Days	If less than one day
66	7 4	822	hr. min.

9. Birthplace N.Y. N.Y.
(Town, county, and state)

10. Usual Occupation Clergyman

11. Industry or business

MOTHER / FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Rev. Henry E. Mussig B.S.A.R.
(b) Address 7 S. Wolfe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 8 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4430 Belair Rd.

18 (a) Funeral director Martin Mfg. Dispat.
(b) Address Conn & Lombard Sts.

19 (a) [illegible] (b) [illegible]
(Date received by local registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 4 1940 at 2:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/3 1940, to 4/4 1940, and that I last saw him alive on 4/4 1940.

Immediate cause of death Acute Cardiac decompensation

Due to Hypertensive Cardiovascular Disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
?
yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J.M. Collins M.D.
M. D.
Address Bon Secours Hospital Date signed 4-4-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 68135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56

Registered No. F 68135

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 20 W Hamburg St
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

23

3 (a) FULL NAME VONA BELLE I. MILLER

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1937

8. AGE: Years 2 | Months 6 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation none (baby)

11. Industry or business

FATHER
12. Name Frank Miller
13. Birthplace Denmark

MOTHER
14. Maiden Name Elizabeth Snyder
15. Birthplace Baltimore, Md.

16 (a) Informant Elizabeth Miller (Mother)
(b) Address 20 W. Hamburg St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8/40 (month) (day) (year)
(c) Cemetery or crematory [redacted] Cem.
Location Old Reisterstown Highway, A.A.Co.

18 (a) Funeral director Fred. A. Kramer & Son
(b) Address 1216 S. Charles St.

19 (a) [illegible] (b) [illegible]
APR 8 1940
VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1940, at 5:25 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Anemia, secondary	
Due to Polyps, intestinal (colon)	over
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Asst. Medical Examiner.
Date signed 4-7-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W

Registered No. F 68136

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2407 Ailsa Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 77
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 2407 Ailsa Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Katherine E. Bankard

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Walter H. Bankard Sr.
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Feb. 24, 1879

8. AGE: Years	Months	Days	If less than one day
61	1	12 11	hr. ..... min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business —

FATHER
12. Name Joseph E. Hooper
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Emma Knox
15. Birthplace Ireland

16 (a) Informant Walter H. Bankard Sr.
(b) Address 2407 Ailsa Ave

17 (a) Burial (b) Date thereof 4/8/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave Balto.

18 (a) Funeral director Wm. Kahn
(b) Address 2301 Pennsylvania Ave Baltimore, Md.

19 (a) ..... (b) .....
(Date received by registrar) Registrar

APR 8 VS 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1940 at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1939 to 4/5 1940.
and that I last saw h alive on 4/5 1940.

Immediate cause of death
Cerebral Hemorrhage
Due to Chronic Interstitial Nephritis
Due to Cardiac Hypertrophy
Other Conditions Hypostatic congestion

Duration 3 Years / 17 yrs

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Thomas
Address 313 Hanover Rd Date signed 4/8/40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-7

F 68137 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1305 W 41st St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 W 41st St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Amelia B. Harding.

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Lowe W. Harding
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1880

8. AGE: Years	Months	Days	If less than one day
59	9	15	hr. min.

9. Birthplace Maryland.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown.

MOTHER
14. Maiden Name Unknown.
15. Birthplace Unknown.

16 (a) Informant Reginald B. Harding.
(b) Address 1305 W 41st St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8, 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Woodlawn
Location

18 (a) Funeral director Chenowith & Donovan
(b) Address 3615-17 Chelsea Ter.

19 (a) Filed (Date rec'd by Registrar) (b) Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5, 1940, at 8 55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 4, 1940, to Apr. 5 1940, and that I last saw her alive on Apr. 5, 1940.

Immediate cause of death Coronary Thrombosis — Duration

Due to Arteriosclerotic Heart Disease

Due to

Other Conditions Chr. Cholecystitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jules Gilbert M. D.
Address 848 W. 36th Date signed Apr. 6, 1940

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 68138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1103 B

F 68138 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Maryland Gen'l Hosp.
(a) Baltimore City, Maryland
(b) Street address Madison Ave + Linden St
(c) Hospital or institution:
Maryland General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 71 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County 1
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1134 N. Eutaw St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William A. Reisinger

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	218-09-2216

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 15 - 1869

8. AGE: Years	Months	Days	If less than one day
71	2	21	..... hr. ..... min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Report maker
11. Industry or business Pittsburg Plate Glass

FATHER
12. Name Wm Reisinger
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Hannah Taft
15. Birthplace England

16 (a) Informant Hosp Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 9 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt Olivet Cem
Location Balto. Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North + Ave.

19 Filed APR 8 1940 (b) Huntington Wilkes County, W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-6-40 19 ..... at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-18 1940 to 4-6 1940 and that I last saw him alive on 4-6 1940.

Immediate cause of death Cardiac Failure — Duration .....
Due to .....
Due to .....
Other Conditions Bilateral Hydrothorax (Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature W. K. Mansfield M. D.
Address Md. Gen Hosp Date signed 4-6-40

VS 3

F 68139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A

F 68139 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4401 Bedford Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4401 Bedford Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clinton Summers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret L. Summers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 17, 1859

8. AGE: Years	Months	Days	If less than one day
80	7	28	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Summers Printing Co.

FATHER
12. Name Thomas B. Summers.
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Caroline Kone
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Margaret L. Summers
(b) Address 4401 Bedford Place

17 (a) Burial (b) Date thereof 4/8/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or ~~Crematory~~ Druid Ridge
Location Pikesville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pennsylvania Avenues

19 (a) APR 8 1940 (Date rec'd by Registrar) (b) Registrar Tickner, Williams & Hill

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5, 1940, at 5:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 2 1940, to Apr 5 1940, and that I last saw him alive on Apr 4 1940.

Immediate cause of death	Duration
Uraemia	1 wk
Due to General Arteriosclerosis & chronic interstitial Nephritis	several yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No.
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature M Bauman Hurd M. D.
Address 2200 Garrison Blvd Date signed 4/6/40

correct age is especially important. Physician: please write the name of death county and city.

VS 8

68140 F 68140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

546-E Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2106 W. North Avenue
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) ---

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2106 W. North Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

6-7

3 (a) FULL NAME May Georgia Frazee

3 (b) If veteran, name war: ---

3 (c) Social Security Account No. 212-05-1566

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Clarence Frazee
6 (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) April 21st 1905

8. AGE: Years	Months	Days	If less than one day
34	11	14	... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Packer
11. Industry or business Ice Cream

FATHER
12. Name George Richardson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name May Fletcher
15. Birthplace Virginia

16 (a) Informant Mr. Clarence Frazee
(b) Address 2106 W. North Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8-1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.

19 (a) 4-8-1940 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/5/1940, at 8.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/25/1940 to 4/5/1940, and that I last saw h[illegible] alive on 4/5/1940.

Immediate cause of death	Duration
Carcinomatosis, abdominal with peritonitis	6 months
Due to	
Due to	
Other Conditions	over

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Morrison, M.D.
Address 1013 N. Charles St. Date signed 4/5/40

VS 3

Cancer age is especially important. Physicians: please write the cause of death clearly and legibly.

F 68141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1944-a F 68141 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3303 W. Harrison Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs. 27 18

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3303 W. Harrison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 33 years

3 (a) FULL NAME DAVID TAPPER

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Martha Tapper
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1859

8. AGE: Years 37 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (City, county, and state)

10. Usual Occupation Plasterer

11. Industry or business

FATHER 12. Name Abraham Tapper
13. Birthplace Russia

MOTHER 14. Maiden Name Ida F
15. Birthplace Russia

16 (a) Informant Harry Tapper
(b) Address 3303 W. Harrison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt. Carmel
Location Druid Hill Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 1438 E. Baltimore St

19 (a) (Date received by registrar) (Huntington Williams M.D. Registrar)

APR 8, 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-8-40 19 . at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 28 1940 to April 8, 1940. and that I last saw him alive on April 7, 1940.

Immediate cause of death: Coronary Thrombosis Pulmonary Edema. — Duration: about 10 days.
Due to: Acute coronary attack
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan H. Shpritz M.D.
Address 2351 Eutaw Pl. Date signed 4/8/40.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

68142

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68142

CERTIFICATE OF DEATH

V 131-a

1. PLACE OF DEATH 1734 N Chester St

CITY OF BALTIMORE: (No. Baltimore Md. St., 9-6 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Raymond B. Jones

If U. S. Veteran specify WAR _____

(a) Residence: No. 1734 N. Chester St. St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Social Security # 217-16-0538

6. DATE OF BIRTH (month, day, year) November 2, 1908

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
31	4	7	15

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk-Typist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City

10. Date deceased last worked at this occupation (month and year) 2 wks. 11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME David F. Jones

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary E. Sullivan

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT David F. Jones
(Address) 1734 N. Chester St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olive Cemetery Date April 10, 1940

19. UNDERTAKER Howard V. Blight Jr.
(Address) 4910 Belair Road

20. FILED APR 8 1940 Hunter G. Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1940 to April 7, 1940

I last saw him alive on April 7, 1940 Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 7, 1940

Other contributory causes of importance:

Hypertension & Chronic Nephritis	about 5 years

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —

(Signed) Howard V. Blight Jr. M. D.

(Address) 4910 Belair Road

*State CAUSE OF DEATH in plain terms, so that it may be properly classified. Also state OCCUPATION in very important. See instructions on back of certificate.

68143

BALTIMORE CITY HEALTH DEPARTMENT X F 68143

CERTIFICATE OF DEATH 127-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 11 Wade Ave
(If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CATHERINE A VAN DYKE

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife William E Van Dyke

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 31 1881

8. AGE: Years 59 | Months 0 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation housewife none

11. Industry or business

FATHER
12. Name August Bendt
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace Germany

16 (a) Informant Wm. Wallace E Van Dyke Jr.
(b) Address 11 Wade Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/40
(month) (day) (year)

(c) Cemetery or crematory Cedar Hill
Location Balto Md

18 (a) Funeral director Jno A Sperry
(b) Address Ridgely Maryland

19 (a) (b) Huntington Williamsport Md.
(Date rec'd by registrar)

VS-2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5th 1940, at 4:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Acute catarrhal Jaundice — Duration

Due to Acute cholecystitis

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. E. Wallace Van Dyke M.D.
Medical Examiner.
Date signed 4-5-40

APR 8 1940

correct as is especially important. Physicians: please write the causes of death clearly and legibly.

F 68144

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 68144
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 18 Wade Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JOSEPH FLANAGAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 12 1873

8. AGE: Years 66 | Months 5 | Days 24 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name Thomas
13. Birthplace Ireland

MOTHER
14. Maiden Name Rachael Day
15. Birthplace Md

16 (a) Informant Thomas Flanagan
(b) Address 18 Wade Ave

17 (a) Burial (b) Date thereof 4/9/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cathedral
Location Baltimore Md

18 (a) Funeral director Jno A Feely
(b) Address 1918 Pennsylvania Ave

19 (a) APR 8 1940 (b) [illegible]
(Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6th 1940, at 5 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.
(Autopsy or Inquest)

Immediate cause of death	Duration
Bronchopneumonia	
Due to Fracture, base of skull	
Due to	
Other Conditions Contusions, scalp, hips & wrist, right	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence March 4, 1940
(c) Where did injury occur? 18 Wade Ave
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury fall down steps of home

23. Signature [illegible] M.D.
Medical Examiner.

Date signed 4-6-40

VS 6

Please write the causes of death clearly and legibly. Physicians: please write correct age, especially important.

6814 Balphur

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

F 68145
Registered No.

Please write the causes of death clearly and legibly. Physicians: please correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harbor - Foot of Woodall
(c) Hospital or institution: St. Agnes American Sugar Refinery
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 524 W Cross St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Aldophus Matthews

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-9088

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Mildred

6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) April 23, 1907

8. AGE: Years	Months	Days	If less than one day
32	11	410	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Sugar Refinery

FATHER
12. Name James Matthews
13. Birthplace Md

MOTHER
14. Maiden Name Mary
15. Birthplace Md

16 (a) Informant Mildred Matthews
(b) Address 524 W Cross St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Co Md

18 (a) Funeral director Oswald L Burns
(b) Address 1084 W Montgomery St

APR 8 1940 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1940 at about 12 45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Drowning — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/3/40 American Sugar Refin
(c) Where did injury occur? Foot of Woodall St Balto (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? Yes
(e) Means of injury Fell into harbor off Pier

23. Signature W M Vandegrift M.D.
Medical Examiner.
Date signed 4/4/40

VS 6

F 68146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B

F 68146 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto. City
(b) Street address 713 S. Sharp St
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, state RURAL and give town)
(d) Street No. 713 S. Sharp St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Ellen Lyons

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years: 73 | Months: — | Days: — | If less than one day: ..... hr. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business Worked for Undertaker

FATHER 12. Name Unknown
13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mamie Redden
(b) Address 713 S Sharp St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Balto City

18 (a) Funeral director Daniel L. Brown Home
(b) Address 1018 W Montgomery St

19 (a) Huntington Williams (Date received by registrar) Registrar

APR 8 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 — 3 — 1940, at ..... M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-31-1940, to 4-3-1940, and that I last saw h alive on 4-3-1940.

Immediate cause of death Endocarditis, Nephritis & Senility — Duration

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature James C Dayton M. D.
Address 1016 S. Sharp Date signed 4-7-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 68147 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 59 days
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1005 Shields Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Costes (51627)

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-8996

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1905

8. AGE: Years 34 | Months 4 | Days 24 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Louis
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Smith
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-8-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill ave.

19 (a) Date received APR 8 1940 (Registrar) Huntington Willis Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3, 1940 at 8:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5, 1940, to Apr. 3, 1940, and that I last saw him alive on April 3, 1940.

Immediate cause of death: Tuberculosis of lungs — Duration: Sept. 1939

Due to:

Due to:

Other Conditions: Tuberculous meningitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Sloan M. D.
Address Baltimore City Hospitals Date signed 4/4/40

correct age is especially important. Physicians please write the cause of death plainly and legibly.

F 68148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B Registered No.

F 68148

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 929 Madison Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 72

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 929 Madison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Cook

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of ~~husband~~ or wife Ellen Cook
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — — 1854

8. AGE: Years	Months	Days	If less than one day
86			hr. min.

9. Birthplace Annapolis Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business "

MOTHER / FATHER
12. Name George Cook
13. Birthplace Unknown
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mamie Horton
(b) Address 929 Madison Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-8-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Josephus Halstead
(b) Address 918 Druid Hill ave.

19 (a) APR 8 1940 (b) [illegible]
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5, 1940, at 5 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 2 1940, to Apr 5, 1940, and that I last saw him alive on April 4, 1940.

Immediate cause of death	Duration
Pneumonia	7 days
Due to Chronic Nephritis	
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 924 Madison Ave Date signed 4/5/40 M. D.

correct age is especially important. Physicians: please write the words of each entry, and be legible.

68149 Schneiderman

BALTIMORE CITY HEALTH DEPARTMENT 93-D F 68149 Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Union Hospital Balto and.
(b) Street address
(c) Hospital or institution: Union Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 25 N. Eden St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 19 years

3 (a) FULL NAME Gertrude Schneiderman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Joseph Schneiderman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1856

8. AGE: Years	Months	Days	If less than one day
84			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER 12. Name Benj. —
13. Birthplace Russia

MOTHER 14. Maiden Name Rosie
15. Birthplace Russia

16 (a) Informant Irving Schneiderman
(b) Address 19 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-2-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friedale
Location Phila. Pa.

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto. St

(a) Date received (Registrar) (b) Registrar

APR 8 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/7/40 19 , at 8:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/6/40 19 40 to 4/7/40 19 ; that I last saw h— alive on Apr 6th 40; and that death occurred at Union Hospital.

Immediate cause of death: Coronary Thrombosis — Duration
Antecedent cause CVD
Acute Left Hemiplegia
Due to Generalized arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Irving Schneiderman M.D.
Address Union Hospital Date signed 4/7/40

Physicians: please write the causes of death clearly and legibly. Information is especially important. Be sure that correct age is given.

8150 F 68150

BALTIMORE CITY HEALTH DEPARTMENT 108 Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hosp.
(c) Hospital or institution: 1400 N. Caroline ST.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 da
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1806 E. 29th ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carl Roeper

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-03-3947

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary C. (Stahlhauser)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1906

8. AGE: Years	Months	Days	If less than one day
33	9	29	hr. min.

9. Birthplace North Dakota (Town, county, and state)
10. Usual Occupation Electric welder
11. Industry or business Beth. Ship.

FATHER
12. Name William Roeper
13. Birthplace Germany

MOTHER
14. Maiden Name Rosina Koch
15. Birthplace Germany

16 (a) Informant Mrs Mary E. Roeper
(b) Address 1806 E. 29th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 8, 1940 (month) (day) (year)
(c) Cemetery Parkwood
Location 3310 Taylor Ave

18 (a) Funeral director Harry L. Witzke
(b) Address 401 Edmondson Ave

19 (a) (b)

Filed APR 8 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1940, at 7 05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/30, 1940, to 4/5 1940, and that I last saw h[illegible] alive on 4/5 1940.

Immediate cause of death	Duration
General Pentonitis	6 da
Due to Localized pentonitis	3 wks?
Pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Pentonitis
Of autopsy Pentonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton J. Wilder M. D.
Address St. Joseph's Hosp Date signed 4-8-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

68151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 68151 Registered No.

1. PLACE OF DEATH: Baltr.
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Providence Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(Street and No.) 1027 S. Sharp St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Celia Boddie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Widowed

6 (b) Name of husband or wife: Clark Boddie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22 1844

8. AGE: Years	Months	Days	If less than one day
95 46	10	13	hr. min.

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business —

FATHER
12. Name Jacob Coleman
13. Birthplace N. C.

MOTHER
14. Maiden Name Amelia Easton
15. Birthplace N. C.

16 (a) Informant Viola Fieldsticks
(b) Address 100 Berkley Ave Norfolk Va

17 (a) (Burial, cremation, or removal) (b) Date thereof 4 (month) 9 (day) 1940 (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Baltimore, Md.

18 (a) Funeral director Walter B. Hargis
(b) Address 152 Williams Street

(a) APR 8 1940 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-5 1940 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1-1940 to 4-5-1940 and that I last saw [illegible] alive on 4-4-1940

Immediate cause of death: Cancer of Stomach ? — Duration: 6 Months
Due to
Due to
Other Conditions: Lobar Pneumonia
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jno. C. Carper M. D.
Address 1016 S. Sharp St. Date signed

Harry Dorsey Wortham M. D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68152

LINS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 68152

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Phoenix (Rural)
(If outside city or town limits, write RURAL and give town)
(d) Specific
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Walter Gordon Luie

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Bach

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
	6		hr. min.

9. Birthplace Phoenix, Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business Baker

FATHER
12. Name Morris Luie
13. Birthplace Maryland

MOTHER
14. Maiden Name Hilda May Turnbaugh
15. Birthplace Maryland

16 (a) Informant Mr. Morris Luie
(b) Address Phoenix, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 9, 1940 (month) (day) (year)
(c) Cemetery or crematory St. Johns
Location Bloomsburg, Md.

18 (a) Funeral director John Burns' Sons
(b) Address Towson, Md.

19 (a) Date received APR 8 1940 (b) Registrar [signature] Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8, 1940 at 1:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-6- 1940 to 4-8 1940, and that I last saw h.im alive on 4-8 1940.

Immediate cause of death Coloa pneumonia right upper & lower colon & left lower lobe — Duration

Due to

Due to

Other Conditions Acute suppurative otitis media; (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Confirmed above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton J. Wilder M. D.
Address St. Josephs Hosp. Date signed 4-8-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68153 — 95-C Registered No. F 68153

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1134 Linden Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1134 Linden Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME M. Elaise Olsen

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex: F. — 5. Color or race: W. — 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Christian Olsen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1872

8. AGE: Years 67 | Months 5 | Days 6 | If less than one day hr. min.

9. Birthplace Charleston, S. C. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER: 12. Name Albert O. Jones
13. Birthplace Washington, D.C.

MOTHER: 14. Maiden Name Estelle Crocker
15. Birthplace Natchez, Miss.

16 (a) Informant Christian Olsen
(b) Address 1134 Linden Ave.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Apr. 9, '40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Loring Byers.
(b) Address 5005 Park Heights Ave.

19 (a) APR 8 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1940, at 6.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1939, to April 1940, and that I last saw her alive on April 3 1940.

Immediate cause of death: Congestive Heart failure — Duration: 1 year

Due to: Hypertension & Arteriosclerosis

Due to: Cardiac hypertrophy, Dilatation & mitral block — Duration: March 1939

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fergus J. Hamburger, Jr. M.D.
Address 1207 Eutaw Place Date signed April 8 '40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68154

BALTIMORE CITY HEALTH DEPARTMENT 46-E Registered No. F 68154

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 13
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Balt.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 24 N. Wheeler Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. George F. Shilling

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	married

6 (b) Name of husband or wife Lena F. Shilling
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1856

8. AGE: Years	Months	Days	If less than one day
83	4	26	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Murray F. Shilling
13. Birthplace Unknown.

MOTHER
14. Maiden Name Elizabeth Zellers
15. Birthplace Unknown.

16 (a) Informant Lena F. Shilling
(b) Address 24 Wheeler Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-10-40 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto. Md.

18 (a) Funeral director Lorraine Boyce
(b) Address 50 a Pk Heights Ave.

19 (a) APR 8 1940 Registrar
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7-40 19 , at 1:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-[illegible]-40 19 , to 4-7-40 19 , and that I last saw h[illegible] alive on 4-1-40 19 .

Immediate cause of death Carcinoma of Sigmoid — Duration 3 weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Annular Carcinoma of Sigmoid Colon
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Collins M.D. M. D.
Address Bon Secours Hospital Date signed 4-7-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68155

JOYNER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157 F

Registered No. F 68155

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 428 Riggs Ave
(c) Hospital or institution: F 8345
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Born

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 428 Riggs Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Barbara A. Joyner

3 (b) If veteran, name war (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/26/40

8. AGE: Years | Months | Days 11 10 | If less than one day ... hr. ... min.

9. Birthplace 428 Riggs Ave (Town, county, and state) Balto

10. Usual Occupation

11. Industry or business

FATHER 12. Name Chas. Joyner

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Frances Baggett

15. Birthplace Balto Md

16 (a) Informant Father Joyner

(b) Address 428 Riggs Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto. Md.

18 (a) Funeral director Mrs. Gus H. Holland

(b) Address 431 Druid Hill Ave

19 APR 8 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/6/40 19 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/26/40 to 4/6/40, and that I last saw h[illegible] alive on 4/6/40.

Immediate cause of death Meningitis Duration

Due to Meningitis 8 days

Due to

Due to Skull Fracture

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.

Address [illegible] Date signed 4/8/40

VS 3

F 68156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 68156

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1015 E. Monument
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 E. Monument (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pocahontas Matthews

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C	married

6 (b) Name of husband or wife Edw. Matthews
6 (c) If alive, give age 48 years
7. Birth date of deceased (mo., day, yr.) May 13th 1889

8. AGE: Years	Months	Days	If less than one day
50	10	20	hr. min.

9. Birthplace Prince Edward Co. Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name George Booker
13. Birthplace Va

MOTHER 14. Maiden Name Martha A. Thomas
15. Birthplace Va

16 (a) Informant Edw. Matthews
(b) Address 1015 E. Monument St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cems.
Location Brooklyn e. a. Co. Md.

18 (a) Funeral director Byron Francis Wright
(b) Address 1218 N. Caldwell St

19 APR 8 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-5-40 19 , at 7.50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 21 1940, to Apr. 5, 1940, and that I last saw h alive on Apr 5th 19 40.

Immediate cause of death Thrombosis of Coronary

Due to

Due to

Other Conditions Cerebral Hemorrhage

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 2 wks.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice Odom M. D.
Address 312 E 23rd St Date signed 4-8-40

VS 8

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

68157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B ✓ F 68157 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 118 S. High St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 118 S High St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME ANNA WEGLEIN.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Michael Weglein
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 9/26/1889

8. AGE: Years	Months	Days	If less than one day
50	6	11	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name James Langon
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Jennie Tierney
15. Birthplace Ireland

16 (a) Informant Mrs. Cecila Summers
(b) Address 118 S. High St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/40 (month) (day) (year)
(c) Cemetery or crematory Mt Cathedral
Location Baltimore Md

18 (a) Funeral director George J. Roth Inc
(b) Address 1735 Harlem Ave Baltimore Md

19 (a) APR 8 1940 (Date received by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1940, at 9:40 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death Intestinal obstruction — Duration —
Due to Cysts of ovarian, malignant large.
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature [signature] M.D.
Asst Medical Examiner.
Date signed 4-7-40

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a

Registered No. F 68158

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Somerset
(c) City or town Crisfield (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WARD, Walton Charles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31, 1918

8. AGE: Years	Months	Days	If less than one day
21	8	6	hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation Deckhand
11. Industry or business MV SOPHIA A DRUM

FATHER
12. Name Charles T. Ward
13. Birthplace Crisfield, Maryland.

MOTHER
14. Maiden Name Mollie Cook
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-40 (month) (day) (year)
(c) Cemetery or crematory Crisfield
Location Crisfield, Md.

18 (a) Funeral director Wm. H. Pickney's Sons
(b) Address North & Pa Ave, Salisbury, Md.

19 APR 8 1940 (Date received by registrar) Huntington for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7, 1940, at 5:25PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 2, 1940, to April 7, 1940, and that I last saw h im alive on April 7, 1940.

Immediate cause of death	Duration
Paralytic ileus	3 days
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operation Hernioplasty, lt. inguinal Undescended testicle, Halstead Operation.
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. Williams Anderson M. D.
Address U.S.Marine Hospital, Baltimore, Maryland. Date signed 4/8/40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3685508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 68159

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Reisterstown
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Cole

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	BLACK	MARRIED

6 (b) Name of husband or wife MARY
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace N. Car —
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Thomas Cole
13. Birthplace N. Car.

MOTHER
14. Maiden Name Priscilla —
15. Birthplace N. Car.

16 (a) Informant Friends —
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof APR 10 1940 (month) (day) (year)
(c) Cemetery or crematory St. Lukes Cem
Location Balto Co
18 (a) Funeral director J. F. Elgin & Sons
(b) Address Reisterstown, Md
19 (a) APR 8 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1940, at. 5:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 6 1940, to Apr 8 1940, and that I last saw him alive on Apr 8 1940.

	Duration
Immediate cause of death Cardiac failure	2 days
Due to Hypertensive heart disease	Yrs.
Due to	
Other Conditions Cerebral thrombosis	2 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W B McAllister Jr.
Address Johns Hopkins Hospital Date signed 4/8/40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

68160

HEALTH DEPARTMENT—CITY OF BALTIMORE

68160

CERTIFICATE OF DEATH

45-a

1. PLACE OF DEATH University Hospital — Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore Md. St.) 4th N Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 6 ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Alonzo Charnick — If U. S. Veteran specify WAR _____

(a) Residence: No. Crisfield Md. St., _____ Ward. Somerset Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E Charnick

6. DATE OF BIRTH (month, day, year): June 16th 1871

7. AGE: Years 68 | Months 9 | Days 20 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sea food Dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: _____
10. Date deceased last worked at this occupation (month and year): _____
11. Total time (years) spent in this occupation: _____

12. BIRTHPLACE (city or town) (State or country): Crisfield, Md

FATHER
13. NAME: Severn Charnick
14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER
15. MAIDEN NAME: Nancy Charnick
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mary Charnick, (Address) Crisfield Md.

18. BURIAL, CREMATION, OR REMOVAL. Place: Crisfield Cemetery Date: April 7th 1940

19. UNDERTAKER: E. D. Lawson (Address) Crisfield, Md.

20. FILED _____ 19__ _____ Registrar.

Apr 8 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-5, 1940

22. I HEREBY CERTIFY, That I attended deceased from 3-30-40, 19__, to 4-5-40, 19__

I last saw him alive on 4-5-40, 19__ Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Squamous cell Ca of Lip	

Other contributory causes of importance: Pneumonia & shock

Was an operation performed? Yes Date of: 4-4-40

For what disease or injury? Ca of Lip

Name of operation: Resection of Mandible

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Harvey B. Thomas M. D.

(Address) Baltimore Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

52012-FD

F 68161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-6

Registered No. F 68161

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo. 18 das.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 110 S. Culver St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

201

3 (a) FULL NAME Albert C. Butler

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-5673

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-14-1893

8. AGE: Years	Months	Days	If less than one day
46	10	21	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation chauffeur
11. Industry or business Geo. Kurtz Trans. Co

FATHER
12. Name George Butler
13. Birthplace Md.

MOTHER
14. Maiden Name Amelia Stockett
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 9-1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Maryland

18 (a) Funeral director George J. Johnson
(b) Address 2101 Frederick Ave

19 (a) APR 8 1940 (Date received by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-5 1940, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-17 1940, to 4-5 1940, and that I last saw him alive on 4-5 1940.

Immediate cause of death Carcinoma Lower lip & jaw — Duration over 3 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations see above

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. K. Woodruff M. D.
Address Balto City Hosp. Date signed 4-6-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68162

CERTIFICATE OF DEATH

93-D F 68162

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 S. Gilmor St. 19-4 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Elizabeth Sabeidle

If U. S. Veteran specify WAR

(a) Residence: No. 406 S. Gilmor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry Sabeidle

6. DATE OF BIRTH (month, day, year): Apr. 23-1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: George J. Hauffenmeier

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Marie Butler

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Husband Henry Sabeidle

(Address) 406 S. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Apr. 10. 1940

19. UNDERTAKER: George L. Gebhardt

(Address) 2101 Pennsylvania Ave.

20. FILED: APR 8 1940 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 15 1937 to Apr 7 1940

I last saw h&e alive on 4/7 1940 Death is said to have occurred on the date stated above, at 7 25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage-Left	4/7/40
Other contributory causes of importance: Arteriosclerotic cardiovascular Disease & Hypertension	?

Was an operation performed? No Date of

For what disease or injury? No

Name of operation

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. P. Rostling, M. D.

(Address) 1473 Washington Blvd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Also NATURE OF OCCUPATION is very important. See instructions on back of certificate.

VS 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

68163

CERTIFICATE OF DEATH

157-E F 68163

Registered No. _____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (Street and Number)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gary Tippins

If U. S. Veteran specify WAR _____

(a) Residence: No. 8901 Eastern Ave Rd., Ward. Balto. Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Apr. 25- 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
		11	13 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

FATHER

13. NAME Robert Tippins

14. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER

15. MAIDEN NAME Vera Beaver

16. BIRTHPLACE (city or town) (State or country) W. Va

17. INFORMANT Mrs. Vera Tippins

(Address) 8901 Eastern Ave Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Mary Date 4-9-, 1940

19. UNDERTAKER John G. Cruelly

(Address) Essex Md.

20. FILED APR 8 1940 Registrar for Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1940 to April 7, 1940

I last saw him alive on April 7, 1940 Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	Birth
Bronchopneumonia	
Cardiac Arrhythmia	
Tyrecyd of Pericardium	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Henry K. Beasley, M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 5

F 68164

OK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

40045 Registered No. F 68164

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr + ?
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs +

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 102 Bloomsom Sts Curtis Bay
(If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

23 old #

3 (a) FULL NAME Lawrence Mielinski

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Saturminia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 70 | Months ? | Days ? | If less than one day ... hr. ... min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Anthony
13. Birthplace Poland

MOTHER
14. Maiden Name Rosalie
15. Birthplace Poland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem
Location A. A. County

18 (a) Funeral director John M. Welsh
(b) Address 401 S. Chester St

19 (a) Registered by (b) Huntington Mill Register

APR 8 1940

VS 3

M 06747

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7- 1940, at 12 28 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-17- 1938 to 4-7- 1940 and that I last saw h~~im~~ alive on 4-7- 1940.

Immediate cause of death: Duration
Ventricular Flutter — ?
Cardiac Failure — ?
Due to: Hypertensive C.V.D — ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Murray Lapkin, M. D.
Address Balto City Hosp. Date signed 4-7-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

68165 377270

F 68165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 Brunt (If rural give location)
14
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY Stewart

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-26-96

8. AGE: Years	Months	Days	If less than one day
43	6	9	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name James Brown
13. Birthplace Md.

MOTHER
14. Maiden Name Ida Ridauth
15. Birthplace Md

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof April 9-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cemetery
Location Baltimore Maryland

18 (a) Funeral director Archibald Markley
(b) Address 2101 McCulloh St.

19 (a) (Date rec'd by registrar) (b) Registrar

APR 9 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 5 1940, at 7.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 21 1940, to Apr 5 1940, and that I last saw her alive on Apr 5 1940.

Immediate cause of death	Duration
Coronary Occlusion - Heart failure	
Due to Hypertensive cardiovascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. M. Welty M. D.
Address Johns Hopkins Hospital Date signed 4-9-40

correct age is especially important. Physicians, please write the cause of death clearly and legibly.

F 68166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 177-7

F 68166 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. U. Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1819 Guilford ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Roy Crizer

3 (b) If veteran, name war No.

3 (c) Social Security Account No. 217-03-6174

4. Sex M | 5. Color or race W | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband or~~ wife Virginia Crizer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 4th 1904

8. AGE: Years 30 | Months 5 | Days 4 | If less than one day hr. min.

9. Birthplace Appalachia Va. (Town, county, and state)

10. Usual Occupation Air Craft Mechanic

11. Industry or business Glenn Martin

FATHER
12. Name Ernest L. Crizer
13. Birthplace Bath Co. Va

MOTHER
14. Maiden Name Daisy Hicks
15. Birthplace Augusta Co. Va.

16 (a) Informant Robert Trexler
(b) Address 3049 Phila ave. Balto. Co. Md

17 (a) Removal (b) Date thereof 4/9/40 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery ~~or crematory~~ Clifton Forge
Location Clifton Forge Va.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

APR 9 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1940, at 1120a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Acute & Chronic alcoholism Multiple erosions & gastric mucosa with fatal hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. M. Vanderlyn Medical Examiner. M.D.

Date signed 4/8/40

~~Correct age is especially important. Physicians: please write the causes of death clearly and legibly.~~

F 68167

CCK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

46047 68167

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or Institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 Maubert Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

124 1

3 (a) FULL NAME (Anthony) Andrew Krawbzyk (Anthony Krawbzyk)

3 (b) If veteran, name war: No

3 (c) Social Security Account No. ? NONE

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married (Sep)

6 (b) Name of husband or wife: Kareena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1878

8. AGE: Years 61 | Months 6 ? | Days 24 | If less than one day: hr. min.

9. Birthplace: Poland
(Town, county, and state)

10. Usual Occupation: Unknown

11. Industry or business

FATHER
12. Name: Joseph
13. Birthplace: Poland

MOTHER
14. Maiden Name: Anera ?
15. Birthplace: Poland

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) Burial (b) Date thereof 4/10/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory: Holy Rosary
Location: Balto. Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St

19 APR 9 1940 at Huntingtown Williamsport Md.
(Filed by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7- 1940, at 1:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-27- 1939 to 4-7- 1940, and that I last saw h alive on 4-7- 1940

Immediate cause of death: Cardiac failure — Duration: 7

Due to: Arteriosclerosis N.Y. Dis — 7

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Gen. arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Edward deHollis M. D.
Address: Balto City Hosp Date signed 4-8-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 68168 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1135 Greenmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1135 Greenmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward A O'Sullivan

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 220-05-2447

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife Elsie V. O'Sullivan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1879

8. AGE: Years 60 | Months 4 | Days 22 | If less than one day hr. min.

9. Birthplace Balto, Md (Town, county, and state)

10. Usual Occupation Tile setter

11. Industry or business WPA

FATHER 12. Name Daniel O'Sullivan
13. Birthplace Ireland

MOTHER 14. Maiden Name Elizabeth Mc Allister
15. Birthplace Ireland

16 (a) Informant Elsie O'Sullivan
(b) Address 1135 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Greenmount
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St
(c) Filed APR 9 1940 (Date rec'd by registrar) Harrington Williams, M.D. Registrar

MEDICAL CERTIFICATION 12 M

20. DATE OF DEATH April 7 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Van de Graaff M.D. Medical Examiner.
Date signed 4/7/40

VS 6

Exact age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 68169

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1841 S. Charles St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1841 S. Charles St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

23

3 (a) FULL NAME John W. G. Burck

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 705-05-3387

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband ~~or wife~~ Eva M. Burck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ~~June~~ 11 8 1878

8. AGE: Years	Months	Days	If less than one day
62	2	26	hr. min.

9. Birthplace Sandy Hook Md. (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business B & O R.R.

FATHER
12. Name John Burck
13. Birthplace Sandy Hook Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Md

16 (a) Informant Bertha E. Adams
(b) Address 1841 S. Charles St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/10/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cedar Hill
Location A. A. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Signature of registrar) (b) Registrar

APR 9 1940

VS 2

Hunter's or Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7th 1940, at 10:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 5, 1940, to April 7 1940, and that I last saw him alive on April 5 1940.

Immediate cause of death: Acute Cardiac Dilatation with Pulmonary Edema — Duration: April 7 4m.
Due to: Hypertension - Cardio Vascular — Duration: ?
Due to: Senile
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lawrence M. Lara
Address 104 W. Madison St. Date signed 4/10/40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 68170

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
131-B

F 68170
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 28

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) House No. 1437 Mt. Royal Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Johnsie E. Kennedy

3 (b) If veteran, name war: (W)
3 (c) Social Security Account No. 217-05-7485

4. Sex: Female
5. Color or race: White
6 (a) Single, married, ~~widowed or divorced~~: Married
6 (b) Name of husband ~~or wife~~: Michael E. Kennedy
6 (c) If alive, give age: 28 years

7. Birth date of deceased (mo., day, yr.): Mar 7th 1892

8. AGE: Years	Months	Days	If less than one day
48	0	29	hr. min.

9. Birthplace: North Carolina (Town, county, and state)
10. Usual Occupation: Dress Maker
11. Industry or business: Hecht Bros.

FATHER
12. Name: Johnson Cruse
13. Birthplace: N. C.

MOTHER
14. Maiden Name: Not Known
15. Birthplace: "

16 (a) Informant: Michael E. Kennedy
(b) Address: 1437 Mt Royal Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/40 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location: Balto Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St.

19 (a) Date received (by registrar) 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/6 1940 at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/4 1940 to 4/6 1940, and that I last saw her alive on 4/6 1940

	Duration
Immediate cause of death: Sepsis ?	
Vascular Collapse ?	?
Due to: Pneumonia ?	one
Due to:	
Other Conditions:	
(Include pregnancy within 3 months of death)	
Major findings:	
Of operations:	
Of autopsy: Not done	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Harold A. Groot
Address: Sinai Hospital Date signed: M/D/40 4/6/40

Please write plainly; a correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-1

F 68171 Registered No.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 766 N Lexington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 766 N Lexington St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth L Milstead

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles B Milstead
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1892

8. AGE: Years 48 | Months 6 | Days | If less than one day: hr. min.

9. Birthplace Cumberland Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Columbus Ruby
13. Birthplace Cumberland Md

MOTHER
14. Maiden Name Amanda Robinett
15. Birthplace Md

16 (a) Informant Charles B Milstead
(b) Address 766 N Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 10-1940 (month) (day) (year)
(c) Cemetery or crematory Westerly
Location Baltimore Md

18 (a) Funeral director Wilhelm Hook
(b) Address 1219 E Fayette St

19 (a) (Date rec'd by registrar) (b) Investigator Williams W.P. Registrar

APR 9 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1940, at 8:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 26 1939 to April 7th 1940. and that I last saw h.e alive on April 2nd 1940.

Immediate cause of death Carcinoma of Lungs — Duration 1 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward C. Reisinger M.D.
Address 2245 Reisterstown Rd Date signed 4/7/40

F 68172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 68172 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2214 Ruskin Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 1/2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2214 Ruskin Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

13

3 (a) FULL NAME Josephine I Covey

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Nathan Covey.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 26, 1852

8. AGE: Years	Months	Days	If less than one day
87	4	11	hr. min.

9. Birthplace Howard Co. Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Virginia Covey
(b) Address 2214 Ruskin Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 10 1940 (month) (day) (year)
(c) Cemetery or crematory Lutheran Cemetery
Location Howard Co Md

18 (a) Funeral director Wilson & Coffey
(b) Address 1217 Eutaw Pl Huntington Williams, Inc.

APR 9 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7th 1940, at 9:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 27 1940, to April 7th 1940, and that I last saw her alive on April 6th 1940.

Immediate cause of death	Duration
Carcinoma of Right Breast	1 yr ?
Due to Left Breast Removal some years ago	
Due to	
Other Conditions Metastasis of Carcinoma (Include pregnancy within 3 months of death)	

Major findings:
Of operations No operation Since Removal of Left Breast some years ago
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature E. C. Reiser M. D.
Address 2345 Reisterstown Rd Date signed 4/7/40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-6

F 68173 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2906 Springhill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15-2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2906 Springhill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME William Meyer Segall

3 (b) If veteran, name war none | 3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Late Annie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Tire Business

FATHER
12. Name Stanley Segall
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Russia

16 (a) Informant Samuel Segall
(b) Address 2005 Whittier Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 9, 40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Cemetery Washington Blvd
Location Washington Blvd

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W. North Ave

19 (a) Date rec'd 1940 (b) Registrar

APR 9 1940
VS 8

Hunters of Milwaukee, Wis.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7, 1940 at 8.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1934 to April 7, 1940, and that I last saw him alive on April 6, 1940.

Immediate cause of death Carcinoma of pancreas — Duration 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney D. Levy, M.D.

Address 1 E. Eutaw Place Date signed April 9, 1940

F 68174 | BALTIMORE CITY HEALTH DEPARTMENT | F 68174

CERTIFICATE OF DEATH

94-a | Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA 25
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Relay Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6 Clark Blvd & Ruby Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME WESLEY E RING

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-0408

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Henrietta Ring
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) July 7, 1894

8. AGE: Years	Months	Days	If less than one day
45	8	29	....hr. ....min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Accountant
11. Industry or business

FATHER
12. Name R. Howard Ring
13. Birthplace Baltimore

MOTHER
14. Maiden Name Drucy Dunglinger
15. Birthplace Pa

16 (a) Informant Mrs Wiley Jones
(b) Address Leeds Ave Catonsville

17 (a) Burial (b) Date thereof April 9-
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St

19 (a) (Date rec'd by registrar) Huntington Williams M.D. Registrar

APR 9 • 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1940, at 4 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. I. Williamson Asst Medical Examiner. M.D.
Date signed 4-6-40

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

F 68175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 68175 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2304 Harford Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2304 Harford Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A. Ronnal

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife Frederick P. Ronnal

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 9 1875

8. AGE: Years 64 | Months 11 | Days 28 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Maria A. Carter

(b) Address 2304 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-40 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location

18 (a) Funeral director Leonard J. Lynch

(b) Address 5305 Harford Rd.

19 (a) APR 9 1940 (State registrar) (b) [illegible] Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-6-1940, at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-27 1939, to 4-6 1940, and that I last saw her alive on 4-6 1940.

Immediate cause of death	Duration
Coronary occlusion	45 min.
Due to arteriosclerotic cardiovascular disease	5 yrs.
Due to	
Other Conditions Diabetes	5 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. A. Alessi M. D.

Address 6217 Harford Rd Date signed 4-8-40

Physicians: please write the causes of death clearly and legibly. Omission, errors or inaccuracies in any particular, but especially in the correct age is especially important.

68176

OCK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54101F 68176

136-4 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 716 Dolphin St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert Ogden

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July ? 1890

8. AGE: Years	Months	Days	If less than one day
49	9	?	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Frederick
13. Birthplace Md.

MOTHER
14. Maiden Name Ellen Edlin
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Q Q Lot Eng.

18 (a) Funeral director John W. Shymer
(b) Address 1800 N. Caroline St

19 (a) (Date rec'd by registrar) (b) Division Registrar

APR 9 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-8 1940, at 12 25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-25 1940 to 4-8 1940 and that I last saw him alive on 4-7 1940.

Immediate cause of death: Pulmonary Extravasation — Duration: ?

Due to: Perineurethral abscess — Duration: ?

Due to: urethral stricture of undetermined etiology — Duration: ?

Other Conditions — Duration:

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. K. Wanderwerd Jr. M. D.
Address Balto City Hosp. Date signed 4-8-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 68177 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town 103 Elmwood Road (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leigh Bonsal

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race wh

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mary C. Pleasants

6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) July 4, 1862

8. AGE: Years 77 | Months 9 | Days 3 | If less than one day ... hr. ... min.

9. Birthplace Norfolk, Virginia (Town, county, and state)

10. Usual Occupation Lawyer

11. Industry or business

FATHER
12. Name Stephen Bonsal
13. Birthplace Norfolk Virginia

MOTHER
14. Maiden Name Frances Leigh
15. Birthplace Norfolk, Virginia

16 (a) Informant J. Purcuiel Bonsal
(b) Address 103 Elmwood Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 9, 1940 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto., Md.

18 (a) Funeral director Henry W. Jenkins Sons
(b) Address McCulloh and Orchard Sts.

19 (a) Date rec'd by Registrar APR 9 1940 (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1940, at 1.27 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Fracture, neck of femur — Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 4/6/40
(c) Where did injury occur? 103 Elmwood Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Tripped over dog

23. Signature Medical Examiner. M.D.

Date signed 4/8/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

68178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-7

F 68178 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Colvert · 33rd
(c) Hospital or institution: U. M. H
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 15 E. Eager St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm GRIFFITH WETHERALL

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary Wetherall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/19/57

8. AGE: Years 82 | Months 3 | Days 20 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Gentleman
11. Industry or business Steel Business

FATHER
12. Name Wm F Wetherall
13. Birthplace Md

MOTHER
14. Maiden Name Sydney A
15. Birthplace Maryland

16 (a) Informant H P Wetherall
(b) Address 15 E Eager St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-4-40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director H H Jenkins Sons Co
(b) Address Oakland Mc Callon Sts

19 (a) (Date received by registrar) (b) Registrar's signature

APR 6 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/9 1940 at 1:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/31 1940 to 4/9 1940 and that I last saw h[im] alive on 4/2 1940.

Immediate cause of death: Cerebral hemorrhage — Duration: 9 hrs.
Due to: Arteriosclerotic Cardio vascular disease — Duration: Indefinite
Due to:
Other Conditions: Benign prostatectomy 1938 — Duration: Indefinite
(Including pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm F. Pearce M.D.
Address Union Memorial Date signed Apr 9 1940

PRESS WARNING: Any erasure, alteration or omission of items entered on this certificate will render it incorrect and void. Typewriter only should be used in making out certificate. Please write plainly with pen and ink. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

VS 2

F 68179

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 68179
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1428 S Charles St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1428 S. Charles St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

25

3 (a) FULL NAME Richard Ireland

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Margaret E Ireland
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 23-1857

8. AGE: Years	Months	Days	If less than one day
82	0	13 14	hr. min.

9. Birthplace Annapolis Md
(Town, county, and state)
10. Usual Occupation Coal Bill Foreman
11. Industry or business

FATHER
12. Name John Ireland
13. Birthplace Annapolis Md

MOTHER
14. Maiden Name ? Wolber
15. Birthplace Annapolis Md

16 (a) Informant Charlotte E Lowe
(b) Address 1428 S Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 9-1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Baltimore Md

18 (a) Funeral director L R Covington
(b) Address 21 W 25th St

19 (a) Date received (month) (day) (year) (b) Registrar

APR 9 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1940, at 10:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1940, to April 7 1940, and that I last saw h alive on April 7 1940.

Immediate cause of death — Duration
Cerebral Hemorrhage — 6 mos.
Due to Arterio Sclerosis — 1 yr
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C D Wheeler M. D.
Address 1279 Williams St Date signed 4/8/40

68180

F 68180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (47-1)

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument and Rutland
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 39 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 703 E. Preston St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mary C. Schmidt

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28. 1876

8. AGE: Years	Months	Days	If less than one day
64	1	109	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Home work
11. Industry or business at Home

FATHER
12. Name John A. Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Charlotte Beible
15. Birthplace Germany

16 (a) Informant Mrs Maggie Eichhorn
(b) Address 1228 Edmondson Ave Arbutus

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Frederick Road Irvington

18 (a) Funeral director Elmer W. Corbin & Son
(b) Address 924 Eutaw St

APR 9 1940 (Date rec'd by Registrar) (b) Hamilton Baltimore Co. Md. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7 1940, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-24 1940 to 4-7 1940, and that I last saw h[illegible] alive on 4-7 1940.

Immediate cause of death	Duration
Myocardial failure	7 days
Due to Cachexia	2 days
Due to Ca of lung	2 months
Other Conditions Generalized arterio-sclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Blair Lee
Address Sinai Hospital Date signed M. 4 D. 7 1940

68181

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

V186-a Registered No. E 68181

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens - Caton Aves.
(c) Hospital or institution: St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) Mt. Hope
(d) Street No. 2801 Reisterstown Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Rowena Winter MacDonald

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 11, 1868

8. AGE: Years	Months	Days	If less than one day
71 72	5	28	hr. min.

9. Birthplace Georgia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Dexter B. Thompson
13. Birthplace Maine

MOTHER
14. Maiden Name Lucy M. Winter
15. Birthplace Georgia

16 (a) Informant Mrs J. K. Bowman
(b) Address 1900 E. Boulevard

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-40 (month) (day) (year)
(c) Cemetery or crematory
Location Richmond Va.

18 (a) Funeral director Frederick A. Pole
(b) Address 1700 W Lanvale St.

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9. 1940, at 6.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-5 1940, to 4-9 1940, and that I last saw h alive on 4-9 1940

Immediate cause of death MYOCARDIAL DEGENERATION — Duration

Due to Generalized Atherosclerosis

Due to

Other Conditions Fracture neck of rt Femur - Senile Dementia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Acc.
(b) Date of occurrence 4/9/40
(c) Where did injury occur? Reisterstown Road (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Fell to floor

23. Signature Dr. J. J. Montag Attending M. D.
Address St. Agnes Hosp. Date signed 4-9-40

VS 3

Registrar

Howard Thomsen M.D. Examiner

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-B

F 68182 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address The Esplanade
(c) Hospital or institution: Eutaw Place & Lake Drive
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. Esplanade 31 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie Newman

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife David Newman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19, 1872

8. AGE: Years 67 | Months 10 | Days 28 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Sam'l H. Blum

13. Birthplace Germany

MOTHER 14. Maiden Name Sarah Adler

15. Birthplace Germany

16 (a) Informant Mr. E. Newman

(b) Address Esplanade Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/40 (month) (day) (year)

(c) Cemetery or crematory Bally. Hebrew

Location Balto. Md.

18 (a) Funeral director David Sondheim & Son

(b) Address 902 Eutaw Place

19 (a) Filed APR 9 1940 (b) Registered by Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1940, at 7:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939 to April 8 1940 and that I last saw h[illegible] alive on April 8 1940

Immediate cause of death General Carcinomatosis

Due to Secondary to

Due to Carcinoma Uterus (Body)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma Uterus June 9-1938

Of autopsy

Duration
1 year
6 mos.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Edwin E. Magee

Address The Esplanade Date signed 4/8/40

F 68183

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68183

CERTIFICATE OF DEATH

61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womens Hospital St. 25-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 20 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Adeline Crow Morrison Brooklyn

If U. S. Veteran specify WAR .....

(a) Residence: No. 3554 4½ Avenue St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sanford Morrison

6. DATE OF BIRTH (month, day, year) Jan 21 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	2	17 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Edward Crow

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Clara E Rottenman

(Address) 400 Maude Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date April 10 1940

19. UNDERTAKER William M Mareck

(Address) 715 Eight St Huntington West Va.

FILED APR 9 1940 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 29 1940 to April 7 1940

I last saw h.... alive on April 7 1940 Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	
Infection, right foot.	
Other contributory causes of importance:	
Bronchopneumonia	

Was an operation performed? Yes Date of April 5 1940

For what disease or injury? Infection, right foot

Name of operation Amputation right Lower leg.

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Richard A. Wortington M. D.

(Address) Woman Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

53976--FD

F 68184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 68184 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 da
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1631 Pennsylvania Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Adaline Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: colored

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Unk.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-8-1873 63

8. AGE: Years 76 | Months 7 | Days 9 29 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation M.W.

11. Industry or business

FATHER
12. Name Thomas
13. Birthplace Md.

MOTHER
14. Maiden Name Emily Watson
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 N. Bridge St. Huntingtown, Md.

19 APR 9 1940 (Registered by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7-1940, at 6.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-21-1940, to 4-7-1940 and that I last saw h-- alive on 4-7-1940.

Immediate cause of death: Cardiac failure — Duration: 15 days

Due to: Hypertension Chronic C.V.D. — Duration: 2 yrs.

Due to: Gen. A-S — Duration: ?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Irving Goldstein M.D.
Address Balto. City Hosp. Date signed 4-8-40

Please write clearly and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

68185 ✓ F 68185

BALTIMORE CITY HEALTH DEPARTMENT 83-W Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2907 Echodale Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2907 Echodale Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Schorr

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife George L. Schorr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 11th. 1861

8. AGE: Years	Months	Days	If less than one day
78	5	26	hr. min.

9. Birthplace Anne Arundel Co. Maryland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name ? Stroh
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr. George L. Schorr
(b) Address 2907 Echodale Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 10, 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave.
18 (a) Funeral director Loeschen Funeral Home
(b) Address 7401 Belair Road
19 (a) (Date received by registrar) (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7th 1940 at 10:15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jany 31 1940 to Apr 7 1940 and that I last saw h[illegible] alive on Apr 7 1940

Immediate cause of death	Duration
Left Hemiplegia	Apr 5/40
Due to Cerebral Hemorrhage	Apr 5/40
Due to	
Other Conditions Arteriosclerosis	a Number of Years

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ✓
(e) Means of injury

23. Signature Thomas B. Green M. D.
Address 3009 Evergreen Ave Date signed Apr 9/40

Apr 9 1940 Thomas for Williams Registrar

VS 3

PLEASE WRITE PLAINLY, with unfading ink. Any [illegible] correct age is especially important. Physicians: please write the causes of death clearly and legibly.

26848 - sB

68186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 68186

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs., 6 mo., 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 752 W. Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward E. Ward

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Alice V. Ward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/2/1864

8. AGE: Years	Months	Days	If less than one day
75	10	6	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business Formerly with Balto. Transit Co.

FATHER
12. Name George Ward
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Crown
15. Birthplace Wash., D. C.

16 (a) Informant Records Charles Wesley Ward
(b) Address Balto. City Hosps. 1110 Wood Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 10 1940 (month) (day) (year)
(c) Cemetery or crematory Woodfield
Location Damascus, Md.

18 (a) Funeral director Edward M. Blight Jr
(b) Address 4914 Belair Road

19 (a) (Date rec'd by registrar) (b) Huntington, Maryland (Registrar)

APR 9 1940

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-8- 1940, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-21- 1937 to 4-8- 1940, and that I last saw h[illegible] alive on 4-8- 1940.

Immediate cause of death [illegible]

Due to G-S. Hem. Dis. Gen. G-S.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

Duration
4 days
1 yr
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address Balto. City Hosp. Date signed 4-8-40

48760--FU

F 68187

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-D

F 68187 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6mo.9das.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1625 N. Milton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Murray

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-8424

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Amelia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-14-13

8. AGE: Years	Months	Days	If less than one day
27	0	23	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business Glen L. Martin

FATHER
12. Name Earl
13. Birthplace Md.

MOTHER
14. Maiden Name Lazette Martin
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10 1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Greenmount - Maryland
(a) Funeral director John C. Miller, Inc.
(b) Address 1435 E. Oliver St.
19 (a) 10/9 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7 1940, at 7.50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-28 1939, to 4-7 1940, and that I last saw h/his alive on 4-7 1940.

Immediate cause of death: Carcinoma rectum — Duration: one & months
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Kuhadenad Jr. M. D.
Address Balto City Hosp. Date signed 4-8-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 68188

F 68188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1040 W Fayette St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give name)
(d) Street No. 1040 N Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bettie Sterling

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife John Sterling

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5 97

8. AGE: Years 42 46 Months 10 Days 7 If less than one day hr. min.

9. Birthplace Louisa Co. Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Jacob Henry

13. Birthplace Louisa Co. Va

MOTHER 14. Maiden Name Charity

15. Birthplace Va

16 (a) Informant John Sterling

(b) Address 1040 W. Fayette St.

17 (a) (Burial, cremation, or removal) (b) Date thereof April 11, 1940 (month) (day) (year)

(c) Cemetery or crematory Arbutus Memorial

Location

18 (a) Funeral director Mrs Katie R Williams

(b) Address 322 N. Schroeder St

19 (a) APR 9 1940 (b) Signature of Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1940 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 1940 to April 7 1940 and that I last saw alive on April 7 1940

Immediate cause of death Carcinoma of Breast — Duration 7 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]

Address Date signed April 1940

Please write plainly. Physicians: please write the causes of death clearly and legibly. Be sure to answer every question. Be sure to correct age is especially important.

Spec.—8-16-39—L. P. S.—100 Blks.

F 68189 ✓ F 68189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 Mulberry ST. 17-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Pearl Mays

(a) RESIDENCE NO. 712 Mulberry ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of John Mays

6 DATE OF BIRTH (month, day, and year) 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Newberry S. C.

PARENTS

10 NAME OF FATHER Henry Davis

11 BIRTHPLACE OF FATHER (city or town) (State or country) Newberry S. C.

12 MAIDEN NAME OF MOTHER Ida Higgins

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Newberry S. C.

14 Informant Annie Harrison

(Address) 712 Mulberry St

15 Filed Huntington Williams M.D. Registrar

APR 9 1940

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 6, 1940

17 I HEREBY CERTIFY, That I attended deceased from April 1. 1940. to April 6. 1940. that I last saw h[illegible] alive on April 1. 1940 and that death occurred, on the date stated above, at 1 A m.

The CAUSE OF DEATH* was as follows:

Aortic insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) J. Douglas Sheppard M. D.

4-9-1940 (Address) 1063 Myrtle ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL April 10 1940

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 N Schroeder St

IMPORTANT. See Instructions on back of certificate.

F 68190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

54075

F 68190 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 4940 Eastern Ave.
(b) Street address
(c) Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town) 818 Druid Hill Ave.
(d) Street No. (If rural give location)
If foreign born, how long in U. S. A.? years

M-1

3 (a) FULL NAME Katie Johnson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4 Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1900

8. AGE: Years	Months	Days	If less than one day
39 40	9	10.	hr. min.

9. Birthplace Md (City, county, and state)
10. Usual Occupation
11. Industry or business Laundress Mathews

FATHER
12. Name Md.
13. Birthplace Catherine ?

MOTHER
14. Maiden Name Md.
15. Birthplace Records

16 (a) Informant Baltimore City Hospitals
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-11-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director A. Halstead
(b) Address 818 Druid Hill

APR 9 1940
(Date rec'd by registrar) (b) Registrar

Huntington Hillsdale

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-8- 1940 at 1 25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-24- 1940 to 4-8- 1940 and that I last saw h er alive on 4-8- 1940.

Immediate cause of death	Duration
Intracranial Hemorrhage	16 days
Due to Hypertensive CVD	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp. Date signed 4-8-40 M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 68191 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 da.

(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 310 Myrtle Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hilda Street (54235)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Fred

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25, 1908

8. AGE: Years	Months	Days	If less than one day
32		11 10	hr. min.

9. Birthplace Md.

10. Usual Occupation H. W. (Town, county, and state)

11. Industry or business

FATHER

12. Name Herman Jones

13. Birthplace ??

MOTHER

14. Maiden Name Florence

15. Birthplace Md.

16 (a) Informant Hospital Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-9-40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director A. Halstead

(b) Address 918 Dulaney Place

19 (a) Date received by registrar 1940 (b) Registrar's signature

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5, 1940, at 4:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 29, 1940, to April 5, 1940, and that I last saw her alive on April 5, 1940.

Immediate cause of death

(a) Tuberculosis of the lung

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

day 7 3y

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Adams M. D.

Address Balto. City Hospital Date signed 4-5-40

68192

HEALTH DEPARTMENT—CITY OF BALTIMORE

68192

CERTIFICATE OF DEATH

159

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1366 N. Fremont Ave. St., 15th Ward)

Length of residence in city or town where death occurred yrs. mos 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Patterson.

(a) Residence: No. 1366 N. Fremont St., 15th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) .....

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME David Parks

14. BIRTHPLACE (city or town) Balto. Md (State or country)

MOTHER

15. MAIDEN NAME Rachel Patterson

16. BIRTHPLACE (city or town) Balto. Md (State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL APR 9 1940

Commissioner of Health

19. UNDERTAKER .....
(Address) Per H. A. Moore

20. FILED APR 9 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 1 1940 to April 6 1940

I last saw h.. alive on April 6th 1940 Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Bronchial atelectasis	
Other contributory causes of importance:	

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) A. G. Gwynn M. D.

(Address) 1014 Druid Hill Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Also state OCCUPATION in very important. See instructions on back of certificate.

5533

F 68193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 170-C ✓

Registered No. F 68193

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D.O.A. St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County County-Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. Wilkens Ave. near Maiden Choice Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? Balto Co. years

3 (a) FULL NAME Maylon Martin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Edward H. Martin
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: about 65 | Months | Days | If less than one day: hr. min.

9. Birthplace Lansdowne, Md. (Town, county, and state)

10. Usual Occupation Farm Laborer

11. Industry or business

FATHER
12. Name James Richard Martin
13. Birthplace Lansdowne, Md

MOTHER
14. Maiden Name Margaret Durall
15. Birthplace Anne Arundel Co

16 (a) Informant Howard H. Martin
(b) Address Stonewall Park

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-1940 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Memorial
Location Washington Boulevard

18 (a) Funeral director Easton Sons
(b) Address Ellicott City, Md.

19 (a) APR 9 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION 11 30p

20. DATE OF DEATH April 7 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Crushing Injury of Chest
Rupture of Heart & Aorta — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/7/40
(c) Where did injury occur? Balto Co Wilkins Ave near Catonsville (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian - struck by auto

23. Signature H. H. Pondelesight M.D. Medical Examiner.
Date signed 4/8/40

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

68194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 68194

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Where exact information is not known, approximate as nearly as possible. Please give full name of deceased, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland F 4058
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
Street No. 409 N. Fulton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew Bowers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife 2-23-39

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months 3 | Days 16 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Andrew J Bowers
13. Birthplace Md

MOTHER 14. Maiden Name Lillian Duty
15. Birthplace Md

16. (a) Informant Andrew J Bowers
(b) Address 409 N Fulton Ave

17. (a) Burial (b) Date thereof 4-10-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cathedral
Location Baltimore Md

18 (a) Funeral director Geo A Kelly
(b) Address Fallsway & Fayette

19 (a) APR 9 1940 Huntington Williams, Md. Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-8 1940 at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7- 1940 to 4-8 1940 and that I last saw h alive on 4-8- 1940

Immediate cause of death Pneumonia (lobar) — Duration 3 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J M Collins M D
Address Bon Secours Hospital Date signed 4-8-40 M. D.

F 68195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 68195

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1129 Parrish st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1129 Parrish st (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

6

3 (a) FULL NAME CLAIBORNE SCHAEFFER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
m	Col	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Richmond Va (Town, county, and state)

10. Usual Occupation Hodcarrier

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Va

MOTHER
14. Maiden Name Unknown
15. Birthplace Va

16 (a) Informant Allen Schaeffer
(b) Address 1129 Parrish st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-40 (month) (day) (year)
(c) Cemetery or crematory Mt Lebanon
Location Balto Md

18 (a) Funeral director Jas. Ivy. Skinner
(b) Address 927 N. Mount

19 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9th 1940, at 7 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ (Autopsy or Inquest) thereon and from the evidence obtained by said ~~autopsy~~ (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
arteriosclerotic heart disease	—
Due to	
Due to	
Other Conditions Urinary calculi (bladder)	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallamelon M.D. Medical Examiner.
Date signed 4-9-40

VS 6

USE WHITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as directed on other side of this form. Physicians: please write the causes of death clearly and legibly. Special attention is especially important.

F 68196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 68196

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Haubert St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Haubert St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Alexander

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-6631

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary Stanke Alexander

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1886

8. AGE: Years 53 | Months 9 | Days 24 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Tally clerk

11. Industry or business Steamship

FATHER
12. Name Charles Alexander
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Mary Alexander
(b) Address 1414 Haubert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location O'Donnell Street

18 (a) Funeral director Margaret A Flynn
(b) Address 1422 Light St.

19 APR 9 1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9th 1940, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1940 to April 9 1940, and that I last saw h[illegible] alive on April 8 1940.

Immediate cause of death: Bronchopneumonia
Due to: Tuberculosis of Lungs.
Due to: Acute Dil. of Heart.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

10 Yes 1 No 2

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature Jno. J. Munn M. D.
Address 516 Cathedral St. Date signed 4-9-40

Please write plainly. Physicians: please write the causes of death clearly and legibly. Statement of date of birth and correct age is especially important.

VS 3

CGK

55803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91

Registered No. F 68197

F 68197

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 D
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 106 N. Collington Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles C. Baker (CHARLES C. BAKER)

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 218-09-8971

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Isabelle

6 (c) If alive, give age 62? years

7. Birth date of deceased (mo., day, yr.) June 9, 1872

8. AGE: Years 67 | Months 68 | Days 9 | If less than one day: 26 hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business US Ind. Chem. Co.

FATHER
12. Name August Baker
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Brehm
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 10. 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Butler, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address 400 Baltimore & Broadway.

19 (a) APR 9 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 5 1940, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-15- 1940 to 4-5- 1940 and that I last saw h[illegible] alive on 4-5- 1940.

Immediate cause of death: Cardiac Failure — Duration: 1 yr.
Due to Gen. Arteriosclerosis — Duration: 7
Due to — Duration:
Other Conditions — Duration:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Partial Gen. AE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Wagenheim M. D.
Address Balto City Hosp. Date signed 4-5-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 68198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 68198

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2770 Tivoly Ave.
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2770 Tivoly ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Katherine Kahmer

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem.	Wh.	Married

6 (b) Name of husband or wife Chas. Kahmer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 7, 1874

8. AGE: Years	Months	Days	If less than one day
65	5	1	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name James D. Horstman
13. Birthplace Baltimore

MOTHER
14. Maiden Name Agnes Carlton
15. Birthplace Baltimore

16 (a) Informant Charles F. Kahmer
(b) Address 2770 Tivoly Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11, 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore
18 (a) Funeral director H. Sander & Son Inc.
(b) Address Baltimore & Broadway

19 (a) APR 9 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-8 1940 at 5 50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7 1940 to 4-8 1940 and that I last saw her alive on 4-8 1940

Immediate cause of death Lobar Pneumonia Both
Congestive heart failure
Chronic nephritis
Diabetes mellitus

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Lobar pneumonia both lungs chronic nephritis diabetes mellitus

Duration: 3 days, 6 wks.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence 1940
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McClafferty M.D.
Address Bon Secours Hosp. Date signed 4-8-40

VS 8

PRESS WHITE PANEL, WRITE OVERLYING SHEETS. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 68199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 68199

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution: Baltimore Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 wk.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. Biddle & McCulloh Sts
N.E.C. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mollie M. Dendrias (Mary F. Cunningham)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	Wh.	Single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/9/1859

8. AGE: Years	Months	Days	If less than one day
80	6		hr. min.

9. Birthplace Washington DC. (town, county, and state)

10. Usual Occupation Religious

11. Industry or business

FATHER 12. Name John Cunningham
13. Birthplace Ireland

MOTHER 14. Maiden Name Margaret Hughes
15. Birthplace Ireland

16 (a) Informant Rel. Sis. Mission Helpers
(b) Address Biddle & McCulloh

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/40 (month) (day) (year)
(c) Cemetery or crematory Mission Helpers Lot
Location Towson, Md

18 (a) Funeral director George J. Potts Inc
(b) Address 1200 Harford Ave

19 (a) APR 9 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-9-40 19 at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2 1940 to 4-9 1940 and that I last saw her alive on 4-9 1940

Immediate cause of death Bronchopneumonia — Duration 10 days

Due to

Due to

Other Conditions Senility.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. J. Mendelis M. D.
Address Mercy Hosp Date signed 4-9-40

PLEASE WRITE PLAINLY, with ordinary pen and ink. Fill in all blanks by typewriting or printing the causes of death clearly and legibly. Give the correct age in all cases where it is known, even approximately, if not accurately. Data regarding parentage is especially important. Physicians: please write the cause of death in such terms as will convey to the lay mind a definite and unmistakable impression of the disease or other morbid condition which caused death. Do not use abbreviations or technical terms.

VS 3

F 68200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1939

F 68200 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Maryland Gen. Hosp.
(c) Hospital or institution: Madison & Linden Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 502 E. 27th St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Norris H. Martin (Norris H. Martin)

3 (b) If veteran, name war No

3 (c) Social Security Account No. NONE

4. Sex Male

5. Color or race White

6 (a) Single, married, ~~widowed~~, or divorced Widowed

6 (b) Name of husband or wife Elizabeth A. Martin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 31st 1859

8. AGE: Years 80 | Months 5 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county and state)

10. Usual Occupation None Retired

11. Industry or business Carpenter

FATHER
12. Name Lawson K. Martin
13. Birthplace Maryland

MOTHER
14. Maiden Name Miss Jane Hemming
15. Birthplace Maryland

16 (a) Informant Rev. George W. Haddaway
(b) Address

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 4/13/40 (month) (day) (year)

(c) Cemetery or crematory Balto
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) APR 10 1940 Huntington Ave Balto Md
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-9 1940, at 5:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-25 1940 to 4-9 1940 and that I last saw him alive on 4-9 1940.

Immediate cause of death Chronic Myocarditis — **Duration**

Due to Arteriosclerosis

Due to

Other Conditions Cirhosis Liver
Rt. Inguinal Hernia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. C. Post

Address Maryland Gen. Hosp. Date signed 4/9/40

F 68201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 68201

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1420 W Lexington
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1420 W Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Schaffer

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 10 1855

8. AGE: Years 84 | Months 11 | Days 28 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Saturn
13. Birthplace Balto Md

MOTHER
14. Maiden Name Catherine Seage
15. Birthplace Balto Md

16 (a) Informant Margaret E Trott
(b) Address 207 Mallow Hill Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto. Md.

18 (a) Funeral director Wilkins Cook
(b) Address 1217 St. Paul St. Balto Md

19 (a) APR 10 1940 (Date received by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION 6 45

20. DATE OF DEATH April 8 1940, at a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 25 1940 to Apr. 7 1940, and that I last saw HER alive on Apr. 7 1940.

Immediate cause of death: Exhaustion — Duration: 2 days
Due to: Arteriosclerosis (Indefinite)
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. F. Campbell M. D.
Address 1644 Hanover St. Date signed 4. 8. 40

Permit age is especially important. Physicians: please write the cause of death clearly and legibly.

F 68202

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 68202

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 741 Ramsay St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 741 Ramsay St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michael Triabondt

3 (b) If veteran, name war
3 (c) Social Security Account No. 218-09-6835

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 17 1869

8. AGE: Years 71 | Months 2 | Days 22 | If less than one day: hr. min.

9. Birthplace, Baltimore Md (Town, county, and state)
10. Usual Occupation Candy Maker
11. Industry or business Bloom Candy Co

FATHER
12. Name Michael Triabondt
13. Birthplace Baltimore Co Md

MOTHER
14. Maiden Name Mollie Mintz
15. Birthplace Baltimore Co Md

16 (a) Informant Anne McKenney
(b) Address 741 Ramsay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 12 1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Mahoney Son
(b) Address 1217 E Fort Av

19 (a) Registered APR 10 1940 (Date received by registrar) (b) Registrar Huntington Williams, M.D.

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 13 1939, to APR 9 1940, and that I last saw him alive on APR 9 1940.

Immediate cause of death: ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE — Duration: 1938
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations NONE
Of autopsy NONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: ~
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward F. Mclaughlin M. D.
Address 682 Washington Blvd Date signed 4-9-40

F 68203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B Registered No.

F 68203

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) Hospital or institution:
Home for Aged of M. E. Church
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice Wilson

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex Female | 5. Color or race White | 6 (a) Single, ~~married, widowed, or divorced~~ Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 7th 1863

8. AGE: Years	Months	Days	If less than one day
76	11	1	hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)
10. Usual Occupation At Home for Aged
11. Industry or business

FATHER
12. Name Robert Wilson
13. Birthplace Penna

MOTHER
14. Maiden Name Alice Royston
15. Birthplace Penna

16 (a) Informant Record Home for Aged
(b) Address of M. E. Church

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Chestnut Grove
Location Sweet Air Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Date rec'd by registrar APR 10 1940 Signature of registrar [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1940, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 13 1940, to Apr. 8 1940, and that I last saw ~~he~~ she alive on Apr 5 1940.

Immediate cause of death Chr. Endocarditis
Cerebral Embolism.
Due to
Due to
Other Conditions Chr. Nephritis.
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy not done

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George E. Shannon M. D.
Address 700 N. Fulton Ave Date signed 4/9/40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 68204 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 937 N. Chester St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 18yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) ~~City no.~~ 937 N. Chester St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur Smith

3 (b) If veteran, name war W

3 (c) Social Security Account No. NONE

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of husband ~~or wife~~: Rose Smith
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 6 1873
8. AGE: Years 66 | Months 7 | Days 2 | If less than one day hr. min.
9. Birthplace Liverpool England (Town, county, and state)
10. Usual Occupation Retired Master Sergeant
11. Industry or business U. S. Army

FATHER
12. Name Unknown Smith
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Meyer Cherkock
(b) Address 2618 Park Heights Terrace
17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/11/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ U. S. National
Location Balto Md.
18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St
19 (a) ~~Filed~~ APR 10 1940 (b) Hunter ~~Registrar~~ Witness

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1940, 9:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1940, to April 8 1940, and that I last saw him alive on April 8 1940.

Immediate cause of death: Acute Coronary Thrombosis — Duration: 3 hours
Due to: Arterio Sclerosis (generalized)
Due to:
Other Conditions: ✓
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: no
(b) Date of occurrence: ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury: ✓
23. Signature Joseph Patorny
Address 220 E Madison St Date signed 4/9/40

F 68205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 68205

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1616 N Gay St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1616 N Gay St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stella V. Poston

3 (b) If veteran, name war: no
3 (c) Social Security Acc. No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: John A Poston
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 2. 1874

8. AGE: Years 66 | Months 0 | Days 7 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown Kane
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore Md

16 (a) Informant John A Poston
(b) Address 902 E Monument St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 11 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Wilburn Bros
(b) Address 1217 E Pratt St.

19 (a) Filed APR 10 1940 (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1940, at 4:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from January 31 1939 to April 9 1940, and that I last saw her alive on April 6 1940.

Immediate cause of death: Myocarditis — Duration: 11 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benj. D. Hayden
Address 3114 Harford Rd Date signed 4/9/40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

68206

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68206

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 701 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Galtus Vincent

If U. S. Veteran specify WAR. None

(a) Residence: No. 614 W Baltimore St., ___ Ward. Baltimore
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	SINGLE

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 4- 1891

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
48	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME Galtus Vincent

14. BIRTHPLACE (city or town) (State or country) Charles County Md.

MOTHER

15. MAIDEN NAME Jennie Brown.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT University Hosp Staff
(Address) Baum & Lombard. sts.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 4-10 19 40

19. UNDERTAKER Wolfgang & Jackson
(Address) 916 Pine Ave

20. FILED APR 10 1940 19 ___ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-8- 1940

22. I HEREBY CERTIFY, That I attended deceased from 4/7 1940 to 4/8 1940

I last saw ___ alive on 4/8 1940 Death is said to have occurred on the date stated above, at 8:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Lobar pneumonia Type III	4/7/40
Bacteremia, Pneumococcus Type III	
Other contributory causes of importance	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Typing Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ___ 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) B. O. Hermes Jr. M. D.
(Address) University Hosp.

† state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 68207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940 F 68207 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1711 Bolton St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 Bolton St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Ferdinand Colquhoun Fisher

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mabel H. Fisher
6 (c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.) Dec-29-1873

8. AGE: Years 66 | Months 3 | Days 10 | If less than one day: hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Asst Co Comptroller

11. Industry or business Johns Hopkins Hospital

FATHER
12. Name Emile Fisher
13. Birthplace Germany

MOTHER
14. Maiden Name Emilie Saeger
15. Birthplace Baltimore Md

16 (a) Informant Mrs Mabel Fisher (wife)
(b) Address 1711 Bolton St

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof April-11-40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Sherrard Memorial Co.
(b) Address 108 Mount Cove.

19 (a) APR 10 1940 (Date received by Registrar) (b) Filed by [illegible] Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9, 1940, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940, to April 1940.
and that I last saw him alive on April 8, 1940.

Immediate cause of death: Coronary thrombosis — Duration: 2 months

Due to:

Due to: Cerebral hemorrhage — Duration: 3 months

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard P. Atkerson M. D.
Address 10 Whitehead Rd Date signed Apr 9/40

VS 3

PRINT WHITE PAPER, WITH ONE CARBON INK. Every item of information should be answered, or a satisfactory explanation given. Physicians: please write the causes of death clearly and legibly. Please write the correct age is especially important.

F 68208

68208 (Social Security 216-03-1282) ✓108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 Druid Hill Ave. St. 14-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel R. Jones

If U. S. Veteran specify WAR .....

(a) Residence: No. 1403 Druid Hill Ave. St., ... Ward. (SS 216-03-1282)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Ada R. Jones

6. DATE OF BIRTH (month, day, year): January 17th 1883

7. AGE — Years: 57 | Months: 2 | Days: 20. | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Marion Sta.

FATHER

13. NAME: Willie Jones

14. BIRTHPLACE (city or town) (State or country): Marion Sta.

MOTHER

15. MAIDEN NAME: Alice McRee

16. BIRTHPLACE (city or town) (State or country): Marions Sta

17. INFORMANT: Ada Jones

(Address) 1403 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Jins Cemtery Date April 10, 1940

19. UNDERTAKER: Archfield D. Hadley

(Address) 2701 W. Baltimore St

APR 10 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1940 to April 7, 1940

I last saw him alive on April 7, 1940. Death is said to have occurred on the date stated above, at 7:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	April 3
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Muse M. D.

(Address) 1344 Druid Hill Ave.

Information should be carefully supplied. Any unusual circumstances should be explained. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

V.S. 2

F 68209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 68209
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4614 Harford Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 yr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4614 Harford
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mattie Basehart

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife Henry Basehart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26, 1854

8. AGE: Years	Months	Days	If less than one day
85	11	14	hr. min.

9. Birthplace Holland (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Harvey Voselberg
13. Birthplace Holland

MOTHER
14. Maiden Name Anderson
15. Birthplace Holland

16 (a) Informant Mrs Ella Johnson
(b) Address 951 N Gay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 10/40 (month) (day) (year)
(c) Cemetery or crematory Mount Carmel
Location O'Donnell St

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

APR 10 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1940 at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940 to April 8 1940 and that I last saw her alive on 4/7 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 hr.
Due to Hypertension	
Due to	
Other Conditions Bronchopneumonia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas A Cochran M. D.
Address 2145 W Baltimore Date signed 4/8/40

V8 3

F 68210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68210 / 131-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2000 Block Belair Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2000 Block Belair Rd.
Baltimore Hebrew Cemetery Lots Houses
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Amaelia Rodgers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Albert L. Rodgers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 3-1865

8. AGE: Years 75 Months 0 Days 16 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

MOTHER / FATHER

12. Name Frederick Hoffman

13. Birthplace Frederick Md

14. Maiden Name Harriet Kaufman

15. Birthplace Maryland

16 (a) Informant Morton L. Rodgers

(b) Address 2506 Norwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-40 (month) (day) (year)

(c) Cemetery or crematory London Park, Location Edgerton Road

18 (a) Funeral director Wm. F. Gardner & Son

(b) Address North Avenue

19 (a) Registered by Huntington Williams M.D.

APR 10 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8, 1940, at 2:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 6, 1940, to April 8, 1940, and that I last saw her alive on April 8, 1940.

Immediate cause of death: Arteriosclerotic Cardio-vascular - renal Dis. — Duration: P

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. A. Swoman M. D.

Address 2340 Eutaw Pl. Date signed April 10, 1940

Please write clearly and legibly. Physicians: please write the causes of death clearly and legibly. Especially important.

F 68211 F 68211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 183-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2212 Roslyn Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2212 Roslyn Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nellie Agle Snow

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Albert F. Snow
6 (c) If alive, give age 70 years
7. Birth date of deceased (mo., day, yr.) Nov 24-1869

8. AGE: Years	Months	Days	If less than one day
70	4	15	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name Isaac R. Agle
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Wilhelmina Courts
15. Birthplace Baltimore Md

16 (a) Informant Albert F. Snow
(b) Address 2212 Roslyn Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto Co Md
18 (a) Funeral director H. J. Eggemeyer Sons
(b) Address North Penna
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1940 at 12 Noon
21. I certify that death occurred on the date above stated; that I attended deceased from 9/20 1939 to 4/9 1940, and that I last saw her alive on 3/28 1940

Immediate cause of death: Cerebral Hemorrhage (?) — Duration: Gunthan 1 hour ? ? ?

Due to: Hypertension Arteriosclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert A. Reitz M.D.
Address 340 E. Randolph Ave Date signed 4/10/40

APR 10 1940

F 68212

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 68212 Registered No.

Write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 202 Ridgemede Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 202 Ridgemede Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Max Paul Miller

3 (b) If veteran, name war: Spanish American
3 (c) Social Security Account No. None
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Leona B.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 3 1879
8. AGE: Years 61 | Months 0 | Days 5 | If less than one day hr. min.
9. Birthplace Berlin Germany (Town, county, and state)
10. Usual Occupation Heating + Plumbing
11. Industry or business Engineer. Warren Webster Co.

FATHER
12. Name John Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Emily Zeck.
15. Birthplace Germany

16 (a) Informant Mrs. Leona B. Miller
(b) Address 202 Ridgemede Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md
18 (a) Funeral director Kellogg & Dukes + Sons
(b) Address Mad + Pennsylvania Ave
19 (a) (Date rec'd by registrar) (b) Registrar's signature

APR 10 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1940, at 9a M

21. I certify that death occurred on the date above stated; that I attended deceased from March 25 1940, to April 8 1940, and that I last saw him alive on 4/7 1940.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to La Grippe	
Due to Acute bladder disease (Etiology undetermined)	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. L. Grandstaff M. D.
Address 1126 St. Paul St Date signed 4/9/40

68213

LB 54405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 68213 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 252 S. Dallas St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3-1

3 (a) FULL NAME Frances Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/19/1910

8. AGE: Years	Months	Days	If less than one day
29	3	17 19	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business unemployed

FATHER
12. Name Joseph (d)
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Bernie
15. Birthplace Baltimore

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/1940 (month) (day) (year)
(c) Cemetery or crematory Int Auburn
Location Woodpoint

18 (a) Funeral director Thos. E. Kelson
(b) Address 130 S. Presstman St

19 (a) (Date rec'd by registrar) (b) Registrar

R 10 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-9- 1940, at 12 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-4- 1940, to 4-8- 1940, and that I last saw h-e alive on 4-8- 1940.

Immediate cause of death Lobar pneumonia — Duration 10 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Lob. pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address Balto City Hosp. Date signed 4-9-40

Physicians: please write the cause of death clearly and legibly. Incorrect age is especially important.

68214

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a

Registered No. 68214

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 811 W. Lombard St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 811 W. Lombard Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Kearney

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife ✓
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) May 22, 1863

8. AGE: Years	Months	Days	If less than one day
76	10	17/16	hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation Clerk (retired)
11. Industry or business Griffith & Turner Co.

FATHER
12. Name Patrick Kearney
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Carroll
15. Birthplace Ireland

16 (a) Informant Miss Rose McKenna
(b) Address 811 W. Lombard Street

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Apr 11, 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Road

18 (a) Funeral director John J. Cowan & Son
(b) Address 901 Hollins Street

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION P

20. DATE OF DEATH April 8th, 1940, at 8.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1940, to April 8 1940, and that I last saw him alive on April 8 1940

Immediate cause of death	Duration
Arteriosclerotic Cardio - Renal Disease	4 yrs.
Due to	
Due to	
Other Conditions Coronary Thrombosis Benign Prostatic Hypertrophy	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Chester J. Lubinski M.D.
Address 624 N. Baldwin Date signed 4/9/40

APR 10 1940

F 68215

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

5439 F 68215

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2122 Etting St.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stewart Walker

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1867

8. AGE: Years	Months	Days	If less than one day
72	11	22	hr. min.

9. Birthplace Va.

(Town, county, and state)

10. Usual Occupation Old Age Pension

11. Industry or business

FATHER

12. Name John

13. Birthplace Va.

MOTHER

14. Maiden Name Mary Laws

15. Birthplace Va.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof Apr 10-40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Buried Apr 10/40

Location Mt Calvary

18 (a) Funeral director Adolphus Hall

(b) Address 9 E Eager St Balto

19 (a) Date received by registrar (b) Registrar

APR 10 1940

Vs 4

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-8- 1940, at 4:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2- 1940 to 4-8- 1940 and that I last saw him alive on 4-8- 1940

Immediate cause of death Cerebral Thrombosis — Duration 9 days

Due to Hypertension. CVD — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Murray Steele, M.D.

Address Balto City Hosp. Date signed 4-8-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

68216

CERTIFICATE OF DEATH

30-E

F 68216

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 10-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Gertrude Myers

If U. S. Veteran specify WAR

(a) Residence: No. 1106 Homewood Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ? ? 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? West Virginia

FATHER

13. NAME William Myers

14. BIRTHPLACE (city or town) (State or country) ? West Virginia

MOTHER

15. MAIDEN NAME Harriet Vanhorn

16. BIRTHPLACE (city or town) (State or country) ? West Virginia

17. INFORMANT Dr. Cox

(Address) 340

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 4/11, 1940

19. UNDERTAKER Stearns Lutz

(Address) 1203 W. Broadway

20. FILED APR 10 1940 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1940 to April 8, 1940

I last saw HER alive on April 8, 1940 Death is said to have occurred on the date stated above, at 1.47 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
SYPHILITIC C-V DISEASE	1933
BILATERAL HYDROTHORAX	?
ASCITES; ANASARCA	?
Other contributory causes of importance:	
ARTERIOSCLEROSIS	?
HYPERTENSION	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? LAB. Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Jno. James Boarman M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

68289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-nF 68217 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1424 Gough St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Christine Giemann

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-9-76

8. AGE: Years 64 | Months 3 | Days 5 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

MOTHER - FATHER

12. Name Carl Becker

13. Birthplace Germany

14. Maiden Name Helen Hobd

15. Birthplace Germany

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 4/11/40 (month) (day) (year)

(c) Cemetery or crematory Mount Carmel

Location Edmondson Ave.

18 (a) Funeral director Wendel J. Appel

(b) Address 1406 Gay St Baltimore, Md.

(Signature of Registrar) Registrar

APR 10 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1940, at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 4 1940 to Apr. 8 1940 and that I last saw her alive on Apr. 8 1940.

Immediate cause of death AZOTEMIA — Duration 4 Days

Due to HYDRONEPHROSIS, BILATERAL — 3 yrs

Due to CARCINOMA CERVIX

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. O. Sturgis Jr

Address Johns Hopkins Hosp. Date signed 4/8/40

VS 3

PLEASE WRITE IN INK. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68218

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D Registered No. F 68218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2210 Eastern Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2210 Eastern Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME ALFRED P. KURTZ.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Emily Kurtz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC 5 1872

8. AGE: Years	Months	Days	If less than one day
67	4	1	hr. min.

9. Birthplace Unknown (Town, county, and state)
10. Usual Occupation Retired Minister
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs Elsie Reisel
(b) Address 1240 Battery Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 14-11-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem-
Location Balto City

18 (a) Funeral director Bernard C Harle
(b) Address 121 E West St
19 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

APR 10 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6. 1940, at 11:30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to h— death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic heart disease	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wollenweber M.D.
Medical Examiner.
Date signed 4-6-40

F 68219

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B

F 68219

Registered No.

PRINT WHITE PRINCE, WITH UNFADING INK. Entry must be complete and accurate. Space must be filled in correctly and legibly. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Provident Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 34
(e) Length of stay in Baltimore (yrs., mos., or days) 36

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or town Newford News (If outside city or town limits, write RURAL and give town)
(d) Street No. 2221 Chestnut Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henretta Pleffer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	married

6 (b) Name of husband or wife Robert Pleffer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
49			hr. min.

9. Birthplace Richmond, Va (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Family (Present before death)
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-12-40 (month) (day) (year)
(c) Cemetery or crematory Richmond
Location Virginia

18 (a) Funeral director C. Halstead
(b) Address 1700 Jefferson Ave

19 (a) 4-9-1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

APR 10 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1940 at 12:20 A. M.

21. I certify that death occurred on the date above stated, that I attended deceased from March 6 1940, to March 10 1940, and that I last saw h[illegible] alive on March 10 1940.

Immediate cause of death	Duration
Intestinal obstruction	6 days
Due to	
Due to	
Other Conditions Adhesions	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. McDonald, M.D.
Address 844 W. Cary Date signed 4/10/40

68220
F 68220

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83a

F 68220

Registered No. 10 2640

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 525 W Lemmon St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 525 W Lemmon St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lonnie J. Smith
3 (b) If veteran, name war
3 (c) Social Security Account No. None
4. Sex Female
5. Color or race Negro
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Wm H. Smith
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 26 1905
8. AGE: Years 35 Months 1 Days 12 If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name James W. Johnson
13. Birthplace Kent Co. Md

MOTHER
14. Maiden Name Annie Ray
15. Birthplace Calvert Md

16 (a) Informant Wm H. Smith
(b) Address 525 W Lemmon
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 16 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Baltimore Md.
18 (a) Funeral director Mrs. Cora A. Holland
(b) Address 1681 Druid Hill Ave.
19 (a) APR 10 1940 (Date rec'd by registrar) (b) Filed by C. of Williams U.P. Assistant

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1940, at 7:10 AM
21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1940, to April 8 1940 and that I last saw him alive on April 8 1940.
Immediate cause of death Cerebral hemorrhage — Duration 4 hours
Due to
Due to
Other Conditions Hypertension — 5 months
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Wm H. Watts M.D.
Address 515 Lexington Date signed 4/10/40

VS 3

PLEASE WRITE PLAINLY, with unfading ink. Every item of information should be entered. If any item cannot be obtained, write "unknown." Do not leave blanks. Be sure to give full name of deceased, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 68224

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 102 Upnor Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 102 Upnor Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annette Rogers Jordan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: J. Warren Jordan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/16/60

8. AGE: Years 80 | Months 1 | Days 22 | If less than one day hr. min.

9. Birthplace: Phila, Pa. (Town, county, and state)

10. Usual Occupation: retired

11. Industry or business

FATHER
12. Name: Phila. Pa.
13. Birthplace

MOTHER
14. Maiden Name: Frances A. Mann
15. Birthplace: Phila. Pa.

16 (a) Informant: Annette J. Callis
(b) Address: 102 Upnor Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/10/40 (month) (day) (year)
(c) Cemetery or crematory: Mt. Olivet
Location: Fred. Ave. Balto. Md.

18 (a) Funeral director: John O. Mebbett & Son
(b) Address: 1900 Eutaw Place

19 (a) APR 10 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8, 1940, at 5.15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 10 1939, to Apr. 6 1940, and that I last saw h or alive on Apr. 6 1940.

Immediate cause of death	Duration
Coronary occlusion	1 hour
Due to Arteris-sclerosis	Unknown
Myocardial degeneration	"
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry T. Callenberg M.D.
Address 2 W. Read St. Date signed

VS 8

F 68222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

182 Registered No. F 68222

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland F 6955
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 ½ Chester St. (If rural give location) 633
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME BABY RUBY GAIL BURCHETTE or GALL

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 1st, 1940

8. AGE: Years | Months 1 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation boy
11. Industry or business

FATHER
12. Name Earl Burchette
13. Birthplace Virginia

MOTHER
14. Maiden Name Ruby Hirons
15. Birthplace Canada

16 (a) Informant mother - Ruby Burchette
(b) Address same address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL APR 10 1940
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 APR 10 1940 (Signature of registrar) Hunter Robertson Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1940, at 8¼ a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above.

Immediate cause of death Suffocation, bed clothes 18 h

Due to

Due to

Other Conditions, Communicable

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accidental
(b) Date of occurrence April 7, 1940
(c) Where did injury occur? 1001 ½ Chester St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work?
(Specify type of place)
(e) Means of injury overlaid by mother and suffocated in bed clothes

23. Signature Hunter Robertson Williams M.D.
Medical Examiner.
Date signed 4-7-40

F 68223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 68223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 220 E. University Parkway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 220 E. University Parkway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah A. Mc Devitt

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 10 - 1857

8. AGE: Years 83 | Months 2 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired School Teacher

11. Industry or business

FATHER
12. Name Edward Mc Devitt
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Morris
15. Birthplace Ireland

16 (a) Informant Family Records
(b) Address 220 E. University Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/12/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. P. Graul & Son
(b) Address 118 W. Mt. Royal Ave.

PR 10 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1940, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2 1940, to 4-9 1940, and that I last saw h.E.R. alive on 4-9- 1940.

Immediate cause of death — Duration
Cardiac Embolism — 2
Due to: Bronchopneumonia — 7 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George Segerson
Address 28 W 25th St. Date signed 4-10-40 M. D.

VS 3

F 68224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a V

Registered No. F 68224

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 605 E. Fort Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Socrates Theadoreou (Theodorou)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Anna Valasiatou

6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) Sept 22 1899

8. AGE: Years	Months	Days	If less than one day
40	6	17	hr. min.

9. Birthplace Lysa, Greece (Town, county, and state)

10. Usual Occupation storekeeper

11. Industry or business

FATHER
12. Name Nick Theadoreou
13. Birthplace Lysa, Greece

MOTHER
14. Maiden Name Penelopi Daniels
15. Birthplace Lysa Greece

16 (a) Informant Mrs. Anna Theadoreou
(b) Address 605 E. Fort Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn Md.

18 (a) Funeral director J. F. McCauley
(b) Address 130 E. Fort Ave.

Date received APR 10 1940 (Registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1940, at 12 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April, 1 1940. to April 9 1940. and that I last saw him alive on April 9, 1940.

Immediate cause of death

Peritonitis

Due to Ruptured Gastric Ulcer

Due to

Other Conditions Circulatory Collapse
(Include pregnancy within 3 months of death)

Major findings:
Of operations Ruptured Gastric Ulcer, Peritonitis Adhesions
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Lumpkin M. D.
Address Md. General Hosp. Date signed 4/9/40.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68225

CERTIFICATE OF DEATH

108

F 68225

1. PLACE OF DEATH Womans Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. 11-1 Ward)

Length of residence in Baltimore at time of death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen E. Stegmaier

If U. S. Veteran specify WAR

(a) Residence: No. 114 E. Eager St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nate George B Stegmaier

6. DATE OF BIRTH (month, day, year) 3-19-81

7. AGE 59 Years	Months 0	Days 20	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse (R.N.)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 3/40

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt Pleasant, Pa.

FATHER

13. NAME Thomas H Lood

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Johanna Minehan

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs. Elizabeth Adgie

(Address) 1208 Elmwood Ridge Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cathedral Date April 11 1940

19. UNDERTAKER Henry L Weitzke

(Address) 4101 Edmondson Ave

20. FILED APR 10 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-9-40, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-21-40, 19, to 4-9-40, 19

I last saw her alive on 4-9-40, 19. Death is said to have occurred on the date stated above, at 6.25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-20-40
Pneumococcus Meningitis	4-5-40
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) Richard W. Wortham M. D.

(Address) Womans' Hosp

VS 3

INFORMATION REQUIRED BY CERTIFICATE MUST BE GIVEN AS FAR AS KNOWN. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

F 68226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 68226 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2704 Pelham Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2704 Pelham Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary M.Musch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Herman H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 11, 1874

8. AGE: Years	Months	Days	If less than one day
65	5	28 27	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER

12. Name Schrifferer

13. Birthplace not known

MOTHER

14. Maiden Name not known

15. Birthplace " "

16 (a) Informant Howard H.Musch

(b) Address 2704 Pelham Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11/40 (month) (day) (year)

(c) Cemetery or crematory Mt.Carmel Cem.

Location 5712 ODonnell St.

18 (a) Funeral director Laurence F. Hoffmann

(b) Address 2723 E. Preston St.

19 APR 11 1940 (Date received) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 8 1940, at 11 00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1940 to Apr 8 1940, and that I last saw h.M. alive on Apr 7 1940

Immediate cause of death Hypertensive Cardiovascular Renal Chr Myocarditis — Duration 7/27 2-6-40

Due to Myocardial Failure

Due to

Other Conditions None.

(Include pregnancy within 3 months of death)

Major findings:

Of operations None.

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide None.

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature E.A. Schemmuck M. D.

Address 842 S - Patterson Date signed 4-9-40

F 68227

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 190-D

F 68227 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Aa.
(c) City or town Annapolis. (If outside city or town limits, write RURAL and give town)
(d) Street No. 174 Chestnut St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David Bell

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Apr 27 1930
8. AGE: Years 9 | Months 11 | Days 13 | If less than one day hr. min.
9. Birthplace Annapolis (Town, county, and state)
10. Usual Occupation school boy
11. Industry or business

FATHER
12. Name William Bell
13. Birthplace Annapolis

MOTHER
14. Maiden Name Lennia Gray
15. Birthplace West Point, A.A. Co.

16 (a) Informant William Bell
(b) Address 174 Chestnut St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 14/40 (month) (day) (year)
(c) Cemetery or crematory Brewer Hill
Location Annapolis

18 (a) Funeral director J. B. Johnson
(b) Address Annapolis

19 (a) Date filed APR 11 1940 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-10- 1940 at 4.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-28- 1940 to 4-10- 1940 and that I last saw him alive on 4-10- 1940.

Immediate cause of death: Pericarditis with Effusion (Etiology unknown) — Duration: 3 wks?
Due to
Due to
Other Conditions Cardiac failure.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. F. Maloney M. D.
Address Provident Hospital. Date signed 4/10/40

F 68228

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-D

F 68228 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3336 Old Frederick Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
2047 (d) Street No. 3336 Old Frederick Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph B. Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Amelia Taylor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 1, 1881

8. AGE: Years	Months	Days	If less than one day
58 59	8	8	hr. min.

9. Birthplace Westminster, Md. (Town, county, and state)
10. Usual Occupation Millinery Salesman
11. Industry or business

FATHER 12. Name Joseph henry Taylor
13. Birthplace Cuthbert Georgia

MOTHER 14. Maiden Name Henrietta Scott
15. Birthplace Bruceville Md.

16 (a) Informant Mrs. Joseph B. Taylor, Jr.
(b) Address 3336 Old Frederick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11, 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Baltimore, Md.
18 (a) Funeral director [illegible]
(b) Address 1400 E. Baltimore St.
(c) Huntington Williams Mgr.

APR 11 1940 (Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 9 1940 to April 9 1940 and that I last saw him alive on April 8 1940.

Immediate cause of death Pneumonia Terminal — Duration 3 Days
Due to Tuberculosis Pulmonary Chronic
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Elliot W. Johnson M. D.
Address 3432 Frederick Ave. Date signed

F 68229

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91

F 68229 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2437 Barclay St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 78 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2437 Barclay St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susan Ruth Clotworthy

3 (b) If veteran, name war — No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife George H
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8. 1862

8. AGE: Years	Months	Days	If less than one day
78	9	0	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edward Moyer
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Crook
15. Birthplace Highland Falls N. Y.

16 (a) Informant Margaret Melcher
(b) Address Detroit Mich

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Fullerton Co
(b) Address 1219 E Lanvale St

19 (a) Date rec'd by Local Reg. APR 11 1940 (b) Filed by Registrar Fullerton V.P.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1940, at 9:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 23 1940, to April 8 1940, and that I last saw h[er] alive on April 8 1940.

Immediate cause of death	Duration
Gastric Hemorrhage	
Due to Arteriosclerosis	
Due to Senility	
Other Conditions Generalized Arteriosclerosis Malnutrition (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry M Robinson Jr. M.D.
Address 244 N. Milton St Date signed 4/9/40

Please write plainly with pen or pencil. Physicians: please write the causes of death clearly and legibly. Date of correct age is especially important.

F 68230

OCK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

5458 F 68230 Registered No.

PLEAR WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 422 S. Macon St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

261

3 (a) FULL NAME Lucia Polites

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Mathew

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862- ? - ?

8. AGE: Years	Months	Days	If less than one day
78	?	?	hr. min.

9. Birthplace Greece (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Constantine Kuluda
13. Birthplace Greece

MOTHER
14. Maiden Name Angeline ?
15. Birthplace Greece

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 11-1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Near Baltimore, Md

18 (a) Funeral director John R. Byers
(b) Address Westminster, Md.

19 (a) (Date received by registrar) (b) Filed APR 11 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-9 1940, at 12-40 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-5 1940, to 4-9 1940, and that I last saw her alive on 4-8 1940.

	Duration
Immediate cause of death Bronchopneumonia	four days
Due to Decubitus ulcers of back, hip, foot	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Kirkwood M.D.
Address Balto City Hosp. Date signed 4-9-40

68231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 68231

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University of Maryland St. 4-3 W.

Registered No. 107

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 7 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Robert Levere Carr

If U. S. Veteran specify WAR

(a) Residence: No. Westminster St., Ward. Carroll Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	S

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/17/39

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Maryland

FATHER

13. NAME George Francis Carr

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Grace E. Campbell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT George F. Carr

(Address) Westminster, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Striders Cem. Date Friday 12, 1940

19. UNDERTAKER H. Bankard & Son

(Address) Westminster, Md.

RECEIVED APR 11 1940 Registrar. Williams, H.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1940 to April 10, 1940

I last saw h.. alive on April 10, 1940 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	Life
Anuria Anemia	

Other contributory causes of importance:

Bronchopneumonia	1wk

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry A Beale M. D.

(Address) Westminster, Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

68232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-aF 68232 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days 23
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimorey Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 145 W. West St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Artie Arthur

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Alva Arthur
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Aug 6/1906
8. AGE: Years 33 34 | Months 8 | Days 2 | If less than one day hr. min.
9. Birthplace: Kent Kuntz. (Town, county, and state)
10. Usual Occupation: Womestic
11. Industry or business

FATHER
12. Name: Page Wentsbush —
13. Birthplace: Kent Kuntz

MOTHER
14. Maiden Name: Mc Linda Mcgee —
15. Birthplace: Kent Kuntz

16 (a) Informant: Alva Lee Arthur
(b) Address: 145 W West Street

17 (a) (Burial, cremation, or removal) (b) Date thereof 4 (month) 12 (day) 1940 (year)
(c) Cemetery or crematory: Mt. Calay Cemtry
Location: Balto. Md.

18 (a) Funeral director: Walter B. Spriggs
(b) Address: 139 W Hamby St.

19 (a) Date rec'd APR 11 1940 (b) (Huntington Williams M.D.)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-8- 1940 11.35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-6- 1940 to 4-8- 1940 and that I last saw h-ey alive on 4-8- 1940

Immediate cause of death: Hypertensive Cardio-Renal Disease — Duration ? .
Due to: Mitral insufficiency — ?
Due to: Chronic Interstitial Nephritis ?
Due to:
Other Conditions: Uremia (10 days)
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: C. F. Maloney M. D.
Address: Provident Hospital Date signed 4/8/40

VS 1

F 68233

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 68233 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3203 Abell Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3203 Abell Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

12

3 (a) FULL NAME HERMAN EHRLICH

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-1620

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1876

8. AGE: Years	Months	Days	If less than one day
63 65	6	21	hr. min.

9. Birthplace Georgia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Edward Ehrlich
13. Birthplace Germany.

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany.

16 (a) Informant Mr. Oscar Hoffman.
(b) Address 3203 Abell Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/40 (month) (day) (year)
(c) Cemetery Oheb Shalom
Location Baltimore, Md.

18 (a) Funeral director [illegible]
(b) Address 1902 Eutaw Place.

19 (a) APR 11 1940 (b) [illegible] Baltimore, Md.

VS 3 . .

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10th. 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 29 1929 to Apr 10 1940 and that I last saw h[illegible] alive on Apr 10 1940.

Immediate cause of death

Apoplexy

Due to Hyperten[illegible]

Due to

Other Conditions Cardiac [illegible]

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
3 mos
12 days
24 hours

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 2438 Maryland Ave Date signed

F 68234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 68234

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 weeks
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 3308 Auchentoroly Terrace (If rural give location.)
(e) If foreign born, how long in U. S. A.? ? years

3 (a) FULL NAME Emanuel Rosenblatt

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Bertha Rosenblatt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14 1862

8. AGE: Years	Months	Days	If less than one day
77	3	26	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired - Real Estate
11. Industry or business

FATHER
12. Name — Rosenblatt
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr. J. Rosenblatt
(b) Address 3308 Auchentoroly Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Baird Sonneborn Son
(b) Address 1902 Eutaw Place

(a) APR 11 1940 (Date received by registrar) Huntington Willis Allen M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1940, at 7:14 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 4 1940, to April 10 1940, and that I last saw him alive on April 10 1940.

Immediate cause of death	Duration
Hypostatic bronchopneumonia	3 weeks
Due to	
Due to	
Other Conditions Arteriosclerosis, hypostatic hypostasis (Include pregnancy within 3 months of death)	F 1940.

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Pillar M. D.
Address Sinai Hospital Date signed 4-10-40

68235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54349 F 68235

Registered No.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 Woodyear St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura Tilghman

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married (Sep)

6 (b) Name of husband or wife Alexander

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1896

8. AGE: Years	Months	Days	If less than one day
43	10	8	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Moses Diggs
13. Birthplace Va.

MOTHER
14. Maiden Name Martha ?
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thos. E. Kelly
(b) Address 1303 Park Lanman St.

APR 11 1940 (Registered by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7 1940, at 1A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3 1940, to 4-7 1940, and that I last saw h[illegible] alive on 4-6 1940.

Immediate cause of death Generalized peritonitis — Duration 5 days

Due to Gangrenous appendicitis with perforation — 5 days

Due to

Other Conditions Diabetes mellitus — ?
Uterine fibromyomata
(Include pregnancy within 3 months of death)

Major findings:
Of operations Appendicitis and peritonitis
Of autopsy Not Completed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 4-7-40

VS 3

68236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 192-7

F 68236 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 207 N Fremont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) ~~County~~
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 207 N. Fremont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Hattie M. Moore

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife James Moore

6 (c) If alive give age years

7. Birth date of deceased (mo., day, yr.) Sept 2, 1883

8. AGE: Years 57 Months 7 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md. (Town, county, and state).

10. Usual Occupation Beautician

11. Industry or business

FATHER
12. Name James Matthews
13. Birthplace Balto Md

MOTHER
14. Maiden Name Agnes Simms
15. Birthplace Balto Md

16 (a) Informant Gertrude Matthews
(b) Address 207 N Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director Irvine Feaney & Timothy
(b) Address 578 N. Biddle St.

19 (a) Filed Apr 11 1940 (b) Registrar [illegible] Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1940 at 10:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1940 to April 8 1940 and that I last saw h[illegible] alive on April 4 1940.

Immediate cause of death: Myocardial Insufficiency
Due to: Arteriosclerosis
Due to:
Other Conditions: Pulmonary Edema
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. F. Mozeé M. D.
Address 608 Cathedral St Date signed 4/10/40

F 68237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1186-a

F 68237 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 302 S Chester St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michael A Korycki

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-2764

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married (Wife)

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902 ?

8. AGE: Years	Months	Days	If less than one day
37 38			hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Labor.

11. Industry or business

FATHER
12. Name John Korycki.
13. Birthplace Poland

MOTHER
14. Maiden Name Katherine Mach
15. Birthplace Poland

16 (a) Informant Katherine Korycki.
(b) Address 302 S Chester st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-14 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore Md

18 (a) Funeral director George A Weber
(b) Address 705 S Amity st

19 (a) (b)

APR 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1940, at 10½a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said .. find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Fractured skull
Cerebral hemorrhage
Edema of brain

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/9/40
(c) Where did injury occur? City Jail (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Fell during epileptic attack

23. Signature H Wandell M.D. (Medical Examiner.)

Date signed 4/10/40

F 68238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 68238 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Canada. (If outside city or town limits, write RURAL and give town)
(d) Street No. Bowie Race Track (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FRANK RYAR.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	Wh.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 15, 1874.

8. AGE: Years	Months	Days	If less than one day
66.	-	26	hr. min.

9. Birthplace Canada. (Town, county, and state)
10. Usual Occupation Blacksmith
11. Industry or business Race Track.

FATHER
12. Name George Ryar.
13. Birthplace

MOTHER
14. Maiden Name Margaret Grimland.
15. Birthplace

16 (a) Informant Hospital
(b) Address

17 (a) (Burial, cremation or removal) (b) Date thereof 4, 14, 40 (month) (day) (year)
(c) Cemetery or crematory St Marys
Location Laurel Md

18 (a) Funeral director Floyd Ramey
(b) Address Laurel Md

19 (a) Date received by Registrar APR 11 1940 (b) Signature of Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-11- 1940, at 2:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-8- 1940 to 4-11- 1940, and that I last saw him alive on 4-11- 1940.

Immediate cause of death	Duration
Cerebral Thrombosis.	3da.
Due to Cerebral Hemorrhage.	
Due to Arteriosclerosis	
Other Conditions Hypertension.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None.
Of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isadore Lahr
Address West Balto. Md. Date signed 4/11/40

F 68239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 68239

1. PLACE OF DEATH Provident Hospital 107 Registered No.

CITY OF BALTIMORE: (No. 1514 Division St. 16 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joyce Cole If U. S. Veteran specify WAR

(a) Residence: No. 920 Carrollton Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 10, 1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11 10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Charles Cole

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER

15. MAIDEN NAME Edith Young

16. BIRTHPLACE (city or town) Va (State or country)

17. INFORMANT Edith Cole
(Address) 920 Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date April 11th, 19 40

19. UNDERTAKER E W Dean
(Address) 1000 Brantley Ave

20. FILED APR 11 1940, 19 Registrar. Hamilton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1940

22. I HEREBY CERTIFY, That I attended deceased from 4-3-, 1940 to 4-8, 1940

I last saw her alive on 4-8, 1940 Death is said to have occurred on the date stated above, at 2:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Meningitis	4-4
Other contributory causes of importance:	
Burns - Extensive	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M Rosenau M. D.

(Address) 803 W. Fremont Ave

V0 8

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 68240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

Registered No. F 68240

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1825 N. Strong St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JAMES BREEDON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1918

8. AGE: Years	Months	Days	If less than one day
22			hr. min

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Tharance Breedon
13. Birthplace South Carolina

MOTHER
14. Maiden Name Lettie Fletcher
15. Birthplace South Carolina

16 (a) Informant Lettie Breedon Mother
(b) Address 124 S Bethel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12/40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brooklyn

18 (a) Funeral director E O Williams
(b) Address 1000 Brantley Av

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1940, at 9 30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet wound of chest	
Due to homicide	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence April 10, 1940
(c) Where did injury occur? Yard 1825 N. Strong St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? No (Specify type of place)
(e) Means of injury 38 Cal. revolver bullet.

23. Signature Pat T Pat Z Wollenweber M.D.
Asst Medical Examiner.

Date signed 4/11/40

68241

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 1/31-42 E 68241

Every item of information should be carefully supplied. Please write the causes of death clearly and legibly. Correct age is especially important. Physicians: please write IN THE PLAINEST, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 134 S Broadway
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME MARY MOORE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age 189 years

7. Birth date of deceased (mo., day, yr.) Jan 10, 1881

8. AGE: Years	Months	Days	If less than one day
59 46	2	29	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Thomas Moore
13. Birthplace not none

MOTHER
14. Maiden Name not none
15. Birthplace not none

16 (a) Informant Alberta (Sister)
(b) Address 1134 Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2/42 (month) (day) (year)
(c) Cemetery or crematory Back River Md
Location Back River Md

18 Funeral director E O Wilson
(b) Address 1000 Brantley Ave

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

APR 1 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1942, at 10:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Acute cardiac dilatation	
Due to Cardio-vascular	
Due to renal disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Wallenmeyer M.D.
Medical Examiner.
Date signed 4-9-42

VS 6

(OVER)

68242 X ✓ F 68242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No. 8740

1. PLACE OF DEATH: St. Agnes Hospital
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 76
(e) Length of stay in Baltimore (yrs., mos., or days) (all 4)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Emmitsburg Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. Maine St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Joseph Mentzer

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 63 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Alonzo Mentzer
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Miller
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11/40 (month) (day) (year)
(c) Cemetery or crematory St Joseph Cemetery
Location Emmitsburg Md

18 (a) Funeral director J. Lee Eisenmoyer Bros
(b) Address 1124-26 W. North ave Huntington Williams, Md

APR 11 1940 (Date rec'd by Registrar) (b) ... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/11 1940, at 5 50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/15 1940 to 4/11 1940 and that I last saw him alive on 4/10 1940.

Immediate cause of death
Uremia — Duration
Due to Cancer Hypertrophy Prostate
Due to nephrosclerosis

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. John E. Hoy M.D.
Address St Agnes Hosp Date signed 4/14/40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT WITH INDELIBLE INK. Every item of information

F 68243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 68243 Registered No.

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) V 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2622 Oswego Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? V 2 years

3 (a) FULL NAME JACOB FRIED

3 (b) If veteran, name war V | 3 (c) Social Security Account No. V

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widow

6 (b) Name of husband or wife Esta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired Jobber
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-40 (month) (day) (year)
(c) Cemetery or crematory Nelson Friendship
Location E. Balto. & Fonkleg Rd

18 (a) Funeral director Jos. Davis Inc.
(b) Address 1439 E. Balto St

19 (a) Date received APR 11 1940 (b) Registrar Hunter G. Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/10 1940, at 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/4 1940, to 4/10 1940
and that I last saw h. alive on 4/10 1940.

Immediate cause of death Congestive Heart failure — Duration about 1 wk
Due to Bronchopneumonia
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arnold M. Freed M.D.
Address Sinai Hosp. Date signed 4/10/40

F 68244

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938 Registered No. F 68244

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hebrew Home for the Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months
(e) Length of stay in Baltimore (yrs., mos., or days) over 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Belvedere & Greenspring Aves (If rural give location)
(e) If foreign born, how long in U. S. A.? over 50 years

3 (a) FULL NAME Fannie M. Hark

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 64 74 | Months | Days | If less than one day hr. min.

9. Birthplace Prussia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Sigmund Feinblatt

(b) Address Belvedere & Greenspring

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-40 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Old Rd. & Hamilton Ave

18 (a) Funeral director Jack Levin Inc.

(b) Address 1439 E. Balto St.

19 (a) 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-10 1940, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-20 1940, to 4-10 1940, and that I last saw h[illegible] alive on 4-9 1940.

Immediate cause of death	Duration
(a) Coronary Thrombosis	
Due to Chr. cardiovascular disease.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Edmund Levin M.D.

Address Levindale Date signed 4/10/40

VS 3

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

F 68245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 68245 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Where any item is unknown, write "unknown." Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 E. Lombard (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kopel Isaacson

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 69 | Months | Days | If less than one day hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Not Known
13. Birthplace Lith.

MOTHER 14. Maiden Name Not Known
15. Birthplace Lith.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-12-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Plot Lot 4 Hamilton Ave

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Balto. St

APR 11 1940

19 (a) (Date rec'd by registrar) Hunting Type Williams M.R. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-11-40 19 30 at 7 9. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 26 1940 to April 11 1940, and that I last saw him alive on April 11 1940.

Immediate cause of death Pulmonary tuberculosis — Duration ?, evidently many years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arnold M. Irael M. D.
Address Sinai Hospital Date signed 4/11/40

68246 HEALTH DEPARTMENT—CITY OF BALTIMORE F 68246

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH 4257 Nicholson Ave 26-2 Registered No.

CITY OF BALTIMORE: (No. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. da. How long in U. S. If of foreign birth 57 yrs. mos. da.

2. FULL NAME BAUER (Catherine) If U. S. Veteran specify WAR

(a) Residence: No. 4257 Nicholson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced (or) WIFE of Mathias Bauer

6. DATE OF BIRTH (month, day, year) April 23 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	11	10 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ? Weber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ? ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Family.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 13 1940

19. UNDERTAKER Masters H.E. Dippel
(Address) 373 S. Conkling St

20. FILED APR 11 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 7 1940 to April 10 1940.

I last saw her alive on April 9 1940. Death is said to have occurred on the date stated above, at 2 05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	??
Other contributory causes of importance: Arteriosclerosis	?
Chronic Arthritis	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Fred Erdman M. D.

(Address) 4200 Gladden Ave

Information should be carefully supplied. Age must be stated in every case. If exact information cannot be obtained, approximate as nearly as possible. Do not state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

68247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-7 F 68247 Registered No.

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information must be given. Answer every question. Where none, or not known, so state. Do not use ditto marks. Be sure to give correct age in each case. Where deceased was married, widowed or divorced, the name of husband or wife should be given. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3017 Fait Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3017 Fait Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louisa E Schmitz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife August Schmitz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 16 - 1854

8. AGE: Years 85 | Months 1 | Days 21 | If less than one day: hr. min.

9. Birthplace Hanover Pa (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Stentz
13. Birthplace Pa

MOTHER
14. Maiden Name Sarah Grove
15. Birthplace Pa

16 (a) Informant Mary Trumpfheller
(b) Address Roland Ave - Brooklyn Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 10 4/40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Oaklawn
Location Baltimore Md

18 (a) Funeral director L Q Covington
(b) 4 Apr 21 W 25th St

19 (a) APR 7 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1940 at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 29 1940 to April 5 1940 and that I last saw ~~he~~ alive on April 1 1940

Immediate cause of death — Duration

Due to Chronic Endocarditis 14 Yrs

Due to Cerebral Hemorrhage 12hrs

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 2201 N Fulton Ave Date signed 4/9/40

VS 3

Jaworski

F 68248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77-D

Registered No. F 68248

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 830 S Bond St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 830 S Bond St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JAMES H. JAWORSKI — OR KING

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-6484

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 16/87

8. AGE: Years 52 | Months 4 | Days 23 | If less than one day hr. min

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Shoveler

11. Industry or business Pier Union

FATHER
12. Name Henry Jaworski
13. Birthplace Poland

MOTHER
14. Maiden Name Anna Jankowska
15. Birthplace Poland

16 (a) Informant Mrs. Peter Lupinski
(b) Address 3212 Hildebrand Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 11/40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Keighlantown

18 (a) Funeral director Stephen J. Fedkowski
(b) Address 1000 N. Kenwood Ave

19 (a) APR 11 1940 (Date received by Registrar) (b) Registrar

Hunter for Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1940, at 12 30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

	Duration
Immediate cause of death: Alcoholism, chronic	
Due to: Wood alcohol	
Due to:	
Other Conditions: none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. L. Wallenweber M.D. Medical Examiner.
Date signed 4-9-40

40840

F 68249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 68249.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) lyr. 2mo. 17das
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1080 W Fairmount Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Brisco

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Sadie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-27-1884

8. AGE: Years 55 | Months 3 | Days 1 | If less than one day hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Edward Brisco
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Brown
15. Birthplace Md.

16 (a) Informant B.C.H. records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 11 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 APR 11 1940 (Date rec'd by registrar) Huntington Williams M.D. 6358

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-28- 1940, at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-11- 1939 to 3-28- 1940 and that I last saw him alive on 3-28- 1940

Immediate cause of death Bronchopneumonia

Due to Uremia Hypertensive CVD Gen. A-S.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

Duration
6 days
?
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Monaghan Lofton M. D.
Address Balto City Hosp. Date signed 4-9-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Be sure that correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 68250

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given if possible. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 405 W. Franklin St
(c) Hospital or institution U. of M. St Joseph's Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 638 S. Curley St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Andrysunas

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-1111

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 65 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Not known
13. Birthplace

MOTHER
14. Maiden Name not known
15. Birthplace

16 (a) Informant Josephine Andrysunas
(b) Address 638 S. Curley Street.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaw
Location Dundalk Avenue

18 (a) Funeral director John J. Duda
(b) Address 2829 Hudson Street.

19 (a) (Signature of local registrar) (b) Huntington Williams, M.D. Registrar

APR 11 1940

VS 4

MEDICAL CERTIFICATION

4 PM

20. DATE OF DEATH April 13 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cardiovascular Renal Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Yes
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Vandeloft M.D.
Medical Examiner.
Date signed 4/11/40

F 68251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1220 Registered No. F 68251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on this certificate. Do not use abbreviations. Physicians: please write the causes of death clearly and legibly. Give full name of deceased, and not initials. If there was no regular attendant, this certificate should be filled out by the coroner. Do not state "Unknown" if it is possible by any effort to obtain the information required. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: SINAI HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 S. Potomac St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Leona Hosza

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NO

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: M
6 (b) Name of husband or wife: Joseph Hosza
6 (c) If alive, give age: 54 years
7. Birth date of deceased (mo., day, yr.): April 1 1886
8. AGE: Years 42 Months 0 Days 8 If less than one day hr. min.
9. Birthplace: Balto Md. (Town, county, and state)
10. Usual Occupation: Home Wife at Home
11. Industry or business

FATHER
12. Name: Ralph Loy.
13. Birthplace: Balto Md.

MOTHER
14. Maiden Name: Ella McDumpot
15. Birthplace: Balto Md.

16 (a) Informant: Joseph Hosza.
(b) Address: 900 S. Potomac St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 12 1940 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn
Location: Balto Co Md.

18 (a) Funeral director: Lilly & Zeiler, Inc.
(b) Address: 402 S. Charles St.

19 (Date rec'd by registrar) APR 11 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1940 at 7:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1, 1940 to April 9, 1940 and that I last saw her alive on April 9, 1940

	Duration
Immediate cause of death: Generalized peritonitis	3 days
Due to: Incarcerated hernia	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Incarcerated internal hernia.
Of autopsy: peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Harold A. Grant M. D.
Address: Sinai Hospital Date signed: 4/9/40

VS 3

F 68252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55 F Registered No. F 68252

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct as far as is possible. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Canal & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2323 Fremont Avenue. (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Peter McDonald

3 (b) If veteran, name war	3 (c) Social Security Account No.
No.	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1880

8. AGE: Years	Months	Days	If less than one day: hr.	min.
59	7	6		

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Estimated Comm Balto City

FATHER — 12. Name	James McDonald
FATHER — 13. Birthplace	Maryland
MOTHER — 14. Maiden Name	Ellen O'Neil
MOTHER — 15. Birthplace	Ireland

16 (a) Informant Mrs. James E. McDonald
(b) Address 1134 Forest St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 13/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location 4300 Old Frederick Rd.
18 (a) Funeral director Edgar W. Conklin & Son
(b) Address 824 E. Eager St.
19 (a) APR 11 1940 (Date accepted by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1940, at 3:45 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from March 24 1940, to April 10 1940, and that I last saw h.e.r. alive on April 10 1940.

Immediate cause of death	Duration
Respiratory Failure	
Due to Laryngeal Stenosis	6 months
Due to Lymphosarcoma	3 years
Other Conditions Tertiary Syphilis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Melvin F. Polak M. D.
Address Mercy Hospital Date signed 4-10-40

VS 8

F 68253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 68253

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3908 Duvall Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3908 Duvall Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susie Melchers Berndt

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband Julius E. E. Berndt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2, 1861

8. AGE: Years	Months	Days	If less than one day
79	1	8	hr. min.

9. Birthplace Charleston, South Carolina (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Col. Franz Melchers
13. Birthplace Germany

MOTHER
14. Maiden Name MarieVon-Oven
15. Birthplace Germany

16 (a) Informant Mrs. Julius E. E. Berndt
(b) Address 3908 Duvall Avenue

17 (a) Entombment (Burial, cremation, or removal) (b) Date thereof 4/12/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park Cem.
Location Baltimore, Maryland.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Penna. Avenues

19 (a) APR 14 1940 (Date rec'd by Registrar) (b) Filed by Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10, 1940, at 7.10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1930, to Apr 10 1940, and that I last saw her alive on Apr 10 1940

Immediate cause of death	Duration
Cerebral hemorrhage	7 days
Due to Generalized Arteriosclerosis	long period
Due to	
Other Conditions Chr. Myocarditis	long period

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Nathaniel M. Beck M. D.
Address 2727 N. Charles St. Date signed Apr 10 '40

PLEASE WRITE PLAINLY, with ink. Be sure to answer every question. Do not leave blanks. If unknown, state so. Please see that the information you give is complete and correct. Accuracy in age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 68254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 68254

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2715 N North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 44-1-17

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2715 N North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George H. Lautenbach

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Mary A. Lautenbach

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22 1876

8. AGE: Years 64 | Months 1 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business Self

FATHER
12. Name Leonard Lautenbach
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Sara Mayers
15. Birthplace Baltimore Md

16 (a) Informant Mrs Mary A. Lautenbach
(b) Address 2715 N North Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Apr 12 1940 (month) (day) (year)
(c) Cemetery or crematory Lakewood
Location Baltimore Md

18 (a) Funeral director Wm H Hilleary & Sons
(b) Address 1715 N Eutaw St

19 APR 11 1940 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1940; at M

21. I certify that death occurred on the date above stated, that I attended deceased from 4/4/40 to 4/9/40 and that I last saw h[illegible] alive on 4/8/40

Immediate cause of death
Chronic Myocarditis
Coronary Occlusion
Due to Arteriosclerosis
Due to (Neph[illegible])
Other Conditions
(Include pregnancy within 3 months of death)

Duration
2 yrs
Indefinite

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry C. Stouck M.D.
Address 1715 N Eutaw St Date signed 4/11/40 M. D.

PLEASE WRITE PLAINLY, with ink. Be sure to report correct age in every case. Physicians: please write the causes of death clearly and legibly. Information is especially important.

VS 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 68255 — 9th a F 68255

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 N. Calvert Street St. 11-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Elizabeth Gilkinson Brown

(a) Residence: No. 910 N. Calvert Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----

6. DATE OF BIRTH (month, day, year) Oct. 23rd 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pianist

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

FATHER

13. NAME Captain Robert Brown

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Isabella Maclachlan

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Agnes Brown

(Address) 910 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date April 13th 1940

19. UNDERTAKER Wm. J. Tickner & Sons

(Address) North & Penna Aves.

20. FILED APR 11 1940 19— [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10. 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1. 1939 to April 10. 1940

I last saw h[illegible] alive on April 10 1940 Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Coronary Thrombosis	April 10 1940
Other contributory causes of importance: General Arteriosclerosis	

Was an operation performed? Nos Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Nopd Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James D. Osteheuse M. D.

(Address) 1012 Park Heights Ave

Information called for on this certificate is necessary for the protection of life and property; no part may be omitted, nor can any statement be changed except by order of the Registrar. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Statement of OCCUPATION is very important. See instructions on back of certificate.

VS 9

68256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 68256

PLEASE WRITE PLAINLY. Use ordinary ink. Physicians: please write the causes of death clearly and supply correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 801 Unetta Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 11 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 801 Unetta Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. JOHN H. RYDER

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. ...NC.....

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Lavinia W. Ryder

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1852

8. AGE: Years 87 .... Months 10 9 Days 13 12 If less than one day ..... hr. ..... min.

9. Birthplace Cambridge, England (Town, county, and state)

10. Usual Occupation Retired ?

11. Industry or business

FATHER 12. Name John Ryder

13. Birthplace England

MOTHER 14. Maiden Name Rebecca Pugh

15. Birthplace England

16 (a) Informant Mrs. John F. Ruppert

(b) Address 801 Unetta Ave.

17 (a) Removal & Buri (Burial, cremation, or removal) (b) Date thereof 4 -12 -40 (month) (day) (year)

(c) Cemetery or crematory York, Pa.

Location York Pa.

18 (a) Funeral director E. B. Wishart & Son

(b) Address 1120 Eutaw Place

19 APR 11 1940 (Date received by Registrar) (by writing) Lewis Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH (month) April (day) 10 (year) 1940 at 2 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-23 1940 to 4-10 1940, and that I last saw him alive on 4-6 1940.

Immediate cause of death	Duration
Cardiovascular Collapse	
Due to Senility	
Due to Cedema	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. A. Parr M. D.

Address Wilkens & Beechfi Date signed

Dr. Parr

F 68257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 68257

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1715 Poplar Grove St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1715 Poplar Grove St
(If rural give location)
15-6
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Key

3 (b) If veteran, name war: No.

3 (c) Social Security Account No. — No —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Edward –
6 (c) If alive, give age D years

7. Birth date of deceased (mo., day, yr.) Dec. 1854

8. AGE: Years	Months	Days	If less than one day
86	4		hr. min.

9. Birthplace South Carolina (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Construction Work

FATHER
12. Name Key
13. Birthplace South Carolina

MOTHER
14. Maiden Name
15. Birthplace South Carolina

16 (a) Informant Mrs. James Evans
(b) Address 1715 Poplar Grove

17 (a) Burial & Rem. (b) Date thereof 4-13-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Dunbarton, S.C.
Location Dunbarton, S.C.

18 (a) Funeral director E. B. Wippert & Son
(b) Address 1200 Eutaw Place

19 APR 11 1940 (b) Justin Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11th 1940, at 10:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1940 to April 11 1940, and that I last saw him alive on April 10 1940.

Immediate cause of death	Duration
Chronic Nephritis	
Arteriosclerosis.	
Due to Bronchitis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. E. Wirsh, M.D.
Address 1314 W. North Ave Date signed 4/11/40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and accurately. Correct age is especially important.

VS 3

376 #2 68258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68258 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Tenn. (b) County
(c) City or town Maryville (If outside city or town limits, write RURAL and give town)
(d) Street No. 204 Mountain View (If rural give location)
Treatment
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara Jean Goddard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-13-21

8. AGE: Years 18 | Months 8 | Days 28 | If less than one day hr. min.

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Herbert Goddard
13. Birthplace Tenn.

MOTHER
14. Maiden Name Edna Lane
15. Birthplace Tenn

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-40 (month) (day) (year)
(c) Cemetery or crematory Maryville
Location Tenn.

18 (a) Funeral director John O Mitchell
(b) Address 1700 Eutaw Pl.

19 (a) APR 12 1940 (Date received by Department) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1940 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 12 1940 to Apr. 11 1940, and that I last saw h[illegible] alive on Apr 11 1940.

Immediate cause of death: Peritonitis — Duration 6 days
Due to: Ulcerative colitis & perforation — 8 months 6 days
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations Same
Of autopsy Yes Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edgar G. Miller
Address Johns Hopkins Hosp. Date signed 4/11/40

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and in ink. correct age is especially important.

VS 3

F 68259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-H

F 68259 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 521 West 27th St
(c) Hospital or institution: D. K. Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 T
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 West 27th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph N. Cullings

3 (b) If veteran, name war: No record. | 3 (c) Social Security Account No. 217-01-8048

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed, or divorced~~:
M	W	Married

6 (b) Name of ~~husband or~~ wife Adella R. Cullings
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) April 8th 1879

8. AGE: Years	Months	Days	If less than one day
61	0	3	hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business Carpenter

FATHER
12. Name Nelson Cullings
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Margaret T. Palmer
15. Birthplace Balto. Co. Md.

16 (a) Informant Adella Cullings
(b) Address Balto. Co. Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/13/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Middletown
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

APR 12 1940 (Date received by registrar) (b) Signature of registrar Huntington Williams M.D.

VS 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete. Give full name of deceased. Use no abbreviations. Give correct age in years, months, days. If less than one day, hours or minutes. Underline the cause to which death should be charged statistically. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11th 1940, at 7:30 p.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Illuminating Gas Poisoning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 4/11/40
(c) Where did injury occur? 521 W 27th St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home - Bathroom (Specify type of place) While at work? No
(e) Means of injury Illuminating gas-open jet

23. Signature H. Williams M.D. Medical Examiner.
Date signed 4/11/40

F 68260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 68260 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5009 Roland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 76 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5009 Roland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2713

3 (a) FULL NAME Thomas Davis

3 (b) If veteran, name war: Civil
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced:
Male	White	Married

6 (b) Name of husband or wife: Florence E. Davis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9 1845

8. AGE: Years	Months	Days	If less than one day
94	10	2	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Carpenter

FATHER
12. Name David Davis
13. Birthplace England

MOTHER
14. Maiden Name Unknown
15. Birthplace Holland Castle - Holland

16 (a) Informant Florence E. Davis
(b) Address 5009 Roland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/40 (month) (day) (year)
(c) Cemetery or crematory U. S. National
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 217 St. Paul St

(a) APR 12 1940 (Date received by registrar) (b) Signature of registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11th 1940, at 3:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/24/40 19 to 4/11/40 19; and that I last saw him alive on 4/11/40 19.

Immediate cause of death: Arteriosclerotic Cardio Vascular disease
Due to: Senility
Due to:
Other Conditions: —
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William D. Kelbach M. D.
Address 5001 Roland Ave Date signed 4/11/40

Please write the causes of death clearly. Physicians: please write the causes of death clearly. Physicians: correct age is especially important.

F 68261

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

115-B

Registered No. F 68261

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Methodist Home
(b) Street address 2411 Rogers Ave
(c) Hospital or institution:
J. H. E. Wood
(d) Length of stay in hospital or inst. (yrs., mos., or days) ?
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2411 Rogers Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Baker

3 (b) If veteran, name war — No
3 (c) Social Security Account No. — None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 3, 1854

8. AGE: Years	Months	Days	If less than one day
85	6	7	hr. min.

9. Birthplace Calvert Co. Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER — 12. Name John T. Baker
13. Birthplace Calvert Co Md

MOTHER — 14. Maiden Name Mary E. Mapp
15. Birthplace Calvert Co. Md

16 (a) Informant Ella Cuddy
(b) Address 2411 Rogers Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 12/40 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore Md

18 (a) Funeral director Williams Death
(b) Address 1217 W Fayette St

19 (a) (b) Arlington Md
(Date rec'd by local registrar) Registrar

APR 12 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1940, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1940, to Apr 10 1940, and that I last saw h[illegible] alive on Apr 9 1940.

Immediate cause of death	Duration
Streptococci Infection Throat	
Due to Pneumonia	
Due to	
Other Conditions Senility.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. E. Shannon M.D.
Address 200 N. Fulton Ave Date signed 4/10/40

F 68262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V/107

F 68262

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Cold Spring Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1915 Hope st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Stinebaugh X

3 (b) If veteran, name war W

3 (c) Social Security Account No. NONE

4. Sex: Male
5. Color or race: White
6 (a) ~~Single, married~~, widowed, ~~or divorced~~: Widowed

6 (b) Name of ~~husband or~~ wife: Mary E. Stinebaugh
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 4th 1860

8. AGE: Years 79 | Months 8 | Days 7 | If less than one day: hr. min.

9. Birthplace Hagerstown Md
(Town, county and state)

10. Usual Occupation Retired Laborer

11. Industry or business Gas + Electric Co

FATHER
12. Name Henry Stinebaugh
13. Birthplace Hagerstown Md

MOTHER
14. Maiden Name Mary Lehman
15. Birthplace Hagerstown Md

16 (a) Informant Chas. F. Stinebaugh
(b) Address 1915 Hope st

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/13/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Moreland Park
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) APR 12 1940 (Date rec'd by registrar) (b) [illegible] (Signature of Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11th 1940, at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3-40 19 , to 4-10 1940, and that I last saw h~~e~~ alive on 4-10 1940.

Immediate cause of death Terminal Bronchopneumonia — Duration 4 days

Due to

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. V. Traynor M.D. M. D.
Address 562 Regester Date signed 4-11-40

~~Physicians: please write the cause of death in plain English. Omission of information concerning duration of each cause stated and omission of contributory (secondary) causes of death may greatly delay the issuance of the burial permit. Statement of age is especially important.~~

68263 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 68263

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1733 N. Bradford St. 8-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 4 mos. 15 ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Nicholas M. Gross

If U. S. Veteran specify WAR _____

(a) Residence: No. 1733 N. Bradford St. Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary M. Gross

6. DATE OF BIRTH (month, day, year): November 14, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
79	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 70 social security number

10. Date deceased last worked at this occupation (month and year): 9 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Fullerton Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Christina Gross

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mrs. Anna Wolter

(Address) 1733 N. Bradford St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: April 13, 1940

19. UNDERTAKER: Howard N. Bright Jr.

(Address) 4914 Belair Road

20. FILED: Huntington Williams Registrar

APR 12 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 11, 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1939 to April 9, 1940

I last saw h[im] alive on April 9, 1940 Death is said to have occurred on the date stated above, at 1:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerotic cardio vascular Disease	10 yrs
Other contributory causes of importance:	

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Dr Karl Lippman M. D.

(Address) 1212 N. Patterson Park Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

68264 F 68264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 83-W

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland (Geneva apts)
(b) Street address 3405 Greenway
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill. (b) County Cook.
(c) City or town Chicago (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 E. Scott St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Rose Sarah B. Harris

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Dr. Malcolm L Harris

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 18 1859.

8. AGE: Years 80 | Months 6 | Days 24 | If less than one day — hr. — min.

9. Birthplace — Mass ? (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name Josiah C. Breckenridge
13. Birthplace Mass.

MOTHER
14. Maiden Name Frances Bradley
15. Birthplace Mass

16 (a) Informant Max von Schlegell
(b) Address 3405 Greenway

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr. 12-40 (month), (day), (year)
(c) Cemetery or crematory Rose Hill
Location Chicago Ill.

18 (a) Funeral director Henry W. Jenkins & Son
(b) Address McCulloh & Orchard Sts

19 (a) (Date received by registrar) (b) Huntington, West Va.

APR 13 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-11 1940, at 3.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1 1940, to 4-11 1940, and that I last saw h.i.? alive on 4-11 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration 5 Hours

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (specify type of place) While at work?
(e) Means of injury

23. Signature John L. Dorsey M. D.
Address 1129 St. Paul St Date signed 4-12-40

PLEASE WRITE PLAINLY. Use ink. Do not use pencil. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 68265 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3419 Alto Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3419 Alto Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME OSCAR CRUSE CRUSE

3 (b) If veteran, name war

3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	W	widower

6 (b) Name of husband or wife unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8, 1865

8. AGE: Years	Months	Days	If less than one day
74	10	2	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation retired Court Bailiff
11. Industry or business

FATHER
12. Name William F. Cruse
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Frances ?
15. Birthplace Baltimore, Maryland

16 (a) Informant Oscar F. Cruse
(b) Address (son) 1115 W. Cross St.

17 (a) Louden Park - burial (b) Date thereof 4/13/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Louden Park
Location Frederick Avenue, Baltimore, Md.

18 (a) Funeral director Geo. H. Limpach
(b) Address 545 Lyndhurst St

19 (Date rec'd by registrar) APR 12 1940 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10, 1940, at 4:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquest) thereon and from the evidence obtained by said (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	—
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
(Attending or Medical Examiner.)
Date signed 4-10-40

PLEASE WRITE PLAINLY, with unfading ink. Fill in all blanks. Be sure and write the causes of death clearly and legibly. Do not report "Heart Failure" as the cause of death without stating the primary cause or disease causing the failure. Indefinite or incomplete answers cause unnecessary correspondence. Please write the exact house number in answering items 2 (d) and 16 (b). Accurate and correct age is especially important. Physicians: please write your address plainly.

VS 6

8 65

8266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 68266

Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9 N Monroe
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 N Monroe (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Mc Mullen

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Gertrude
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1849

8. AGE: Years 91 Months 9 Days 12 If less than one day hr. min.

9. Birthplace Penna (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John Mc Mullen
13. Birthplace Penna

MOTHER
14. Maiden Name Jane Wharton
15. Birthplace Penna

16 (a) Informant Mrs Campbell
(b) Address 9 N Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-40 (month) (day) (year)
(c) Cemetery or crematory St Augustine
Location Catonsville Md

18 (a) Funeral director Guy C Gaylord
(b) Address Fulton Ave Baltimore Md

19 (a) APR 12 1940 (Date received by registrar) (b) Thurston Phillips, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1940, at 8.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1940 to April 9 1940 and that I last saw him alive on April 8 1940.

Immediate cause of death Cardio-Vascular Disease — Duration ?
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Seagrott M. D.
Address 1729 W. Lombard Date signed 4/9/40

8267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91a

F 68267
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1531 Holbrook St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1531 Holbrook St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W. Fragesen

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-2271

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Mary C. Ritchey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 26-1886

8. AGE: Years	Months	Days	If less than one day
53	6	14	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name George J. Fragesen
13. Birthplace Balto Md

MOTHER
14. Maiden Name M. Catherine Sommers
15. Birthplace Balto Md.

16 (a) Informant Mary C. Fragesen
(b) Address 1531 Holbrook St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-13-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard C. Lucke
(b) Address 3305 Harford Rd

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M. D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-10 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1939 to April 10 1940 and that I last saw [him] alive on April 10 1940.

Immediate cause of death (a) Pulmonary renal, and splenic infarction

Due to (b) Subacute bacterial endocarditis

Due to (c)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: (a) (b) 1½ yrs (c)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Krenger M. D.
Address 1402 E. Lanvale St Date signed 4-10-40

PLEASE WRITE PLAINLY, with pencil or pen. Physicians: please write the causes of death clearly and legibly. Be sure that all items are correct and complete, especially important.

68268 8.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131a F 68268 F 68268 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6103 Birchwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 6103 Birchwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Biltz (Belt)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Widow

6 (b) Name of husband or wife Henry Biltz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 7-1859

8. AGE: Years	Months	Days	If less than one day
80	5	4	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name Henry Kinlein
13. Birthplace Germany

MOTHER
14. Maiden Name Gertrude Kramer
15. Birthplace Germany

16 (a) Informant Dora Waltrams
(b) Address 6103 Birchwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location
18 (a) Funeral director Howard J. Leach
(b) Address 5305 Harford Ave Huntingdon Station, Md.
19 (a) APR 12 1940 (Date filed by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-11-40 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19 39 to April 11 1940 and that I last saw h alive on April 11 1940

Immediate cause of death Arteriosclerotic cardiac-vascular renal disease — Duration ?
Due to Chronic Interstitial Nephritis — Duration 2 years.
Due to Nausea — Duration 5 days.
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert L. Schwartz M. D.
Address 1939 Eutaw St Date signed 4/12/40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in items 20 to 22 is correct and complete. Accuracy is especially important.

VS 3

(OVER)

F 68269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a ✓ F 68269 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1326 Cambria St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adeline V. HOMER Homer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife James A. Homer
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) July 4, 1883

8. AGE: Years	Months	Days	If less than one day
56	9	7	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name John Graves
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Allen
15. Birthplace Maryland

16 (a) Informant James A. Homer
(b) Address 1326 Cambria St

17 (a) Burial (cremation, or removal) (b) Date thereof April 15 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co Md

18 (a) Funeral director A. Howard Evans
(b) Address 1409-11 N Charles St

19 (a) Date received by registrar APR 17 1940 (b) Huntington Williams M.D.

V8 4

Please write plainly, with ink. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in items 20 to 23 is complete and correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1940, at 5:05 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest thereon and from the evidence obtained by said Autopsy & Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to Atherosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mullen M.D. Medical Examiner.
Date signed 4-12-40

68270

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 68270

CERTIFICATE OF DEATH

X 893

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 2 da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Lemma Parsons

If U. S. Veteran specify WAR _____

(a) Residence: No. Riverside Road Essex Md Ward. Baltimore Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James Parsons

6. DATE OF BIRTH (month, day, year): Sept. 12-1882

7. AGE: Years 57 | Months 6 | Days 30 29 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER

13. NAME: Basilius Elliott

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Mary December

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Emerson Talbott Daughter

(Address) Eastern Ave Road Essex

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date April 14 1940

19. UNDERTAKER: Lilly & Feiler INC.

(Address) 403 N Wolfe St.

20. Filed ___ 19___ Registrar.

Mar 2 1940

Hattie G. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 11, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1940, to April 11, 1940

I last saw her alive on April 11, 1940 Death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Diabetes mellitus	4 days
Acute mastoiditis	3 days
Pneumococcic meningitis	2 days

Other contributory causes of importance:

Diabetes mellitus	6 yrs.
Hypertension C-V disease	3 yrs.

Was an operation performed? Yes Date of 4/10/40

For what disease or injury? Acute mastoiditis

Name of operation Mastoidectomy

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Joseph McGeorge Jr. M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

68271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 140c

Registered No. E 68271

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Women's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 141 E Cross St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Laura McClure

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-6288

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	M E

6 (b) Name of husband or wife Nelson E

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 7 1910

8. AGE: Years	Months	Days	If less than one day
29	8	3	hr. min.

9. Birthplace Cambridge Md (Town, county, and state)

10. Usual Occupation Waitress at Marshall Res.

11. Industry or business

FATHER
12. Name Frank Sammons
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Sinclair
15. Birthplace Md

16 (a) Informant Mrs Nelson E McClure Jr
(b) Address 141 E Cross st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15/40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Mareck
(b) Address 713 Light St

19 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1940, at 4:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
1. Fusion of hemolytic streptococcus septicemia following self induced abortion	
2. Subacute bacterial endocarditis, mitral valve	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Self induced abortion
(b) Date of occurrence About March 1, 1940
(c) Where did injury occur? 141 E. Cross St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Douche introduced into uterus

23. Signature H. Williams M.D. Medical Examiner.
Date signed 4/10/40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Statement of conditions is especially important. Please see that the certificate is correct and complete.

54344-FD

68272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 68272
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1427 Mullikin St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Hebron

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-2-40

8. AGE: Years	Months	Days	If less than one day
------	--	---	2 hr. 30 min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Leroy Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name Viola Hebron
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) BALTO CITY HOSPITALS (Burial, cremation or removal) (b) Date thereof 4-6-40 (month) (day) (year)
(c) Cemetery or crematory cremation BCH
Location

18 (a) Funeral director
(b) Address APR 12 1940

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/2/40 19 , at 6.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/2/40 19 to 4/2/40 19 , and that I last saw her alive on 4/2/40 19 .

Immediate cause of death: Premature (2 pounds 2 ounces) 26 hours — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. A. Lemmon M. D.
Address Balto City Hosp. Date signed 4/4/40

correct age is especially important. Physicians, please write plainly.

VS 8

68273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-A File No. 68273

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2511 Salem Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Smith (Vernell)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/7/40

8. AGE: Years | Months | Days | If less than one day: 18 hr. 33 min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation New Born

11. Industry or business

FATHER
12. Name Garland Pelham
13. Birthplace Virginia

MOTHER
14. Maiden Name Vernell Harris
15. Birthplace Virginia

16 (a) Informant Baltimore City Hospitals Records
(b) Address

17 (a) Balto. City Hospital (Burial, Cremation or removal) (b) Date thereof 4 - 10 - 40 (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (a) APR 12 1940 (Date received by Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-9 1940 at 1:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-8 1940 to 4-9 1940 and that I last saw him alive on 4-9 1940

Immediate cause of death: Inspiration Aspiration / Pneumonia — Duration:
Due to: Contracted pelvis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. C. Somers Dean M. D.
Address Balto City Hosp Date signed 4-10-40

correct age is especially important. Typewriter preferred.

VS 3

68274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-A Registered No. F 68274

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette + Calhoun St.
(c) Hospital or institution:
Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 532 Carrie Alley 17
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest Temple

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 10, 22

8. AGE: Years	Months	Days	If less than one day
17	8		hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation School-boy
11. Industry or business

FATHER
12. Name James Temple
13. Birthplace Md

MOTHER
14. Maiden Name Lillie Purnell
15. Birthplace Snow Hill, Md

16 (a) Informant Lillie Temple
(b) Address 532 Carrie Alley

17 (a) (Burial, cremation, or removal) (b) Date thereof April 13, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Kates R. Williams
(b) Address 322 N Schroeder St

19 APR 12 1940 (b) Huntington Williams M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10, 1940, at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 29, 1940 to April 10, 1940 and that I last saw h. i. M. alive on April 10, 1940.

Immediate cause of death	Duration
Uremia	
Due to Hypertensive cardio-vascular disease	
Due to Chronic glomerular nephritis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. Allen Wolf M. D.
Address Franklin Sq. Hosp. Date signed 4-10-40

correct age is especially important—Typewrite or print plainly in ink

HEALTH DEPARTMENT—CITY OF BALTIMORE

68275 F 4101

CERTIFICATE OF DEATH

81-a F 68275

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ____ St., 19-1 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Jerome Smith

If U. S. Veteran specify WAR ____

(a) Residence: No. 1412½ Mulberry St., ____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, year) Dec 26, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
		3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME House, Cromatie

14. BIRTHPLACE (city or town) (State or country) ____

MOTHER

15. MAIDEN NAME Julia Smith

16. BIRTHPLACE (city or town) (State or country) Newberry S.C.

17. INFORMANT Julia Smith

(Address) 1412½ Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date April 13 19 40

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St

20. FILED APR 12 1940 Arlington Williams U.S.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-10, 1940

22. I HEREBY CERTIFY, That I attended deceased from 4-9, 1940 to 4-10, 1940

I last saw him alive on 4-10, 1940 Death is said to have occurred on the date stated above, at 3 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic meningitis	4-6
" Septicemia	4-6
Other contributory causes of importance: Malnutrition	3 mos.

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Raymond M. Cunningham M. D.

(Address) University Hospital Balto. Md.

State CAUSE OF DEATH in plain terms, so that any person may understand it. OCCUPATION is very important. See instructions on back of certificate.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

68276

CERTIFICATE OF DEATH V 131-a F 68276

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 430-N. Fremont St. 18-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Calvin Poston

If U. S. Veteran specify WAR

(a) Residence: No. 430-N. Fremont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Poston

6. DATE OF BIRTH (month, day, year) 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd Jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bennettsville S.C.

FATHER

13. NAME Harris Poston

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Lucindia

16. BIRTHPLACE (city or town) (State or country) S.C.

17. INFORMANT Annie Poston

(Address) 430 N. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date April 13 1940

19. UNDERTAKER Mrs Katie R Williams

(Address) 3 22 E Lafayette St

20. APR 12 1940 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-9-40, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-9- 1940 to 4-9- 1940

I last saw him alive on 4-9-40, 19 Death is said to have occurred on the date stated above, at 3 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular-	
Renal Disease To	
Acute Pulmonary	
Edema - Ascites.	unk.
Other contributory causes of importance:	4/1/40

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. C. Jackson M. D.

(Address) 600 N. Arlington Ave

state CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificate. OCCUPATION is very important.

68277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68277 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1647 W. Payson St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) L
(e) Length of stay in Baltimore (yrs., mos., or days) 42

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1647 W. Payson St (If rural give location)
(e) If foreign born, how long in U. S. A.? 42 years

3 (a) FULL NAME Robert F. Fowler

3 (b) If veteran, name war L

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lena Fowler

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Hungary (Town, county, and state)

10. Usual Occupation Grocery business-

11. Industry or business Retired

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Henry Cushner
(b) Address 1533 N. Pulaski

17 Burial (Burial, cremation, or removal) (b) Date thereof 4-12-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phila Rd

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St
(c) Huntington Williams, M.D.

APR 12 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-11- 1940, at 5 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest on (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest, Inquiry (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Malamud M.D.
Medical Examiner.
Date signed 4-12-40

VS 6

F 68278

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

169

Registered F 68278

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Eastern Dispy ors
B & O R.R Yards - Danville Ave Potter
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. Philadelphia Rd & Pine Grove Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William F Young

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-5112

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Catherine Young
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 8th 1878

8. AGE: Years	Months	Days	If less than one day
61	5	2	hr. min.

9. Birthplace Balto. City Md.
(Town, county, and state)
10. Usual Occupation Brakeman
11. Industry or business B & O. R. R.
FATHER 12. Name F. W. Young
13. Birthplace Germany
MOTHER 14. Maiden Name Selma Brown
15. Birthplace U. S.
16 (a) Informant W. E. Young
(b) Address 311 E Monroe St
17 (a) Burial (b) Date thereof 4 13 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Zion Lutheran
Location Balto. Co. Md
18 (a) Funeral director Sasaki Funeral Home
(b) Address 7401 Belair Rd.
19 (a) Filed (b) (Signature of registrar) Hunter Williams, MR Registrar

APR 12 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1940 at 10 03 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Crushing injury to left chest and abdomen	
Due to Fracture of pelvis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accidental
(b) Date of occurrence 4/10/40
(c) Where did injury occur? B & O R.R. Yards Danville Ave
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes
(Specify type of place)
(e) Means of injury Crushed between freight cars

23. Signature Wm F Landefeld M.D.
Medical Examiner.
Date signed 4/11/40

F 68279

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

F 68279 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 211 E Heath
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 211 E. Heath St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice V. Higdon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife John Higdon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6. 1875

8. AGE: Years 64 | Months 9 | Days 5 | If less than one day hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation Housework at home

11. Industry or business

FATHER
12. Name Charley Smith
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Hannah akers
15. Birthplace Balto., Md.

16 (a) Informant Wm. Higdon
(b) Address 211 E. Heath St.

17 (a) Burial (b) Date thereof 4/15/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location End of E North Ave.

18 (a) Funeral director Margaret G. Flynn
(b) Address 1422 Light St.

19 (a) [illegible] registrar Hunting for Williamsport Md

APR 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1940 at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1940 to April 11 1940 and that I last saw h[illegible] alive on April 11 1940

Immediate cause of death
Due to [illegible]
Due to
Other Conditions Carcinoma of Uterus
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 4 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 4/15/40

Physicians: please write the ages of deceased persons in years, months, days, and hours. The correct age is especially important.

54589-PD

F 68280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-9

Registered No. F 68280

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 416 S. Monroe St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

40-2

3 (a) FULL NAME William Curry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-5-1867

8. AGE: Years	Months	Days	If less than one day
72	10	6	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name William H.
13. Birthplace Va.

MOTHER
14. Maiden Name Rebecca Hardy
15. Birthplace Va.

16 (a) Informant B.C.H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem
Location Frederick Rd.

18 (a) Funeral director Margaret J. Flynn
(b) Address 1432 Light St.

(Date) APR 12 1940 (Registrar) (Signature)

VS 3

correct age is especially important. Physicians, please

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-11 1940, at 12:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2 1940, to 4-11 1940 and that I last saw h/m alive on 4-10 1940

Immediate cause of death Gangrene left leg and arm

Due to Arterio sclerotic cardio vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy

Duration
?
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. K. Woodward Jr., M. D.
Address Balto. City Hosps. Date signed 4-11-40

F 68281

C C K

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53425 Registered No. F 68281

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2539 W. Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles E. Hardy

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26, ? 1865

8. AGE: Years	Months	Days	If less than one day
75	?	?/S	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Old Age Pension
11. Industry or business

FATHER
12. Name James C. Hardy
13. Birthplace Balto.

MOTHER
14. Maiden Name Katherine Brown
15. Birthplace Balto.

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/40. (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Mitzfeld
(b) Address 4101 Edmondson Ave

APR 12 1940 (a) Date received by registrar (b) [illegible] Registrar

VS 2

correct age is especially important, and [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-11 1940 at 8:20 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-2 1940, to 4-11 1940, and that I last saw h/ alive on 4-11 1940.

Immediate cause of death	Duration
Chronic urinary retention	[illegible]
Due to Benign prostatic hypertrophy	?
Due to	
Other Conditions Rheumatism	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. K. Edwards Jr. M. D.
Address Balto. City Hosp. Date signed 4-11-40

F 68282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B Registered No. F 68282

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 708 Hunting Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 708 Hunting Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Phoebe C. Smith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Late Geo. W. Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1860

8. AGE: Years 79 | Months 5 | Days 28 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Robert Price
13. Birthplace Md.

MOTHER 14. Maiden Name Adeline Parks
15. Birthplace Md.

16 (a) Informant Mrs. Charles E. Brandt
(b) Address 708 Hunting Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director Harry H. Mitchell
(b) Address 4101 Edmondson Ave

19 (a) (Date received by registrar) (b) [illegible] Williams M.D.

APR 12 1940

correct age is especially important. Physicians: please write the

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1940, at 5 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19..., to 19..., and that I last saw h... alive on 19....

Immediate cause of death: Arterio-Sclerosis
Due to: multiple Cerebral Thrombi
Due to: Arterio-Sclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration: 5 yrs. | 2 mos.

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. W. Bellis M. D.
Address 2224 W. North Ave. Date signed 4/12/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68283

CERTIFICATE OF DEATH

92-aF 68283

1. PLACE OF DEATH 1717 N. Washington St. 8-6 Registered No.

CITY OF BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary anna Grefe If U. S. Veteran specify WAR

(a) Residence: No. 1717 N Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Grefe

6. DATE OF BIRTH (month, day, year): 1855

7. AGE: Years 84; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): City

FATHER
13. NAME: John Cronmiller
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Mary Speidel
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Miss Grefe
(Address): 1717 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Cemetery Date: 4/13/1940

19. UNDERTAKER: E. J. Fearing & Son
(Address): 1938 E. Lafayette Ave.

APR 12 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-11, 1940

22. I HEREBY CERTIFY, That I attended deceased from 2-8, 1940 to 4-11, 1940

I last saw her alive on 4-9, 1940 Death is said to have occurred on the date stated above, at 3:50 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Regurgitation	
Chronic Nephritis	1940
Acute Cardiac Failure	4-11-40

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. L. Yeomans M. D.

(Address) 3025 Belair Road

FEARING

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 68284

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

Registered No. F 68284

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 6 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4 W. York Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

22

3 (a) FULL NAME Richard Anthony PATILLO

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-14-5765

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife 3/10/1909
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
31	1	1		

9. Birthplace Philadelphia, Pennsylvania. (Town, county, and state)
10. Usual Occupation AB Seaman
11. Industry or business Seafaring

FATHER
12. Name Samule Patillo,
13. Birthplace Charlottesville, Virginia

MOTHER
14. Maiden Name Elsie Glasgow,
15. Birthplace Sharps, Virginia.

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) (Burial, cremation, or removal) (b) Date thereof April 12-40 (month) (day) (year)
(c) Cemetery or crematory Philadelphia
Location Pennsylvania

18 (a) Funeral director Arshital & A. Maddis
(b) Address 2101 Mc Culloh St

19 (a) 4-12-1940 (Date received by registrar) (b) Washington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11, 1940 19/ . at 7:50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 10, 1940 . to April 11, 1940, and that I last saw him alive on April 11, 1940 .

Immediate cause of death	Duration
Lobar pneumonia	5 days
Due to Pneumococcus, Type 33	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operations.
Of autopsy Same as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. M. Anderson, M. D.
Address U. S. Marine Hospital Date signed 4/12/40

Baltimore, Maryland.

68285

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

Registered No. F 68285

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 209 Myrtle Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 209 Myrtle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

4 X

3 (a) FULL NAME Cora Jones (Flowers)

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	widowed

6 (b) Name of husband or wife Willie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/5/05

8. AGE: Years	Months	Days	If less than one day hr.	min.
35 34	11	2		

9. Birthplace Richland, N. C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Barden
13. Birthplace N. C.

MOTHER
14. Maiden Name Penny James
15. Birthplace N. C.

16 (a) Informant Annie Bell Jenkins
(b) Address Dunn, N. C.

17 (a) Burial Benston N.C. (Burial, cremation, or removal) (b) Date thereof 4/12/40 (month) (day) (year)
(c) Cemetery or crematory Richland N. C.
Location Richland N. C.

18 (a) Funeral director J. Halstead
(b) Address 918 Almond Hill Ave.

19 (a) [illegible] 1940 Huntington Williams M.D. Registrar (Local Registrar)

APR 12 1940

VS 6

MEDICAL CERTIFICATION about 12:30 P

20. DATE OF DEATH April 7 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Endocarditis Renal Failure	
Due to	
Due to	over
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. M. Sanderford M.D. Medical Examiner
Date signed 4/8/40

Correct age is especially important. Physicians: please write the exact

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68286

CERTIFICATE OF DEATH

162-a F 68286

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2524 Penna. Ave. St.) (25-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Catherine Johnston — If U. S. Veteran specify WAR .....

(a) Residence: No. 2526 Penna. Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Geo. B. Johnston Deceased

6. DATE OF BIRTH (month, day, year) Dec 9. 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 3 yrs ago — 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Belle Md.

FATHER

13. NAME Mr. Merryman

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Hogan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Edna Johnston
(Address) 2524 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date 4/15/40

19. UNDERTAKER Chas E. Sauerhoff Inc
(Address) 118 W. Saratoga Ave

20. Filed APR 12 1940 Huntington Williams M.D.

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from May, 1937, to Apr. 11, 1940, that I saw her alive on Apr. 11, 1940 Death is said to have occurred on the date stated above, at 4:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mild Mania	
Pedual Faltering	
Debility	
Other contributory causes of importance:	
Cerebrosclerosis	2 days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C. C. Smith M. D.

(Address) 1605 N. North Ave

68287

F 68287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-M Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4909 Benton Heights ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 d
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4909 Benton Heights ave (If rural give location)
(e) If foreign born, how long in U. S. A.) ... years

3 (a) FULL NAME Robert L. Lewis

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	216-05 4768

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife May A. Lewis
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1901

8. AGE: Years	Months	Days	If less than one day
38 39	7	5	hr. ... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation auto mechanic
11. Industry or business

FATHER
12. Name ~~unknown~~ Clarence Lewis
13. Birthplace ~~unknown~~ Md

MOTHER
14. Maiden Name Louise Warner
15. Birthplace ~~unknown~~ Md

16 (a) Informant Mrs. May A. Lewis
(b) Address 4909 Benton Heights Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof April 15, 1940 (month) (day) (year)
(c) Cemetery or crematory Union Chapel, Wilna, Md.
Location

18 (a) Funeral director Howard N. Bright Jr.
(b) Address 4914 Belair Road

(a) ... (b) Huntington Williams, M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-11- 1940 at 3 37 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection - Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said Inspection - Inquiry find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Asphyxiation from

Duration

Due to Carbon Monoxide

Due to Inhalation Mental depression

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 4-11-40
(c) Where did injury occur? Balto. (City or town) ... (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Garage, back of home (Specify type of place) While at work? yes
(e) Means of injury Inhalation of Carbon Monoxide gas

23. Signature Howard J. Bruns M.D. Medical Examiner
Date signed 4-12-40

correct ... is especially important. Physicians, please write ...

APR 12 '40

68288

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 183

Registered No. F 68288

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Harbor - Foot of Fells St
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1425 Andre St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stanley Niedzielski

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-0019

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Agnes Niedzielski

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 52 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Copper Works

FATHER
12. Name Frank Niedzielski
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Agnes Niedzielski
(b) Address 323 S. Duncan

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 13 (month) (day) (year) 40

(c) Cemetery or crematory Holy Rosary
Location Baltimore Md.

Funeral director F W Cazeault
(b) Address 1930 Linden Ave.

APR 12 1940

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH February 13 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Drowning — Duration:

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Drowning
(b) Date of occurrence 2/13/40
(c) Where did injury occur? Foot of Fells St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? no
(e) Means of injury Drowning not boat

23. Signature Wm. A. Gill M.D. Medical Examiner.
Date signed 2/14/40

correct age is especially important. Physicians: please write the cause of death plainly.

F 68289

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 161-C

Registered No. F 68289

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 14 E. Preston St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Yates.

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 7-1940

8. AGE: Years	Months	Days	If less than one day
		5	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Clayton Yates.
13. Birthplace Virginia

MOTHER
14. Maiden Name Eurlene Hubbard.
15. Birthplace North Carolina.

16 (a) Informant Clayton Yeatts
(b) Address 142 Preston St
17 (a) Buna (b) Date thereof Apr. 13/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Baltimore Md
18 (a) Funeral director Williams Corp
(b) Address 1219 E Fayette St
19 APR 12 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1940, at 8 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1940, to April 12 1940, and that I last saw her alive on April 11 1940.

Immediate cause of death Pneumonia Gravis — Duration Several hours.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. G. Dodd M.D.
Address Mercy Hospital Date signed 4/12/40

correct age is especially important. Physicians: please w

VS 8

68290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 68290

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 312 E University Parkway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 316 E University Parkway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hilda Maria Mueller

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race white

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/3/1902

8. AGE: Years 37 | Months 8 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Secretary

11. Industry or business Building

FATHER
12. Name Maximilian V. Mueller
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anna Seelig
15. Birthplace Baltimore

16 (a) Informant Mr Chas Mueller
(b) Address 316 E University Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director John J Foley Sons
(b) Address 218 Light St.

19 (a) APR 12 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1940, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 23 1939, to Mar 16 1940, and that I last saw h[illegible] alive on Mar 16 1940.

Immediate cause of death Metastatic Carcinoma — Duration

Due to Carcinoma rt. breast — 11 mo.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm A. Faber
Address 715 Park Ave Date signed 4/11/40

correct age is especially important. Physicians: please write

VS 3

68231 1208-S

✓ 94-a F 68291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Monastery of St. Mary Magdalen (Mary Garrahan) Registered No.

CITY OF BALTIMORE: (No. 15 S. Mount St. 1944 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sister Magdalen of St. Martha

(a) Residence: No. 15 S. Mount St. or St. Hollins St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 17, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	69	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boyle Roscommon Ireland

FATHER

13. NAME Patrick Garrahan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Carter

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sisters of Good Shepherd (Address) Mount + Hollins Sts.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. 4/13 1944

19. UNDERTAKER John J. Feeley Inc. (Address) 1315 Springfield Ave

20. FILED APR 12 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11th 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st 1939 to April 11th 1940

I last saw her alive on April 1st 1940 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Indefinite

Other contributory causes of importance:

Arteriosclerosis	Many years

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Shuttleworth M. D.

(Address) 300 N. Calvert St

Information should be entirely complete, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, and OCCUPATION is very important. See instructions on back of certificate.

8292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B

F 68292

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1729 Light St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1729 Light St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Elizabeth Kirby

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	N.	Widow.

6 (b) Name of husband or wife Andrew J. Kirby
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
68	—	—	— hr. — min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Topfinger
13. Birthplace Nova Scotia

MOTHER
14. Maiden Name Maggie Finnegan
15. Birthplace Ireland

16 (a) Informant Mrs Sarah Lukash
(b) Address 1455 Light St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/40 (month) (day) (year)
(c) Cemetery or crematory Catholic Cemetery
Location Old Frederick Rd.

18 (a) Funeral director John J. Fahey & Son
(b) Address 1315 Light St.

19 (a) APR 12 1940 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9, 1940, at 10:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 3, 1940, to April 9, 1940, and that I last saw her alive on April 9, 1940.

Immediate cause of death Carcinoma uteri

Due to

Due to

Other Conditions 1) Intestinal obstruction 2) Anemia 3) Pernicious anemia.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. F. Friedman
Address 1319 Light St Date signed M. 3 D. 9 1940

correct are is especially important. Physicians, please

VS 3

293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124-B

F 68293 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 515 W. Saratoga St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 38 years

3 (a) FULL NAME Frank Columbia

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Josephine Columbia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1880

8. AGE: Years	Months	Days	If less than one day
59 60	9	29	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Lomuel Columbia
13. Birthplace Italy

MOTHER
14. Maiden Name Rosalie Parrell
15. Birthplace Italy

16 (a) Informant Josephine Columbia
(b) Address 515 W. Saratoga St

17 (a) Burial (b) Date thereof April 15-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave

18 (a) Funeral director Albert M Zuraw
(b) Address 440 E North Ave

19 (a) (Date) (b) Huntington Williams Reg. M. D.
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1940, at 6 45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 11 1940 to April 11 1940, and that I last saw him alive on April 11 1940.

Immediate cause of death Cardiac Thrombosis
Due to Coronary Sclerosis
Due to Chronic Nephritis
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter F. Wolk M. D.
Address Mercy Hospital Date signed 4-11-40

correct as is especially important. Physicians, please write plainly.

APR 12 1940

68294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68294

Registered No. 121

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2145 Walbrook Ave
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2wks
(e) Length of stay in Baltimore (yrs., mos., or days) 12yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2145 Walbrook Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michael Labelle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-8-1873

8. AGE: Years	Months	Days	If less than one day
66	7	4	hr. min.

9. Birthplace Roundout New York (Town, county, and state)
10. Usual Occupation Coal Burner
11. Industry or business (Owner)

FATHER
12. Name Patrick J. LaVelle
13. Birthplace Ireland

MOTHER
14. Maiden Name Katherine M. LaVelle
15. Birthplace Ireland

16 (a) Informant Katherine A. LaVelle
(b) Address Shamokin - Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15-40 (month) (day) (year)
(c) Cemetery or crematory St Edward's Cem
Location Shamokin - Pa.

18 (a) Funeral director Cook Sylvester
(b) Address 600 W. North Ave

19 4-12-40 (Date rec'd by registrar) (b) Hunter Robinson M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-12 1940, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-28 1940 to 4-12 1940, and that I last saw her alive on 4-12 1940.

Immediate cause of death: Cardiac Insufficiency — Duration
Due to Hypertensive Cardiovascular disease
Due to Bronchopneumonia
Other Conditions: Appendiceal Abscess
(Ignore pregnancy within 3 months of death)
Major findings:
Of operations: Appendiceal Abscess
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A B Dangharthy M. D.
Address Franklin Sq. Hosp. Date signed 4-12-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

68295

CERTIFICATE OF DEATH

93-1 F 68295

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 26 N. Pulaski St. 20-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Mrs. Anna Kate Bradford

If U. S. Veteran specify WAR _____

(a) Residence: No. 26 N. Pulaski St., _____ Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John G. Bradford.

6. DATE OF BIRTH (month, day, year) July 16-1854

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
85	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Butte Co. (State or country) Montana

FATHER

13. NAME Samuel V. Pulaski

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Robinson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Minnie L. Bradford

(Address) 26 N. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date April 13 19 40

19. UNDERTAKER George F. Schmidt.

(Address) 2101 Frederick Ave.

20. DATE APR 12 1940 Washington Nitkin, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 1939 to 4-11 1940

I last saw h. alive on 4-11 1940 Death is said to have occurred on the date stated above, at 6 50 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Myocarditis	5 yrs
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Samuel A. Shuster, M.D.

(Address) 945 W. Lafayette

OCCUPATION is very important. See instructions on BACK of certificate.

VS 8

F 68296

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a

Registered No. F 68296

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2007 E. Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2007 E. Lafayette Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bridget E. Doerer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife John L. Doerer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-12-1862

8. AGE: Years 77 | Months 8 | Days 28 | If less than one day hr. min.

9. Birthplace Balto md
(Town, county, and state)

10. Usual Occupation
11. Industry or business at Home

FATHER
12. Name Daniel Danaher
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Lynch
15. Birthplace Ireland

16 (a) Informant John L. Doerer
(b) Address 2007 E. Lafayette Ave.

17 (a) Burial (b) Date thereof 4-13-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Howard J. Deuker
(b) Address 5305 Harford Ave Phone Arlington

19 (a) (b) Registrar

APR 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-10 19 40, at 6:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 29 1940, to April 10 1940, and that I last saw h alive on 4-10 1940.

	Duration
Immediate cause of death: Bronchial Pneumonia	4-7-40
Due to: Cerebral Hemorrhage	3-29-40
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mildred Rumsfeld M. D.
Address 5402 Belair Rd. Date signed 4-11-40

CORRECT AGE IS especially important

68297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-6

Registered No. F 68297

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2709 Alameda
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Alice R Goedeke (Goedeke)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Married

6 (b) Name of husband or wife Vaught T. Goedeke

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/1/1876

8. AGE: Years	Months	Days	If less than one day
64	3	9	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name James Davis
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Dunn
15. Birthplace Baltimore

16 (a) Informant Vaught T. Goedeke
(b) Address 2709 Alameda Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Geo. J. Roth & Son
(b) Address 835 Washington Blvd

19 APR 12 1940 (Date rec'd by registrar) (b) Herbert Wilkinson, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/10 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/6 1940 to 4/10 1940, and that I last saw her alive on 4/10 1940

Immediate cause of death	Duration
Bronchopneumonia	2 da.
Obstructive Jaundice	4 mos.
Due to Carcinoma head of Pancreas ? (Clinical diag.)	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

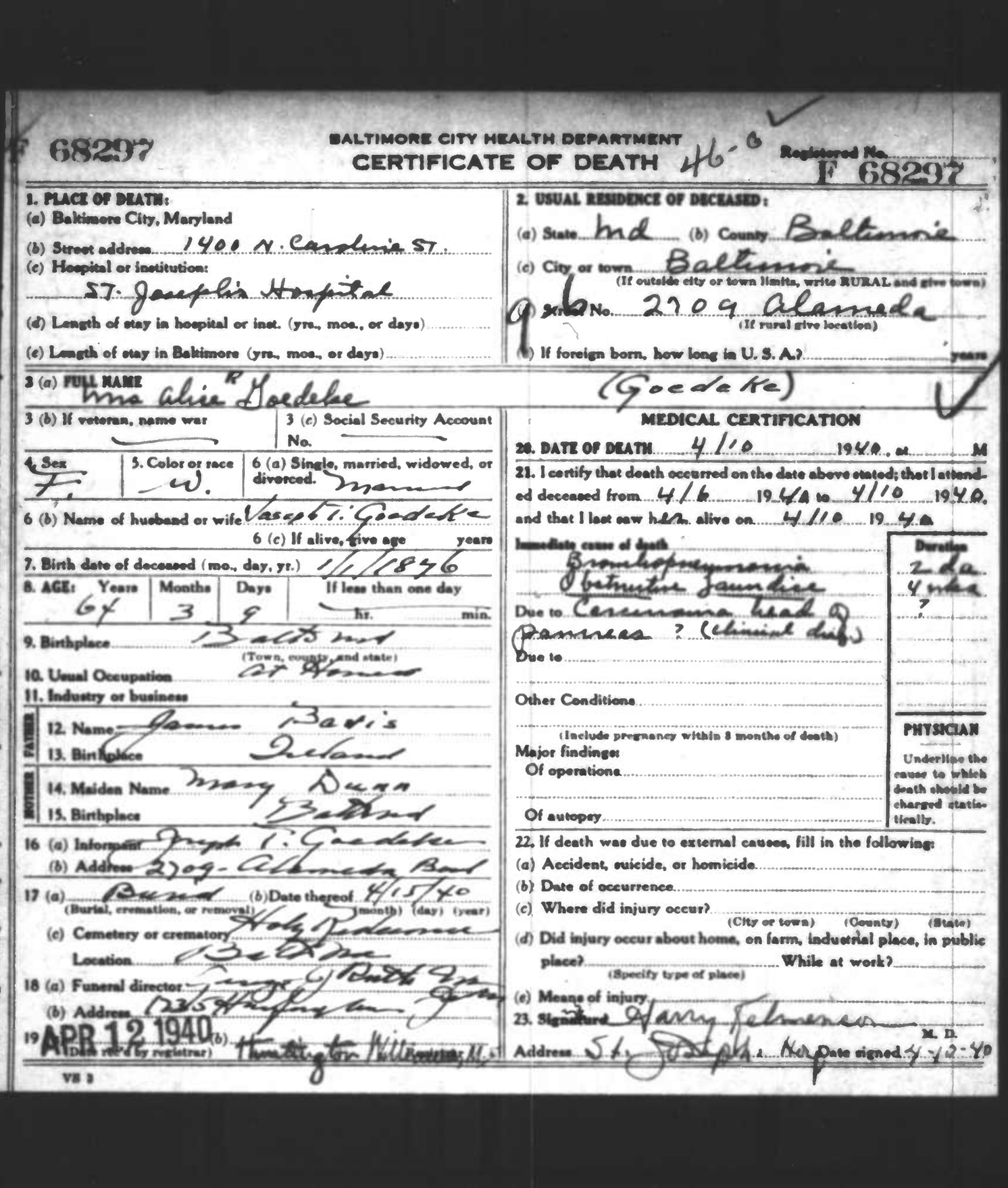
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Feldmeier M. D.
Address 5 E. Lexington St. Date signed 4-12-40

correct age is especially important. Physicians, please



F 68298

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1940 ✓ Registered No. F 68298

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1826-Hope Street
(c) Hospital or institution: ----
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1826-Hope Street (If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME Sophie Wehner

3 (b) If veteran, name war --

3 (c) Social Security Account No. ----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Alphonse Wehner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/23/1872

8. AGE: Years	Months	Days	If less than one day
68	1	19	hr. xxzxxxzx min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Henry Ackerman
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Wertel
15. Birthplace Germany

16 (a) Informant Alphonse Wehner
(b) Address 1826-Hope Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735-Harford Ave.

19 (a) APR 12 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1940, at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/29 1939, to 4/11 1940, and that I last saw h[illegible] alive on 4/11 1940.

Immediate cause of death Cardiac Insufficiency — Duration 4/29/39
Due to Hypertension C.V. Disease
Due to
Other Conditions Aortic Insufficiency Obesity
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Cohen M.D.
Address 1761 E Mulberry Date signed 4/11/40

378145
68299

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-B

Registered No. F 68299

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2728 Harlem Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Wolfe

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-23-11

8. AGE: Years	Months	Days	If less than one day hr.	min.
28	6	19		

9. Birthplace Jeannette MD (Town, county, and state)
10. Usual Occupation WAREHOUSEMAN
11. Industry or business

FATHER
12. Name Chas Wolfe
13. Birthplace MD.

MOTHER
14. Maiden Name Claudia Smith
15. Birthplace MD

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15-1940 (Month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Frederick Md
18 (a) Funeral director W E Falconer
(b) Address Newson Manker Hilleary Co Huntingtown Prince Georges, Md.
19 APR 13 1940 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH APR 12 1940, at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from APR 8 1940, to APR 12 1940, and that I last saw HIM alive on APR 12 1940.

Immediate cause of death: uremia — Duration 3 mos.
Due to: chronic glomerulo-nephritis. — ?
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John S. Hunt M. D.
Address Johns Hopkins Hosp Date signed 4-12-40

VS 2

F 68300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a ✓

Registered No. F 68300

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 17 York Court
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 York Court (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CAROLINE HAGAN

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
no RECORD	none	F	W	Single

6 (b) Name of husband or wife single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21st, 1870

8. AGE: Years	Months	Days	If less than one day
69	11	21	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation nurse
11. Industry or business

FATHER
12. Name John Hagan
13. Birthplace Balto Co Md

MOTHER
14. Maiden Name Rachel Bull
15. Birthplace Balto Co Md

16 (a) Informant Harry S Gardner
(b) Address 17 York Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director William Cook
(b) Address 217 St Paul St

19 (a) APR 13 1940 (Date R'd by Reg'r) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1940, at 8 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. T. Wollenweber M.D. Asst Medical Examiner.
Date signed 4-12-40

VS 6

Correct age is especially important for persons 70 years and over

F 68301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 68301

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2636 Oswego Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2636 Oswego Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Ella F. Betz

3 (b) If veteran, name war N

3 (c) Social Security Account No. NONE

4. Sex Female | 5. Color or race White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of husband ~~or wife~~ Paul H. Betz

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Sept 18 1875

8. AGE: Years 64 | Months 6 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace Wisconsin (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business At Home

FATHER 12. Name Baxter L. Bull

13. Birthplace Wisconsin

MOTHER 14. Maiden Name E. Colbert

15. Birthplace Wisconsin

16 (a) Informant Paul H. Betz

(b) Address 2636 Oswego Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/13/40 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Balto

Location Balto Md

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

APR 13 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2-1940 to 4-11-1940, and that I last saw h~~er~~ alive on April 11 1940.

Immediate cause of death: Cerebral Hemorrhage with right Hemiplegia — Duration 5 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James S. Ashcraft M. D.

Address 400 N Pine Hgltn Date signed 4-12-40

F 68302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 Registered No. 68302

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State DC (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 3133 Connecticut Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WALLACE L. LIND

3 (b) If veteran, name war: World
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Hazel Bagley
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) June 10, 1891

8. AGE: Years 52 | Months 10 | Days 2 | If less than one day hr. min.

9. Birthplace Brainerd, Minn. (Town, county, and state)
10. Usual Occupation Naval Officer, retired
11. Industry or business U. S. Navy

FATHER
12. Name Unknown
13. Birthplace Sweden

MOTHER
14. Maiden Name Unknown
15. Birthplace Sweden.

16 (a) Informant Son. Wallace L Lind Jr.
(b) Address 3133 Connecticut Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 13/40 (month) (day) (year)
(c) Cemetery or crematory Arlington Cemetery
Location Washington, D.C. Arlington Va.

18 (a) Funeral director John O. Mitchell & Sons Inc.
(b) Address Baltimore, Md.

19 (a) APR 13 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1940, at 8 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	subt
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lt L W Sollenberger M.D.
Medical Examiner.
Date signed

Correct age if supplied after original registration.

VS 6

F 68393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91 ✓

Registered No. F 68393

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3329 Piedmont Avenue
(c) Hospital or institution:
none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3329 Piedmont Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herman Gohlinghorst

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Maude Pitcher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9, 1874

8. AGE: Years	Months	Days	If less than one day
65	11	2	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation clerk ~~on~~ retired
11. Industry or business

FATHER
12. Name Herman Gohlinghorst
13. Birthplace Germany

MOTHER
14. Maiden Name Amalia Kuhst
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Herman Gohlinghorst
(b) Address 3329 Piedmont Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 13, 1940 (month) (day) (year)
(c) Cemetery ~~Greenmount~~ Loudon Park
Location Frederick Avenue, Baltimore, Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Baltimore

19 APR 13 1940 (b) Huntington Williams, M.D. Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-11 1940, at 3:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-21 1940 to 4-11 1940 and that I last saw h.i. alive on 4-11 1940.

Immediate cause of death
Arteriosclerosis (Cerebral)
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration 5 yrs.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature August P. Ewald M. D.
Address Belvedere Court Apts. Date signed April 12, 1940

VS 3

68304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

73a

Registered No. F 68304

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 521 Lyndhurst Street
(c) Hospital or institution:
none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 521 Lyndhurst St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest Mackal l

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Nellie M. Carroll
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23, 1873

8. AGE: Years	Months	Days	If less than one day
66	11	18	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Police Officer
11. Industry or business

FATHER
12. Name Levin Mackall
13. Birthplace Md.

MOTHER
14. Maiden Name Martha Lee Walker
15. Birthplace Md.

16 (a) Informant Mrs. Nellie M. Mackall
(b) Address 521 Lyndhurst Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 13, 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Maryland

18 (a) Funeral director John O. Mitchell & Son
(b) Address 1900 Eutaw Place, Baltimore

19 (Date rec'd by registrar) APR 13 1940 Washington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1940, at 3-10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1939 to April 10 1940 and that I last saw [illegible] alive on April 10 1940.

Immediate cause of death	Duration
Terminal Bronchopneumonia	2 days
Due to Arteriosclerosis Anaemia	1 Year
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. A. Lally M. D.
Address 3517 Edmondson Ave. Date signed 4/12/40

51421 - KB

68305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 68305

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo., 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 2363 McCulloh St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? yrs.

3 (a) FULL NAME Benjamin Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Widowed

6 (b) Name of husband or wife Mattie (dead)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ?

8. AGE: Years	Months	Days	If less than one day
68 ?	?	?	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business Unknown

FATHER
12. Name Phillip Johnson (dead)
13. Birthplace ?

MOTHER
14. Maiden Name Emily ? (dead)
15. Birthplace ?

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) (Burial, cremation, or removal) (b) Date thereof April 13-40 (month) (day) (year)
(c) Cemetery or crematory Lakeview Memorial Pk
Location Balto Md.
18 (a) Funeral director Archibald A. Maddox
(b) Address 2101 McCulloh St.
19 (a) 4-12-40 (Date rec'd by registrar) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-10- 1940, at 1 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-20-1939 to 4-10-1940 and that I last saw h[illegible] alive on 4-10-1940.

Immediate cause of death Bronchopneumonia — Duration 5 days
Due to A-S. Ht. Dis — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Monaghan Johnson M. D.
Address Balto City Hosp. Date signed 4-11-40

APPD

F 68306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E ✓ Registered No. F 68306

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1322 S. Charles St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1322 S. Charles St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah L. Baumann.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem.	Wht	Married

6 (b) Name of husband or wife Henry J. Baumann
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) April 8 188[illegible]

8. AGE: Years	Months	Days	If less than one day
57	0	3	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business

FATHER
12. Name John H. Muhly.
13. Birthplace Balto Md

MOTHER
14. Maiden Name Dora Deibel
15. Birthplace Balto Md.

16 (a) Informant Henry J. Baumann
(b) Address 1322 S Charles St

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 4-14-40 (month) (day) (year)
(c) Cemetery or crematory Emanuel Luth
Location Balto Md.

18 (a) Funeral director Mrs Chas A J Rohde
(b) Address 2327 Edmondson Ave

19 APR 13 1940 Registered by Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1940, at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 1940 to Apr 11 1940; I last saw h[illegible] alive on Apr 10 1940

Immediate cause of death 3 myocardial insufficiency
Due to auricular fibrillation Heart
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration
about 30 days
exact to Apr 11, 1940

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature P. Edwin Ewell
Address 2945 N Paul St Date signed April 13/40

F 68307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-3

Registered No. F 68307

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address The Johns Hopkins Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 3 min

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 682 Washington Blvd. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Milan

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	single

6 (b) Name of husband or wife single

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 11, 1940

8. AGE: Years	Months	Days	If less than one day
			22 hr. 3 min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Edward Milan
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Macys
15. Birthplace Maryland

16 (a) Informant Ed. Milan
(b) Address 682 Wash Blvd

17 (a) (Burial, cremation, or removal) (b) Date thereof 4/15/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd

18 (a) Funeral director Joseph Lanahan Jr
(b) Address 602 Wash. Blvd

19 (a) APR 13 1940 (Date rec'd by registrar) Huntington Williams, M. D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1940, at 2 20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 11 1940, to April 12 1940, and that I last saw her alive on April 12 1940.

Immediate cause of death	Duration
Gliomas of Orbit and Mastoids Right	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Malignancy of Orbital Cavity Rt.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 2703 N. Charles Date signed 4/12/40

VS 3

68308

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

164 Registered No. F 68308

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2575 Frederick ave (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME George W Purper George W. Purper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1917

8. AGE: Years	Months	Days	If less than one day
22	9	2	hr. min

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John W. Purper
13. Birthplace Baltimore

MOTHER
14. Maiden Name Isabell Wisner
15. Birthplace Baltimore

16 (a) Informant Mr. William Purper
(b) Address 2575 Frederick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick ave Balto Md.

18 (a) Funeral director J. Hyman Kushner
(b) Address 2306 E Monument St Balto Md

19 APR 13 1940 (Date rec'd by registrar) (b) Huntington Pittsville, Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-11-1940, at 11 20 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy and Inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Hemorrhage — Duration
Bullet wounds of Chest
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 4-11-40
(c) Where did injury occur? Balto. (City or town) Md (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Shot with pistol gun shot ? Check

23. Signature Howard J. Madden M.D.
Medical Examiner
Date signed 4-12-40

VS 4

8379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940 F 68309

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rear(?) of 427 S Sharp Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ten years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8 E Bethel St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 3-1 years

3 (a) FULL NAME Ellie (Ora) King.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Femal
5. Color or race: negro
6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr): 1907

8. AGE: Years: 1917 33 | Months | Days | If less than one day: hr min

9. Birthplace: V.a (Town, county, and state)

10. Usual Occupation: House worke

11. Industry or business:

FATHER 12. Name: James King V.a

13. Birthplace: V. a

MOTHER 14. Maiden Name: ~~Lizzie~~ Lizzie Curry V.a

15. Birthplace: V.a

16 (a) Informant: Lennie Kings

(b) Address: 1329 orleans st

17 (a) (Burial, cremation, or removal) (b) Date thereof: April 13. 1940 (month) (day) (year)

(c) Cemetery or crematory: Mt Auburn

Location: West port south & side

18 (a) Funeral director: Edward Bryan

(b) Address: 1241 orleans St

19 (a) (Dec'd by) (Year) Registrar

APP 13 1940

VS 6

MEDICAL CERTIFICATION Coroners case

20. DATE OF DEATH 4-9-1940 at 6 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Hemmorhage — **Duration**

Due to Multiple incised wounds involving neck, body, & extremities

Due to Lung - Head

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 4-8-40
(c) Where did injury occur? Baltimore (City or town) Md (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ? (Specify type of place) While at work? ?
(e) Means of injury Stab, incised wounds, Stab wounds

23. Signature Howard J. Klossen M.D.
Medical Examiner.

Date signed 4-9-40

F 68310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C (Registered No.) F 68310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1609 Llewellyn Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HENRY PETERSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) July 15 1880

8. AGE: Years	Months	Days	If less than one day: hr	min
59	8	30	29	

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name George Peterson
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Annie Webelius
15. Birthplace Baltimore Md.

16 (a) Informant Martin Peterson (Brother)
(b) Address 2425 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15-1940 (month) (day) (year)
(c) Cemetery or crematory Mount Carmel
Location Odonnell St

18 (a) Funeral director Lilly & Zeiler, Inc.
(b) Address 403 S. Wolfe St.
(c) Filed APR 13 1940 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1940, at 2 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Pneumonia, lobular bilateral

Due to: Cerebral hemorrhage interclural

Due to:

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations Subdural hydroma

Of autopsy as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 3, 1940
(c) Where did injury occur? Broadway and Preston (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? no (Specify type of place)
(e) Means of injury struck by auto while crossing street

23. Signature H. L. Wallenmeyer M.D. Asst. Medical Examiner

Date signed Apr. 12, 1940

VS 6

68311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58-D

Registered No. 68311

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 738 S Patomac St
(c) Hospital or institution: no
(d) Length of stay in hospital or inst. (yrs., mos., or days) none
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 738 S. POTOMAC. ST (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John H Donhauser

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 218-01-8506

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Helen donhauser
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 22-1874

8. AGE: Years	Months	Days	If less than one day
60	7	19	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation PAINTER
11. Industry or business

FATHER
12. Name Geoger Donhauser
13. Birthplace Baltimore MD

MOTHER
14. Maiden Name Theresa Wilson
15. Birthplace Baltimore MD

16 (a) Informant Helen Donhauser(Wife)
(b) Address 738.S.Patomac ST

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15.1940 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Eastern averoad

18 (a) Funeral director Lilly & Zyler INC
(b) Address 403 S. Wolfe st

19 (a) (Date received by Registrar) 4-15-1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11.1940 at 8/30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-9-1940 to 4-11 1940, and that I last saw him alive on 4-11 1940.

Immediate cause of death	Duration
Rheumatic Pancarditis	4-9-40
Myocardial Failure	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings: Of operations Ford.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Natural
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. A. Schemmuck M. D.
Address 741 S. Eutaw Date signed 4-13-40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

68312

CERTIFICATE OF DEATH

107

F 68312

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3108 Brendan Ave. St. 26-3 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 50 Yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anna Barbara Hallameyer

If U. S. Veteran specify WAR _____

(a) Residence: No. 3108 Brendan Ave. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Alois Hallameyer

6. DATE OF BIRTH (month, day, year) Sept.-13-1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89Yrs.	6Mo.	28Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Leonard Walch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Hoffman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Matilda H. Hertig
(Address) 3108 Brendan Ave.

18. BURIAL, CREMATION, OR REMOVAL
Holy Redeemer Cem. April-15-1940
Place Date 19

19. UNDERTAKER Henry Hoeck & Sons Inc.
(Address) 1201 O'Regan St

20. FILED APR 13 1940 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April-11-1940

22. I HEREBY CERTIFY, That I attended deceased from March 3 1937 to April 11 1940

I last saw her alive on April 11 1940. Death is said to have occurred on the date stated above, at 2.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Bronchial Pneumonia.	4-23
Other contributory causes of importance Senile Arteriosclerosis	

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Leonard J. Rumpf M. D.

(Address) 540 E. Belvedere Rd

OCCUPATION is very important. See instructions.

377656
68313

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

56 E Registered No. F 68313

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C (b) County
(c) City or town WASHINGTON (If outside city or town limits, write RURAL and give town)
(d) Street No. 2019 R st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ottis B Ribelin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1-27-10

8. AGE: Years	Months	Days	If less than one day
30	2	15	hr. min.

9. Birthplace Ark. (town, county, and state)
10. Usual Occupation Government
11. Industry or business

FATHER
12. Name Otis B Ribelin
13. Birthplace ARK

MOTHER
14. Maiden Name Wiltia Weems
15. Birthplace ARK

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof april 13 40 (month) (day) (year)
(c) Cemetery or crematory Blue Mountain Memorial Park
Location Md.

18 (a) Funeral director John E Mitchell Jr.
(b) Address 1700 Eutaw

19 (Date received by registrar) APR 13 1940 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 12 1940, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 28 1940 to APR 12 1940 and that I last saw h[illegible] alive on APR 12 1940.

Immediate cause of death: Generalized Peritonitis
Due to: Retro peritoneal Hematoma
Due to: Urinary Extravasation
Due to: Ureteral calculi

Duration: 4 years, 2 days, 10 days, 2 months

Other Conditions: Epispadias; Anemia, Secondary; Adenitis, inguinal
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Urinary Extravasation in right flank.
Of autopsy: Peritonitis; retro peritoneal hematoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James H Demas
Address Johns Hopkins Hosp Date signed 4/13/40 M. D.

VS 1

68314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 68314

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3400 Fait ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3400 Fait ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 29 years

3 (a) FULL NAME Waweryniec Lawrence Romecki
3 (b) If veteran, name war
3 (c) Social Security Account No. 215-09-32[illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Agnes Romecki
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) aug 5 1893

8. AGE: Years	Months	Days	If less than one day
46	8	6	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Labor
11. Industry or business Steamfitter

FATHER
12. Name Waweryniec Romecki
13. Birthplace Poland

MOTHER
14. Maiden Name Katherine Gadek
15. Birthplace Poland

16 (a) Informant Mrs. Agnes Romecki
(b) Address 3400 Fait ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M Weber
(b) Address 461 S. Chester Street

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

APR 13 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/11/40 19 at 1130 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 16 1940, to April 10 1940, and that I last saw him alive on April 10 1940.

Immediate cause of death: Chronic Passive congestion — Duration: 3 mo's
Due to Bronchogenic Carcinoma — ?
X-Ray - Report, March 18, 1940
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Michael J. Dowdach M. D.
Address 2531 E. Baltimore St. Date signed 4-12-40

F 68315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

Registered No. F 68315

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County
(c) City or town Fort Thomas, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1756 Bloom Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dr. Simon P. KRAMER

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Minnie Halle Kramer

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) January 1, 1868.

8. AGE: Years 72 | Months 3 | Days 11 | If less than one day: hr. min.

9. Birthplace Cincinnati, Ohio (Town, county, and state)

10. Usual Occupation National Institute of Health

11. Industry or business Public Health Research

FATHER
12. Name Jacob Kramer
13. Birthplace Pottsville, Pa.

MOTHER
14. Maiden Name Emma Bloom
15. Birthplace Cincinnati, Ohio.

16 (a) Informant Records-U. S. Marine Hospital.
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Arlington Cem.
Location Arlington, Md.

18 (a) Funeral director Jr. Aurelius Sons
(b) Address 1756 Penna Ave N.W. Washington

19 (a) Date received APR 13 1940 Registrar Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12, 1940, at 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2, 1940, to April 12 1940 and that I last saw him alive on April 12, 1940.

Immediate cause of death Congestive heart failure — Duration: Unknown

Due to Coronary occlusion — Duration: Unknown

Due to

Other Conditions Carcinoma of colon — Duration: Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operations
Of autopsy Same as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. B. H. Anderson, M. D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 4/13/40

F 68316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 68316

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 906 McDonough St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 906 McDonough St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susan Henley

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Charles Henley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1865

8. AGE: Years 74 | Months 11 | Days 24 | If less than one day: hr. min.

9. Birthplace Goochland County Va. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Thomas Snead
13. Birthplace Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Aleatha Harrison
(b) Address 242 Bradhurst Ave. New York

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 13, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem. Location A.A. County Md.

18 (a) Funeral director Mrs. R.G. Elliott & Daughter
(b) Address 1129 N. Caroline St.

19 APR 13 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/10 1940, at 9 a.m. p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/6 1940 to 4/10 1940 and that I last saw her alive on 4/10 1940

Immediate cause of death: Chronic interstitial nephritis — Duration: unknown

Due to: cardio-vascular-renal disease

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 1320 N. Mad. St. Date signed 4/13/40

VS 3

CASTER

F 68317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

171 Registered No. F 68317

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 922 N. Carolina Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

10

3 (a) FULL NAME Jeanette Caston

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Married

6 (b) Name of husband or wife Simon Caston
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1880

8. AGE: Years	Months	Days	If less than one day
60	2	7	hr min

9. Birthplace St. Marys County Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Joseph Samuel Johnson
(b) Address 922 Carline Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 14 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Q.A. County Maryland

18 (a) Funeral director Mrs. P. G. Elliott Daughter
(b) Address 1129 N. Carolina St

APR 13 1940 (Local Registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-9- 1940, at 3 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Fractured Skull

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4-9-40 19-2
(c) Where did injury occur? 900 Block Biddle Alley East
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Struck by St. Car - Crossing Street

23. Signature Howard J. Clinesmith M.D.
Medical Examiner.
Date signed 4-9-40

F 68318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a Registered No. F 68318

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 11½ hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 87 Church Home + Inf. (If rural give location) 1913 E Oliver St.
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Insley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Infant

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1940

8. AGE: Years	Months	Days	If less than one day
			11 hr. 30 min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Newborn Infant
11. Industry or business

FATHER
12. Name Tams Fasley
13. Birthplace Maryland

MOTHER
14. Maiden Name Virginia Bradshaw
15. Birthplace Maryland

16 (a) Informant Mother - Mrs. V. Insley
(b) Address 1913 E. Oliver St.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4/12/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto. Md.

18 (a) Funeral director Benson Insley (Father)
(b) Address 1913 E Oliver St

19 APR 13 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

8546

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1940, at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1940, to April 10 1940, and that I last saw her alive on April 10 1940.

Immediate cause of death	Duration
Prematurity (28 wks)	
Cerebral Hemorrhage	
Due to	
Due to	
Other Conditions: Breech Delivery Spont.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. Cleveland M.D. M. D.
Address Date signed

F 68319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered No. F 68319

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Parkton Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D. 4
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SAMUEL HOWARD MILLER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	W	married

6 (b) Name of husband or wife Florence Hays

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) June 5, 1878

8. AGE: Years	Months	Days	If less than one day
61	10	8	hr. min.

9. Birthplace Mount Carmel Md
(Town, county, and state)

10. Usual Occupation merchant

11. Industry or business own general store

MOTHER / FATHER

12. Name John Wesley Miller

13. Birthplace Mount Carmel Md

14. Maiden Name Martha Bamblitz

15. Birthplace Maryland

16 (a) Informant Mrs. Dempsie Miller (wife)

(b) Address Parkton, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16-40 (month) (day) (year)

(c) Cemetery or crematory Fosters

Location Monkton, Md

18 (a) Funeral director P. Markle Sons

(b) Address Cockeysville Md

19 (c) Hunter & Williams, Agts

APR 13 1940
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1940, at 9 25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry), and obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Laceration of brain
Subdural hematoma — Duration 3 days

Due to

Due to

Other Conditions Subarachnoid hemorrhage
(Include pregnancy within 3 months of death)

Major findings:
Of operations Left subtemporal decompression, Hematoma
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 11, 1940
(c) Where did injury occur? Graystone Rd near home
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place While at work? Yes
(Specify type of place)
(e) Means of injury fall of horse struck striking head on ground

23. Signature To Wallenmeier M.D.
Medical Examiner.

Date signed

VS 6

68320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 68320

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Sinai Hospital
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) 32

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2314 Allow Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 38 years

3 (a) FULL NAME Rev. Benjamin Bleiberg

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Sophie

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Austria (Town, county, and State)

10. Usual Occupation Cantor + Mohel

11. Industry or business

FATHER
12. Name Meyer M. Bleiberg
13. Birthplace Austria

MOTHER
14. Maiden Name Hittle Bleiberg
15. Birthplace Austria

16 (a) Informant Jacob J. Edelman
(b) Address 2314 Callow ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-14-40 (month) (day) (year)
(c) Cemetery or crematory City Chain
Location Wash Co Pa

18 (a) Funeral director Joint Levin Inc
(b) Address 1439 E. Balto St.

APR 14 1940 (Date rec'd by registrar) Hunter Jr Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1940 at 7:08 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 19 40 to Death and that I last saw h[illegible] alive on April 13

Immediate cause of death: Uremia of unknown etiology — Duration

Due to Toxic Lymphatic Benign Prostatic

Due to Arteriosclerotic Cardiac

Other Conditions Pneumonia disease

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Morgan J. Mayfield M.D.
Address Sinai Hospital Date signed 4/13/40

F 68321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

Registered No. F 68321

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1833 KAVANAUGH. ST
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) — 15-2
(e) Length of stay in Baltimore (yrs., mos., or days) 50 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1835. KAVANAUGH. ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME SARAH CROSS.

3 (b) If veteran, name war —

3 (c) Social Security Account No. NONE.

4. Sex F

5. Color or race COL.

6 (a) Single, married, widowed, or divorced WIDOWED

6 (b) Name of husband or wife WM CROSS. DECEASED. 6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1870.

8. AGE: Years 69 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace MARYLAND. (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business —

MOTHER / FATHER

12. Name UNKNOWN.

13. Birthplace UNKNOWN.

14. Maiden Name UNKNOWN.

15. Birthplace UNKNOWN.

16 (a) Informant LUCY BARRY.
(b) Address 1833. KAVANAUGH. ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4 15 40 (month) (day) (year)
(c) Cemetery or crematory MT. CALVARY. CEM.
Location ANNE ARUNDEL COUNTY. MD

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania

19 (a) Filed [illegible] (b) [illegible] Registrar

APR 14 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/12 1940 at 7.40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1 1940 to 4/12 1940 and that I last saw h[illegible] alive on 4/1 1940

Immediate cause of death

(a) Cardiac Renal

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
4 Days
one

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. N. Stalter

Address 1715 Rose St Date signed 4/13/40

68322

F 68322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3956 Cloverhill Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3956 Cloverhill Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice Vernon Wilson Josephs

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) ~~Single~~ married, ~~widowed~~ or ~~divorced~~ Married

6 (b) Name of husband or wife Ignatius Josephs

6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Feb 22 1862

8. AGE: Years	Months	Days	If less than one day
78 79	1	21	hr. min.

9. Birthplace New Orleans (Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER 12. Name Hugh Wilson

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Mary Jane Mathews

15. Birthplace Baltimore Md

16 (a) Informant Mrs Fowler

(b) Address 10 Highfield Road

17 (a) Int Burial (b) Date thereof 4-14-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Providence

Location Providence Rhode Island

18 (a) Funeral director H. W. Jenkins & Son

(b) Address Orchard & McCulloh St

19 APR 14 1940 (b) Hunting Park Ave. Baltimore Md.
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1940, at 10:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 to 4-13 1940, and that I last saw h ~~ER~~ alive on 4-13 1940.

Immediate cause of death ARTERIOSCLEROTIC HEART DISEASE — Duration ?

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John L. Dorsey M. D.

Address 112 St. Paul St. Date signed 4-13-40

F 68323
3723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-a

F 68323

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 → 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 529 N. Howard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pattie Vinson

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex Female | **5. Color or race** White | **6 (a) Single, married, widowed, or divorced.** Married

6 (b) Name of husband or wife Hugh P. Vinson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-11-94

8. AGE: Years 45 | Months 10 | Days 32 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Various duties

11. Industry or business

FATHER
12. Name Adrejian Judson
13. Birthplace Va

MOTHER
14. Maiden Name Martha Holland
15. Birthplace Va.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 4-13-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore
18 (a) Funeral director John Cuttchell Home
(b) Address 1704 Eutaw Place
19 (a) APR 14 1940 **(b)** Mattie A. Williams Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1940 at 12:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2 1939 to Apr. 13 1940, and that I last saw her alive on Apr. 13 1940.

Immediate cause of death Not evident — Duration: own

Due to — Duration:

Due to — Duration:

Other Conditions Cirrhosis of Liver Ascites — Duration: 1 Years

(Include pregnancy within 3 months of death)

Major findings:
Of operations Cirrhosis of Liver Ascites
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. F. Jonas Jr.
Address The Johns Hopkins Hospital **Date signed** 4/13/40

VS 3

F 68324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-H Registered No.

F 68324

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4315 Park Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4315 Park Heights Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SAMUEL R BARNES

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
m	W	m.

6 (b) Name of husband or wife Katherine Hayes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30-1861

8. AGE: Years	Months	Days	If less than one day
78	8	13	hr. min.

9. Birthplace Havre de Grace Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER 12. Name Bennett H. Barnes
13. Birthplace Md

MOTHER 14. Maiden Name Hannah J. Wells
15. Birthplace Port Deposit Md

16 (a) Informant Mrs. Kathryn H. Barnes
(b) Address 4315 Park Heights ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) 4-15-40
(c) Cemetery or crematory Mt. Olivet
Location Frederick ave., Balto. Md

18 (a) Funeral director John Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) (State Registrar) (b) Florence Williams (Registrar)

APR 14 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1940, at 7:35 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Illuminating gas poisoning
Due to suicide
Due to mental despondency
Other Conditions Cancer of the Bladder (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations no
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence April 12, 1940
(c) Where did injury occur? 4315 Park Hts Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Illuminating gas from kitchen stove

23. Signature W. J. Wallace Jr. M.D.
Medical Examiner.
Date signed 4-12-40

68325 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 68325

CERTIFICATE OF DEATH

61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3013 Pinewood Ave St. 27 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Storm

If U. S. Veteran specify WAR .....

(a) Residence: No. 3013 Pinewood Ave St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Olaf Storm

6. DATE OF BIRTH (month, day, year) AUG 20 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home.

10. Date deceased last worked at this occupation (month and year) April 12 - 40

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Nicholas Tiemann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Altenhausen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Margaret Weiss
(Address) 3013 Pinewood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 4/15 1940

19. UNDERTAKER Leonard J. Ruck
(Address) 5305 Harford Rd

20. FILED APR 14 1940 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

V 63

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 1936 to April 12 1940

I last saw h. alive on April 12 1940. Death is said to have occurred on the date stated above, at 1.55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	4/-/36
Diabetes Mellitus.	4/-/36
Other contributory causes of importance:	
Amputation Rt Leg.	2/-/36
" Rt Leg	3/-/37

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) James F Fawcett M. D.

(Address) 3328 McElderry St.

F 68326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940 a F 68326 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard Ave
(c) Hospital or institution: Edgewood Sanitarium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 10
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County [redacted]
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 329 S Clinton St (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME William Kruger

3 (b) If veteran, name war: —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ada Kruger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 6 - 1863

8. AGE: Years	Months	Days	If less than one day
77	2	5	hr. ____ min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Shipping Clerk
11. Industry or business Wholesale Grocery

FATHER
12. Name —
13. Birthplace Germany

MOTHER
14. Maiden Name Kahler
15. Birthplace Germany

16 (a) Informant Ada Kruger
(b) Address 329 S Clinton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 15-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore
18 (a) Funeral director John Ulrich
(b) Address [illegible]
19 (a) ____ (Date rec'd by registrar) (b) [illegible] Registrar

APR 14 1940

Fell walking in Kitchen O.K. W.H.D. Lundquist

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1940, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 2 1940 to April 11 1940, and that I last saw h[illegible] alive on Apr 11 1940.

Immediate cause of death
Chronic Myocarditis — Duration 15 yr
Due to
Due to
Other Conditions Fractured Rt Femur (Hip) (Include pregnancy within 3 months of death) — Apr 1/40
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 4/1/40
(c) Where did injury occur? 329 S. Clinton St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fall walking in Room
23. Signature H. W. Wheaton M. D.
Address 4309 York Rd Date signed 4/12/40

F 68327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68327 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 2532 Fleet St
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2532 Fleet St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarence Elmer Owens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Carrie Owens

6 (b) Name of husband or wife

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) March 13 1887

8. AGE: Years	Months	Days	If less than one day
58	01	29	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Upholsterer

11. Industry or business

FATHER
12. Name Nelson Owens
13. Birthplace Balto

MOTHER
14. Maiden Name Ida Drury
15. Birthplace Balto

16 (a) Informant Carrie Owens
(b) Address 2532 Fleet St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 16 (month) (day) (year)
(c) Cemetery or crematory St Anns
Location Annapolis Md

18 (a) Funeral director John Ulrich
(b) Address 2608 Allegany St

19 (a) Date received by Registrar APR 11 1940 (b) Registrar

VS 6

MEDICAL CERTIFICATION a.m.

20. DATE OF DEATH April 12 1940 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm H Vandersall Medical Examiner. M.D.
Date signed 4/12/40

68328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68328

Registered No. 93-E

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1711 Moreland Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 Moreland Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Sarah Steindler.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife August Steindler.
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) October 24-1864

8. AGE: Years	Months	Days	If less than one day
75	5	20	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Isaac Frank.
13. Birthplace Germany

MOTHER
14. Maiden Name Dont know.
15. Birthplace Germany

16 (a) Informant August Steindler.
(b) Address 1711 Moreland Ave.

17 (a) Hebrew Friendship Cem (b) Date of burial (month) April-15- (day) (year)
(c) Cemetery or crematory
Location Baltimore & Conklin Sts

18 (a) Funeral director Ahrens & Bo
(b) Address 2437 Reisterstard,

19 (a) APR 4 1940 (Date received by Registrar) (b) Number of burial permit

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1940 at 9A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1939 to April 13 1940.
and that I last saw h alive on April 12, 1940.

Immediate cause of death — Duration
Myocardial insufficiency — 1 day
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney L. Levy, M. D.
Address 2324 Eutaw Place Date signed 4/13/40

F 68329

F 68329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3907-Bateman Ave.
(c) Hospital or institution:
--
(d) Length of stay in hospital or inst. (yrs., mos., or days) -- 15 9
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3907-Bateman Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? mmm years

3 (a) FULL NAME Agnes D. Hogan

3 (b) If veteran, name war --

3 (c) Social Security Account No. ----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife -----
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 4/20/1872

8. AGE: Years	Months	Days	If less than one day
67	11	21 22	------- hr. ------- min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Michael Hogan
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Moran
15. Birthplace Ireland

16 (a) Informant John W. Hogan
(b) Address 3907-Bateman Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore, Md.

18 (a) Funeral director George C. Ruth, Inc.
(b) Address 1735-Harford Ave.

19 (a) (b) (Date rec'd by registrar) Registrar

APR 14 1940

MEDICAL CERTIFICATION A.M.

20. DATE OF DEATH April 11 1940, at 7.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1940, to April 11 1940, and that I last saw her alive on April 10 1940.

Immediate cause of death
Cerebral Hemorrhage — Duration: 3 Days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature
Address 2737 W Fayette Date signed 4/12/40 M. D.

68330

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
93-D

F 68330
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 16 S. Augusta Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ----- years

3 (a) FULL NAME Thomas Dalton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Mary Elizabeth O'C[illegible]
6 (c) If alive, give age ---years

7. Birth date of deceased (mo., day, yr.) Oct 20, 1862

8. AGE: Years	Months	Days	If less than one day
77	5	22	hr. 40 min.

9. Birthplace Baltimore County, Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business -----

FATHER
12. Name Thomas Dalton
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Madahon
15. Birthplace Ireland

16 (a) Informant Miss Ann O'Conor
(b) Address 16 S. Augusta Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ St. Joseph's
Location Texas, Maryland

18 (a) Funeral director Henry M. Means & Son.
(b) Address 805 N. Calvert Street

19 (a) ----- (Date received by registrar) (b) Huntington Williamsport, Md.

APR 14 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1940, at 2:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 13 1940, to April 12 1940, and that I last saw him alive on April 12 1940.

Immediate cause of death: Cardiac failure
Due to: Arteriosclerotic C.V disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration: 4 days

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George Green M.D.
Address Mercy Hosp. Date signed 4/13/40 (M. D.)

F 68331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-6 F 68331 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 576 W. University Parkway
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 55-7-9

13-7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 576 W. University Parkway (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME Florence M. Swallow

3 (b) If veteran, name war: --
3 (c) Social Security Account No. --

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Dr John E. Swallow
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2nd 1884

8. AGE: Years 55 | Months 7 | Days 9 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name James A. Murray
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Florence Derr
15. Birthplace Baltimore, Md.

16 (a) Informant Dr. John E. Swallow
(b) Address 576 W. University Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April-15-1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.,

19 (a) Apr 14 1940 (Date received by registrar) (b) [illegible] Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 11 1940, at 5 57 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1930 to Apr 11 1940, and that I last saw h alive on Apr 11 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration: 5 hrs.
Due to: Arterio-Sclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. N. Shepard, M. D.
Address 114 E Eager St Date signed 4/12 40

VS 3

F 68332 ✓ F 68332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3741 Beech Avenue
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-7
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3741 Beech Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME Robert E. Lohman

3 (b) If veteran, name war: ---

3 (c) Social Security Account No. 705-09-0536

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Emma V. Lohman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1st 1877

8. AGE: Years	Months	Days	If less than one day
62	10	10	hr. min.

9. Birthplace Frederick, Md. (Town, county, and state)
10. Usual Occupation Special Representative
11. Industry or business Pass Dep't-B & O R R

FATHER
12. Name Edward F. Lohman
13. Birthplace Germany

MOTHER
14. Maiden Name Fredericka Nolte
15. Birthplace Germany

16 (a) Informant Mrs Emma V. Lohman
(b) Address 3741 Beech Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15-1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.,

19 (a) APR 14 1940 (Date rec'd by registrar) (b) [signature], Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 11 1940, at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 5 1940, to Apr 11 1940, and that I last saw h[im] alive on Apr 11 1940

Immediate cause of death: Uraemia Nephritis
Cerebral Thrombosis — Duration: 5 Yrs 6 days

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M.D.
Address 2818 Ashland Ave Date signed 4/13/40

F 68333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B ✓

F 68333 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6812 Everall Avenue
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 86-6-21

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6812 Everall Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

1-5

3 (a) FULL NAME Herman Graf, Sr.

3 (b) If veteran, name war: ---
3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Anna Graf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 20th 1853

8. AGE: Years	Months	Days	If less than one day
86	6	21	hr. min.

9. Birthplace A. A. County, Md. (Town, county, and state)
10. Usual Occupation Retired Tinner
11. Industry or business

FATHER
12. Name August Graf
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr. Herman Graf, Jr.
(b) Address 3035 Pressman St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15-1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Penna Aves.

19 (a) --- (Date rec'd by registrar) (b) --- Registrar

APR 12 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11th 1940, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 3rd 1939 to April 11th 1940, and that I last saw he/she alive on April 10 1940.

Immediate cause of death	Duration
Carcinoma of Prostate	1 year
Due to Unknown	
Due to	
Other Conditions X	

(Include pregnancy within 3 months of death)

Major findings:
Of operations X
Of autopsy X

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide X
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury X

23. Signature H. Conrad Dode M. D.
Address 1900 Maryland Ave. Date signed April 12 1940

F 68334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83B

Registered No. F 68334

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2945 Clifton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1505 E. North Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Augusta Suess

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: William
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 10 1848
8. AGE: Years 91 | Months 9 | Days 2 | If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation
11. Industry or business None

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs. Clara Shanfelter
(b) Address 4308 Kensington Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15 1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md.
18 (a) Funeral director Wilson J. Turner & Sons
(b) Address North & Pa Aves.
19 (a) (Date received by Registrar) (b) Registrar

APR 14 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1940, at 9 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to April 12 1940, and that I last saw h alive on 19

Immediate cause of death: Cerebral thrombosis — Duration: 4 days
Due to
Due to
Other Conditions Bronchopneumonia — 1 day
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Miller M. D.
Address 2030 W. Lanvale Ave Date signed 4/13/40

F 68335 ✓ F 68335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-F

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2420 Harlem Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2420 Harlem Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Storey Magee

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4 Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife William Magee

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 22-1865

8. AGE: Years 74 | Months 7 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore - Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John H Storey
13. Birthplace Savage Md

MOTHER
14. Maiden Name Sallie Stover
15. Birthplace Hagerstown Md

16 (a) Informant Mary Magee Fletcher
(b) Address 2420 Harlem

17 (a) ✓ (Burial, cremation, or removal) (b) Date thereof 4-15-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto Co. Md

18 (a) Funeral director H. Piepenbrink Sons
(b) Address North Ave

19 (a) Filed APR 14 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1940, at 5-15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 9 1940, to Apr 13 1940, and that I last saw h[illegible] alive on Apr. 13 1940.

Immediate cause of death Myocardial Insuff
Arteriosclerosis — Duration 5 yrs.

Due to Arteriosclerosis — 12 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Norman L. Dodd, M. D.
Address 735 N. Fulton Ave Date signed 4/12/40

F 68336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 68336 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 926 Homewood Terrace
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓ 12 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 36 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 926 Homewood Terrace
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Edgar Howard Cleaver

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Elizabeth Cleaver
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 22-1859

8. AGE: Years	Months	Days	If less than one day
80	7	21	..... hr. ..... min.

9. Birthplace Milwaukee, Wis (Town, county, and state)
10. Usual Occupation Retired Accountant
11. Industry or business P & P RR

FATHER
12. Name William C. Cleaver
13. Birthplace Milwaukee, Wis

MOTHER
14. Maiden Name Hannah Ogden
15. Birthplace Milwaukee Wis

16 (a) Informant Mrs. J. Gilliland
(b) Address 926 Homewood Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 15-1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Md

18 (a) Funeral director The Leakin-Sheppard Co
(b) Address .....

19 (a) ..... (b) .....
(Date received by registrar) (Registrar)

BR

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1940, at ..... M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940, to Apr 12 1940, and that I last saw him alive on Apr 12 1940

Immediate cause of death	Duration
Arterio Sclerosis	1 yr
Cerebral Hemorrhage	1 hr
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ✓
(e) Means of injury ✓

23. Signature Wm S. Burbank M. D.
Address 122 E. 25th St. Date signed 4-11-40

F 68337

F 68337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

78-B

Registered No. C 3990

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 836 N Carrollton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Margaret Brown

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1938

8. AGE: Years	Months	Days	If less than one day
2			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name Joseph Brown -
13. Birthplace N. Carolina

MOTHER
14. Maiden Name Mary Brown -
15. Birthplace Virginia -

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof April 14, 1940 (month) (day) (year)
(c) Cemetery or crematory Greenville
Location N. Y.

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

APR 14 1940 (Date received by registrar) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 11 1940, at 1025 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 11 1940, to Apr 12 1940 and that I last saw h[illegible] alive on Apr 12 1940.

Immediate cause of death Dehydration
Heart Failure — Duration

Due to Lead Poisoning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Lead Poisoning

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury eating Paint off Furniture

23. Signature C H Clarke M. D.
Address 1934 Mt Elden St Date signed 4-12-40

F 68338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. F 68338

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days.
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1117 Lasa Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Edward Henry Jefferson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife: Lena Jefferson.

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years 57 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Katherine Jefferson. Daughter
(b) Address 1305 Harlem Ave.

17 (a) ... (Burial, cremation, or removal) (b) Date thereof April 15, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 Apr 1 1940 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-11-40 19 ..., at 1.20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-6-1940 to 4-11-1940 and that I last saw h[illegible] alive on 4-11-1940.

Immediate cause of death: Lobar Pneumonia (Left.) — Duration 10 days.
Due to ...
Due to ...
Other Conditions: Hypertrophic Arthritis (Include pregnancy within 3 months of death)
Major findings:
Of operations ...
Of autopsy ...

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ...
(c) Where did injury occur? ... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... (Specify type of place) While at work? ...
(e) Means of injury ...

23. Signature C. F. Maloney M. D.
Address Provident Hospital Date signed 4-[illegible]-40

VS 3

68339 HEALTH DEPARTMENT—CITY OF BALTIMORE 68339

CERTIFICATE OF DEATH

133-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 e 2 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 5 ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

If U. S. Veteran specify WAR _____

2. FULL NAME Paul Schultze Green Co. Md.

(a) Residence: No. Barclay, Md. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eva Schultze

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Teleria Schultze

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) _____

17. INFORMANT Eva Lee Schultze (Address) Deutsville Md.

18. BURIAL, CREMATION, OR REMOVAL. Place Deutsville Md. Date Apr. 16th 1940

19. UNDERTAKER Virgil Wilson & Son (Address) Deutsville Md.

20. FILED APR 14 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1940, to April 13, 1940

I last saw him alive on April 13, 1940. Death is said to have occurred on the date stated above, at 2:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonitis Abscess, Lft	
Peritonitis	
Empyema	
Pericarditis	

Other contributory causes of importance:
Renal Calculus, Lft
Hydronephrosis

Was an operation performed? Yes Date of 4/12/40

For what disease or injury? Pneumonitis Abscess

Name of operation Aspiration & drainage

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) J. B. Nuttall, M. D.

(Address) University Hospital

F 68340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68340 Registered No.

1. PLACE OF DEATH: Bon Secours Hosp
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 38 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
20-1
(d) Street No. 9204 Harford Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah E Jones

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife C. T. Jones
6 (c) If alive, give age yrs.

7. Birth date of deceased (mo., day, yr.) [redacted] 8-13-01

8. AGE: Years 40 | Months 8 | Days 3 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Home Wife
11. Industry or business

FATHER
12. Name Jos P Walton
13. Birthplace Md

MOTHER
14. Maiden Name Margaret J Lyles
15. Birthplace Md

16 (a) Informant Clarence E Jones
(b) Address 9204 Harford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Riverdale Md.

18 (a) Funeral director Hornberger & Sons
(b) Address Benson, Md.

19 (a) [redacted] (b) Huntington Wisconsin

APR 14 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1940, at 9 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 22 1940, to Apr 14 1940, and that I last saw her alive on Apr 14 1940.

Immediate cause of death: Peritonitis — Duration: 1 week

Due to: Carcinoma of rectum — Duration: ?

Other conditions — Duration:

(Include pregnancy within 3 months of death)

Major findings:
Of operations Operation 4-3-40 revealed Ca. of rectum
Of autopsy same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McClafferty (M. D.)
Address Bon Secours Hosp Date signed 4-14-40

F 37-68341

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 47-1

Registered No. F 68341

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 13 days

7-5

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Washington
(c) City or town Hagerstown (If outside city or town limits, write RURAL and give town)
(d) Street No. 105 E. Washington (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George B. Oswald

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-6-74

8. AGE: Years	Months	Days	If less than one day
65	9	8	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Deputy Court
11. Industry or business

FATHER 12. Name George B. Oswald
13. Birthplace Md.

MOTHER 14. Maiden Name Mary Gumberg
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 14 1940 (month) (day) (year)
(c) Cemetery or crematory Rose Hill
Location Hagerstown

18 (a) Funeral director E. M. Suter
(b) Address Hagerstown, md.

APR 14 1940 (Date rec'd by registrar) Washington Hillman Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1940 at 11 30 A.M. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940 to Apr. 14 1940 and that I last saw him alive on Apr. 14 1940

Immediate cause of death: Lobular Pneumonia- Carcinoma of Lung Right — Duration 3 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Lung Right
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. F. Jonas Jr. M. D.
Address The Johns Hopkins Hosp. Date signed 4-14-40

Samuel W Cooke

F 68342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. F 68342

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 812 Newington Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town.)
(d) Street No. 812 Newington Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Wistar Cooke

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	married

6 (b) Name of husband or wife Mae Tottle Cooke
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Oct 3, 1867

8. AGE: Years	Months	Days	If less than one day
72	6	8	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation At present Retired
11. Industry or business

FATHER
12. Name Sylvanus N. Cooke
13. Birthplace Unknown

MOTHER
14. Maiden Name Annie Lampher
15. Birthplace Unknown

16 (a) Informant Mrs. Samuel Cooke
(b) Address 812 Newington Ave.

17 (a) Burial (b) Date thereof 4-15-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto., Md.

18 (a) Funeral director Lorenz Bowers
(b) Address 6005 Park Heights Ave.

19 (a) Date received by Registrar APR 14 1940 (b) Registrar's registered number

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1940, at 3.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1936 to April 11 1940, and that I last saw him alive on Feby 27 1940.

Immediate cause of death Coronary Sclerosis

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry D. McCarty M. D.
Address 32 W. Preston St Date signed 4/12/40

F 66343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. F 66343

1. PLACE OF DEATH: Baltimore, City.
(a) Baltimore City, Maryland
(b) Street address # 4911 Midwood Ave.
(c) Hospital or institution: No
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ""
(c) City or town Baltimore. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. # 4911 Midwood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Clara Wood.

3 (b) If veteran, name war: No

3 (c) Social Security Account No. No

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Jamse W. Wood.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July, 22nd 1858

8. AGE: Years 81 | Months 8 | Days 20 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Home Work

11. Industry or business

FATHER
12. Name J. H. Bidkoph
13. Birthplace Germany

MOTHER
14. Maiden Name Clara Johanson
15. Birthplace Germany.

16 (a) Informant Freda Semerad.
(b) Address # 4911 Midwood. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 15th (month) (day) (year)
(c) Cemetery or crematory Baltimore Huntington Ave Cem.
Location Belloma Ave

18 (a) Funeral director Geo. M. Fink & Son
(b) Address 811 N. Wolfe. St.

19 4 1940 Huntington Williams (Date received by registrar) (Signature of registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April, 12th, 1940, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 9, 1940, to April 12, 1940, and that I last saw h[illegible] alive on April 12 1940.

Immediate cause of death: Cardiac failure — Duration: 3 days.

Due to: Chronic Myocarditis — Duration: —

Due to: Or

Other Conditions: Carcinoma of Left Breast — Duration: 2 yrs.
(Specify pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lloyd E. Sayler M. D.
Address 3902 Greenmount Ave Date signed April 13

Spec.—3-13-35—L. P. S.—200 Blks.

F 68344 ✓ F 68344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131-a

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 Iris Ave ST. 26-H WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary Hannah Kirkwood

(a) RESIDENCE NO. 1017 Iris Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Cox Widow

6 DATE OF BIRTH (month, day, and year) Mar 17-1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80		28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Duncannon Pa.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Harry Lay Cox

(Address) 1017 Iris Ave Baltimore Md

Filed APR 14 1940, 19 Huntington Williamsville Md

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 14-1940

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1939, to April 14, 1940, that I last saw h alive on March 30, 1940, and that death occurred, on the date stated above, at 6.45 A. m.

The CAUSE OF DEATH* was as follows:

Coronary occlusion
Chronic Myocarditis
Chronic nephritis
Generalized arteriosclerosis (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Walter A Anderson M. D.

, 19 (Address) 3001 Shannon Drive

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
New Port Terra	4/16 19 4
20 UNDERTAKER William Cook	ADDRESS 1217 N Paca

Important. See instructions on back of certificate.

F 68345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194-a

F 68345 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2847 Boarman Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 54 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -----
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2847 Bourman Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? ----- years

3 (a) FULL NAME Charlotte Mary Friend

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ---------
6 (c) If alive, give age --~~1887~~

7. Birth date of deceased (mo., day, yr.) May 24, ~~1887~~

8. AGE: Years	Months	Days	If less than one day
5 5 54	10	19	____ hr. ____ min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Registered Nurse
11. Industry or business -------

FATHER
12. Name C. Harry Friend
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Florence M. Keener
15. Birthplace Baltimore, Maryland

16 (a) Informant Miss Martha E. Friend
(b) Address 604 Reservoir Street

17 (a) Burial (b) Date thereof 4/15/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Green Mount
Location Greenmount Ave. & Oliver St

18 (a) Funeral director H. U. Mears and Son
(b) 805 N. Calvert Street

15 1940 APR 15 1940 (b) Huntington Williamson, M.D.
(Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13-40 19__ at 12:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1937, to 4-13 1940.
and that I last saw h~~er~~ alive on 4-13 1940

Immediate cause of death: acute coronary occlusion — Duration 1 hr.
Due to: coronary thrombosis — 3 yrs.
Due to:
Other Conditions: hypertension, cardiac failure
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Winston B. Leach
Address 904 Reservoir Street Date signed 4/15/40

M. D. B. 1203-6

F 68346

68346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH House of the Good Shepherd

CITY OF BALTIMORE: (No. 75 So. Mount St. 19 Ward)

Registered No. 131-0

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estella Grace Koontz

(a) Residence: No. 75 So. Mount Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 6 1916

7. AGE: Years 23. Months 10 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Taney Town Maryland

FATHER

13. NAME: Archer Koontz

14. BIRTHPLACE (city or town) (State or country): Taney town Maryland

MOTHER

15. MAIDEN NAME: Florence Fleagle

16. BIRTHPLACE (city or town) (State or country): Taney Town Maryland

17. INFORMANT: James Kelly

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place New Cathedral Date Apr 16. 1940

19. UNDERTAKER: H. T. Armsworthy

(Address) 1603 W. Lafayette St

20. FILED: Thurston Williams M.D. Registrar.

BALTIMORE, MD.

APR 15 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 28 1940 to Apr 13 1940

I last saw her alive on Apr 11 1940. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	
Mitral Regurgitation	2 yrs ago

Other contributory causes of importance:

Scarlet fever	2 yrs ago.

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos R Krauss M. D.

(Address) 1800 St. Charles St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 68347

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-B

Registered No. F 68347

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1907 W. Lanvale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1907 W. Lanvale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Olive F. Leitch

3 (b) If veteran, name war:
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife R. Edward Leitch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17, 1868

8. AGE: Years	Months	Days	If less than one day
71	8	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Issac Tuttle
13. Birthplace Baltimore County, Md.

MOTHER
14. Maiden Name Jane Forsyth
15. Birthplace Scotland

16 (a) Informant Miss Elsie Crowl
(b) Address 1907 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15, 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Woodlawn, Md.

18 (a) Funeral director
(b) Address 1005 W. Baltimore St.

APR 15 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12, 1940, at 4.18P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 24 1939 to April 12 1940 and that I last saw her alive on April 12 1940.

Immediate cause of death	Duration
Chronic Nephritis & Hypertensive Heart Disease	2 yrs
Due to Essential Hypertension	1
Due to Natural Causes of the Old	?
Other Conditions	2
(Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert J. Shurbert M.D. M. D.
Address 2302 Edmondson Ave Date signed

VS 3

F 68348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 W

F 68348 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1308 Beason St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1308 Beason St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John J. Ryan

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Male	White	Widowed

6 (b) Name of ~~husband~~ wife Annie B. Ryan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 19th 1870

8. AGE: Years	Months	Days	If less than one day
70	1	24	hr. min.

9. Birthplace Canada (Town, county, and state)
10. Usual Occupation Freight Checker
11. Industry or business Steamship Co.

FATHER
12. Name Unknown Ryan
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Preston W. Wright
(b) Address 538 N. Linwood Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/15/40 (month) (day) (year)
(c) ~~Cemetery or crematory~~ Western
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Filed (Date received by registrar) APR 15 1940 (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13th 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940 to April 13 1940, and that I last saw ~~him~~ her alive on April 12 1940

Immediate cause of death: Coronary Thrombosis — Duration: April 1 1940
Due to: Hypertension
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Mullen M.D.
Address 122 E Chase St Date signed 4/17/40

F 68349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 68349 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bickford's Restaurant - 40 Fayette
(c) Hospital or institution:
U. V. A. Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. St. James Apt #324 Charles & Asterisk (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edna C. Darling

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-7210

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
F	W	Single

6 (b) Name of husband or wife — — —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 8th 1888

8. AGE: Years	Months	Days	If less than one day
51	6	6	hr. min.

9. Birthplace Newark N. J.
(Town, county, and state)

10. Usual Occupation Stenographer

11. Industry or business L. D. Caulk Co

MOTHER - FATHER

12. Name Joseph C. Darling

13. Birthplace Delaware

14. Maiden Name Phoebe J. Durand

15. Birthplace Newark N. J.

16 (a) Informant Jessie E. Darling

(b) Address 36 Gillett Place

17 (a) Removal (b) Date thereof 4/16/40
(~~Burial, cremation~~ or removal) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Irvington
Location New Jersey

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 (a) (Date received by registrar) Filed for Burial Permit

APR 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1940, at 7 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Rheumatic endocarditis Mitral stenosis — Duration

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Vandewright M.D.
Medical Examiner.

Date signed 4/14/40

68350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 a

F 68350 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1518 W Stricker
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 45 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1578 N. Stricker
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henrietta Winston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widow

6 (b) Name of husband or wife Elijah Winston
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace St Marys Co. Md.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business Cooking etc

FATHER
12. Name Scott Briscoe
13. Birthplace Md

MOTHER
14. Maiden Name Henrietta Bennett
15. Birthplace Md

16 (a) Informant Ida B. Winston
(b) Address 1524 W. Stricker

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15-40 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cemetery
Location Catonsville

18 (a) Funeral director Thos E. Kelson
(b) Address 1303 Pennsylvania Ave

19 (a) 1940 (b) Registered by registrar Apr 15 1940 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1940, at 1130 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 10 1940 to Apr 11 1940 and that I last saw her alive on Apr 11 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Arteriosclerosis	6 or 7 yrs
Due to age - meat diet	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. N. Wright M. D.
Address 1209 Pressman Date signed 4/11/40

F 68351

F 68351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1606 Vincent St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SPENCER LEWIS Jr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single.

6 (b) Name of husband or wife —

6 (c) If alive, give age , years

7. Birth date of deceased (mo., day, yr.) Mar 31/95

8. AGE: Years	Months	Days	If less than one day
45		11/17	hr. min.

9. Birthplace Lancaster Co Va
(Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER
12. Name Spencer Lewis Sr
13. Birthplace Va

MOTHER
14. Maiden Name Susan ?
15. Birthplace Va

16 (a) Informant Moser Parker.
(b) Address 2 B 23 Etting St

17 (a) Burial (b) Date thereof April 16. 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory ~~Co Burial Ford~~ Sharon Baptist Cemetery
Location Lancaster Co Va

18 (a) Funeral director C. E. Kelson
(b) Address 1303 Preastman St.

19 (a) APR 15 1940 (b) Huntington Williams, Md
(Date received by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1940 at 12 35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Pneumonia, Lobar right	unknown
Due to	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy an abscess.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. A. L. Wollenweber M.D.
Medical Examiner.
Date signed 4-12-40

F 68352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B

Registered No. F 68352

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1127 McCulloh St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Bradford Hicks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-25-84

8. AGE: Years	Months	Days	If less than one day
55	5	16	hr. min.

9. Birthplace Md. (town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name Oliver Hicks
13. Birthplace D

MOTHER
14. Maiden Name Elizabeth Gilbert
15. Birthplace Va

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-40 (month) (day) (year)
(c) Cemetery or crematory Alhambra Mem. Park
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 N. Biddle St.

19 (a) (Registrar) (b) Hunter H. Williams, M.D.

APR 13 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 24 1940 to Apr. 11 1940, and that I last saw him alive on Apr. 11 1940.

Immediate cause of death	Duration
Post-operative cardiac collapse	24 hrs.
Due to Overwhelming infection following transurethral resection for BPH	24 hrs.
Due to Urinary tract infection following supra-pubic resection & Ca of Bladder	3 months
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Infiltrating Carcinoma of Bladder. Benign Prostatic Hypertrophy
Of autopsy Femoral Thrombophlebitis 4-2

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Abrams
Address Johns Hopkins Hosp. Date signed 4/16/40

F 68353

04651--YD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 68353

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 568 W. Preston st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank W. Gray

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Kate
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-30-1877

8. AGE: Years	Months	Days	If less than one day
62	9	13	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation labor
11. Industry or business

FATHER
12. Name Clem N. Gray
13. Birthplace Md.

MOTHER
14. Maiden Name Eliza J. Mackle
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (b) Date thereof 4-17-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Calvert Co. Md

18 (a) Funeral director Mrs Frances A. Hawley
(b) Address 578 N. Bridge St. Lexington Park, Md

19 (a) 4-15-1940 Registrar
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13 1940, at 11:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-12 1940 to 4-13 1940, and that I last saw him alive on 4-13 1940.

Immediate cause of death	Duration
Bronchopneumonia	four days
Due to Mastoiditis and otitis media	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 4-15-40

68354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 68354

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3612 Malden Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES BENJAMIN

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	212-10-7234

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Emma Williams
6 (c) If alive, give age and years

7. Birth date of deceased (mo., day, yr.) May 8, 1878

8. AGE: Years	Months	Days	If less than one day
62	11	4	hr. min.

9. Birthplace Mass. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Selman Corp.

FATHER
12. Name James M. Benjamin
13. Birthplace Mass.

MOTHER
14. Maiden Name Jennie P.
15. Birthplace Unknown

16 (a) Informant Jennie Wiler
(b) Address 3537 Fourhart St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15 1940 (month) (day) (year)
(c) Cemetery or crematory St. Marys Hanpden
Location Roland Ave.

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615 Chestnut Ave.

APR 15 1940 (Date received by Registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1940, at 5 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	sudden
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Asst Medical Examiner.
Date signed 4-12-40

F 68355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 68355

F 68355

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) 30 y/o

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2010 N. Fulton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Marie Rainer

3 (b) If veteran, name war No
3 (c) Social Security Account No. 217-05-6761

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Joseph
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1895

8. AGE: Years	Months	Days	If less than one day
55	2		hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Dressmaker
11. Industry or business

FATHER
12. Name Anton Hauptbueck
13. Birthplace Austria

MOTHER
14. Maiden Name
15. Birthplace Austria

16 (a) Informant Alfred J Rainer
(b) Address 2010 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 at Paul St.

APR 15 1940 (Date filed) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13 1940, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-27-1940, to 4-13 1940, and that I last saw her alive on 4-13 1940.

Immediate cause of death	Duration
Acute staphlococcus infection of rt. foot	
Due to Diabetes mellitus	
Other Conditions Generalized arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Drainage of foot & culture obtained
Of autopsy staph aureus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Kelmenson M. D.
Address 64 St. Joseph's Hosp Date signed 4-14-40

68356 F 68356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1924 W. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1924 W. North Ave. (If rural give location) 15th
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert G. Morris

3 (b) If veteran, name war: never

3 (c) Social Security Account No. 215-07-0991

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: [redacted] single

6 (b) Name of husband or wife: [redacted]

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 40 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Carpenter & Builder

11. Industry or business

FATHER
12. Name Robert G. Morris Sr.
13. Birthplace ~~Dist~~ Alexandria, Va.

MOTHER
14. Maiden Name Emma Deale
15. Birthplace Maryland.

16 (a) Informant Mrs. Mary K. Banks
(b) Address 1924 W. North ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Frederick Road

18 (a) Funeral director Howard N. Blight, Jr.
(b) Address 4914 Belair Road

19 (a) [illegible] (Date rec'd by registrar) Registrar Williams Mar [illegible]

APR 19 1940

VS 3 [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1940, at 4:27 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/30 1940 to 4/13 1940, and that I last saw him alive on 4/13 1940.

Immediate cause of death: Chronic Nephritis — Uraemia — Duration 7

Due to: Cerebral Hemorrhage — Hemiplegia — Duration 2 days

Due to: Duration 5 mos.

Other Conditions: (Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Ashman
Address 1921 W North Ave Date signed 4/13/40 M.D.

F 68357

F 68357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-a Registered No. [illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: W. Baltimore Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3506 Spaulding Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Mary Pumphrey

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-1002

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Apr. 20. 1918

8. AGE: Years	Months	Days	If less than one day
21	11	22	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Student: Stenographer

11. Industry or business Court Asst. Library

FATHER 12. Name Percley

13. Birthplace Washington, D.C.

MOTHER 14. Maiden Name Augusta Schmidt

15. Birthplace Baltimore, Md

16 (a) Informant Augusta Schmidt (mother)

(b) Address 3506 Spaulding Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/40 (month) (day) (year)

(c) Cemetery or crematory New Cath.

Location Edgewood Rd

18 (a) Funeral director J. Feynman & Son

(b) Address 22 S. Broadway

19 (a) [illegible] (b) Huntington Williamsport

APR 15 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-12 1940 at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-25 1940, to 4-12 1940, and that I last saw her alive on 4-12 1940.

Immediate cause of death	Duration
Subacute Enteritis and dehydration	6 mos
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Hypoplasia of genital organs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isadore Baker M. D.

Address W Balt Gen'l Hosp Date signed

68358 STATE OF MARYLAND—CERTIFICATE OF DEATH F 68358

83-a

1. PLACE OF DEATH
County Baltimore City Registration Dist. No.
Village or City Baltimore City No. 2629 Boone St. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 12 yrs. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Boozer
(a) Residence: No. 2629 Boone St. St. Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe | 4. COLOR OR RACE: Col | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Boozer

6. DATE OF BIRTH (month, day, and year) 1867

7. AGE: Years 73 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mississippi

FATHER
13. NAME Joseph Boozer
14. BIRTHPLACE (city or town) (State or country) Ann Arundel Co. Md.

MOTHER
15. MAIDEN NAME Georgia Hall
16. BIRTHPLACE (city or town) (State or country) Mississippi

17. INFORMANT Hattie Jackson
(Address) 118 W. 21st Street

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date April 15, 1940

19. UNDERTAKER Thos. George H. Holland
(Address) 1631 Druid Hill Ave.

20. FILED ..., 19... Hattie Jackson Wife
(Signature of Informant)

APR 15 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 12, 1940
(Month) (Day) (Year)

22. I HEREBY CERTIFY that I attended deceased from Mar. 1, 1940, to April 12, 1940
I last saw h... alive on April 9th, 1940; death is said to have occurred on the date stated above, at ... m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	

Other Contributory Causes of importance:
Arterio Sclerosis & Nephritis

Name of operation None Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Chas. A. Reamer M. D.
(Address) 1309 Linwood Ave.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

TION is very important. See instructions on back of certificate.

F 68359

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 68359

Registered No. 181

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2144 Boyd Street (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Harris Church Jr.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct-14-36

8. AGE: Years	Months	Days	If less than one day
3	6	0	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Harris B. Church
FATHER 13. Birthplace Balto. Md.
MOTHER 14. Maiden Name Susie Colley
MOTHER 15. Birthplace Va.

16 (a) Informant Harris B. Church
(b) Address 2144 Boyd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apl 16. 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Chas. Mus. John F. Teufel & Son
(b) Address 821 W. Fayette St

19 (a) APR 15 1940 (Date rec'd by registrar) (b) , Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1940, at 9 50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 13 1940, to Apr 14 1940, and that I last saw him alive on Apr 14 1940.

Immediate cause of death	Duration
Second degree burns 20% of body surface	18 hrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Acc
(b) Date of occurrence Apr. 13, 1940
(c) Where did injury occur? 2144 Boyd St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? (Specify type of place)
(e) Means of injury Stove Coffee pot fell boiling

23. Signature W. J. McClafferty M. D.
Address Bon Secours Hosp Date signed 4-14-40

H. J. Mustain, M.D., Chief Med. Examiner

F 68360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

F 68360 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5307 Maple Ave. Purnell's
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5307 Maple Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

27-17

3 (a) FULL NAME Dollie Jordan

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife James H. Jordan
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 5. 1866

8. AGE: Years	Months	Days	If less than one day
73.	11	67	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Joseph B. Stewart
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Elisa A. Volk
15. Birthplace Maryland

16 (a) Informant Edward W Wieneke
(b) Address 4812 Norwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 15. 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director Mc-Mus John W. Taubel & Son
(b) Address 801 W. Fayette St.

19 (a) APR 15 1940 (b) Huntington Williams, M. D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 17 1940, at 7.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 30 1940, to Apr 17 1940, and that I last saw h[illegible] alive on April 10 1940.

Immediate cause of death
Endocarditis - Acute myocarditis.
Duration ?
Due to ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fred L. De Barbieri M. D.
Address 4723 Park Heights Ave Date signed 4/17/40

68264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 68361 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 hrs 20
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 523 N. Monroe St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Mary E. Godwin.

3 (b) If veteran, name war: None.
3 (c) Social Security Account No.: None.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed.

6 (b) Name of husband or wife: William Godwin.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 28-1858

8. AGE: Years	Months	Days	If less than one day
81	6	15	hr. min.

9. Birthplace Kent Co. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At home.

FATHER
12. Name Leaverton.
13. Birthplace Kent Co. Md.

MOTHER
14. Maiden Name Unknown.
15. Birthplace Kent Co. Md.

16 (a) Informant Mrs. Mildred Brooks.
(b) Address 523 N. Monroe St.

17 (a) (Burial, cremation, or removal) (b) Date thereof April-16-1940 (month) (day) (year)
(c) Cemetery or crematory Wesley Chapel Cem.
Location Chestertown, Kent Co. Md.

18 (a) Funeral director Charles J. Schwab.
(b) Address 505 N. Monroe St.

19 (Signature of registrar) Huntington Williams M.D.

VS 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13-1940 at 6.55 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-11 1940 to 4-13 1940.
and that I last saw her alive on 4-13 1940.

Immediate cause of death: Pulmonary Edema due to Congestive Heart failure

Duration
over

Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. DeClafferty M. D.
Address Bon Secours Hosp. Date signed 4-13-40

F 68362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-31-A F 68362

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mo17da.
(e) Length of stay in Baltimore (yrs., mos., or days) 3mo. 17 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Garrett Co.
(c) City or town Deer Park (If outside city or town limits, write RURAL and give town)
(d) Street No. 1956 (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Ernest Boyd MOON

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 220 03 7151

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth Logan
6 (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1894

8. AGE: Years	Months	Days	If less than one day
45	6	22	..... hr. ..... min.

9. Birthplace Deer Park, Maryland. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name J. Thomas Moon
13. Birthplace Deer Park, Maryland.

MOTHER
14. Maiden Name Emma Harvey,
15. Birthplace Deer Park, Maryland.

16 (a) Informant Recordd-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-40 (month) (day) (year)
(c) Cemetery or crematory Whitehall Cemetery
Location Deer Park, Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 105 W. NORTH AVENUE

19 (a) APR 15 1940 (Registrar) (b) Registrar's signature Hattie Williams

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14, 1940, at 4:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 28 1939, to Apr. 14, 1940, and that I last saw him alive on April 14, 1940.

Immediate cause of death	Duration
Myocardial degeneration	9 mo.
Due to Essential malignant hypertension	Unknown
Due to	
Other Conditions Nephritis, chronic, interstitial	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ligation blood vessel lt. wrist
Of autopsy No autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. H. Anderson, M. D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 4/15/40

F 68363

F 68363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address _____
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Entire.
(e) Length of stay in Baltimore (yrs., mos., or days) _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. City
(c) City or town _____ (If outside city or town limits, write BORA and give town)
(d) Street No. 3512 Forest Park Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Mrs. Alice Mae Myers

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Chas. A. Myers
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) May 12, 1865

8. AGE: Years	Months	Days	If less than one day
74	11	1	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Thomas J. Spicer
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Rebecca D. Helston
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Eliz. M. Saunders (daughter)
(b) Address 3512 Forest Park Ave City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODES, SUC.) 168 W. MOUNT AVENUE

19 (a) APR 15 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13 1940 at 1:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-7- 1940 to 4-13 1940 and that I last saw h alive on 4-13 1940.

Immediate cause of death Chronic myocarditis

Duration
yrs.

Due to _____

Due to _____

Other Conditions Bronchiectasis

(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____
(e) Means of injury _____

23. Signature William J. McClafferty M.D.
Address Bon Secours Hosp. Date signed 4-13-40

VS 8

68364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 68364 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1941 531 N. Stricker Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FRANK WAYMAN GREENE

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
WW	Unknown	Male	Colored	Married

6 (b) Name of husband or wife Amanda Cawthorne
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1894

8. AGE: Years	Months	Days	If less than one day
45	7	19	hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation Hotel waiter-Southern Hotel
11. Industry or business Hotel waiter

FATHER
12. Name Richard Greene,
13. Birthplace Maryland.

MOTHER
14. Maiden Name Emma Crawford
15. Birthplace Maryland.

16 (a) Informant Records-U. S. Marine Hospital.
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 15 40 (month) (day) (year)
(c) Cemetery or crematory [illegible]
Location Balto City

18 (a) Funeral director Harold L. Burns
(b) Address 101 W Montgomery St

19 (a) [illegible] (b) [illegible]

APR 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11, 1940 at 5:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1, 1940, to April 11, 1940, and that I last saw him alive on April 11, 1940.

Immediate cause of death	Duration
Chronic nephritis	Unknown
Due to Generalized arteriosclerosis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Same as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. M. W. Anderson, M. D.
Address Wyman Park Drive, U. S. Marine Hospital, Baltimore, Maryland.
Date signed 4/12/40

68365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 68365
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 606 N Gilmor St
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME OWEN RAIKES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Helen Raikes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/8/1888

8. AGE: Years 51 | Months 11 | Days 4 | If less than one day hr. min.

9. Birthplace Talbot Co Md
(Town, county, and state)

10. Usual Occupation Cook

11. Industry or business Railroad Train

FATHER
12. Name Owen Raikes
13. Birthplace Talbot Co Md

MOTHER
14. Maiden Name Hennellotte Summers
15. Birthplace Talbot Co Md

16 (a) Informant Helen Raikes
(b) Address 606 N Gilmor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Balto City

18 (a) Funeral director Daniel L Brown
(b) Address 1018 W Monument

19 (a) APR 15 1940 (Date rec'd by registrar) (b) Hunting for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12th 1940, at 2 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Hypertensive cardiovascular disease	
Due to	
Due to	
Other Conditions no injuries	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence January 1940
(c) Where did injury occur? Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Baltimore (Specify type of place) While at work?
(e) Means of injury fell from train and struck left side of head

23. Signature for J. W. Williams M.D.
Medical Examiner.
Date signed 4-12-40

VS 6

68366 54491--MD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4/31-40

F 68366 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1002 Linden Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME John Grant

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Susie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-25-1903

8. AGE: Years	Months	Days	If less than one day
36	3	17	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name George
13. Birthplace Md.

MOTHER
14. Maiden Name Delphine Pinkett
15. Birthplace Md.

16 (a) Informant Health Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. Ave. Md.
18 (a) Funeral director Chas. A. Alexander
(b) Address 1200 McCulloh st
19 (a) APR 15 1940 (Registrar's signature) Registrar
Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-12- 1940, at 11:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7- 1940, to 4-12- 1940 and that I last saw h[illegible] alive on 4-12- 1940.

Immediate cause of death	Duration
Uremia	7
Due to Arteriolar nephrosclerosis	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Arteriolar nephrosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jno. Murray Lichtstein M. D.
Address Balto City Hosp Date signed 4-17-40

VS 3

68367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68367 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 507 Arlington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 507 Arlington Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice E. Taylor

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Henry E. [illegible]

6 (c) If alive, give age Dec. years

7. Birth date of deceased (mo., day, yr.) June 11, 862

8. AGE: Years 77 | Months 10 | Days 273 | If less than one day hr. min.

9. Birthplace Balto Co
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Thomas Johnston
13. Birthplace Balto Co

MOTHER
14. Maiden Name Mcmann
15. Birthplace Baltimore Co

16 (a) Informant Joseph M. Parker
(b) Address 5 4 Arlington Ave

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof April 16/1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto

18 (a) Funeral director Geo Schilling & Sons
(b) Address Monument & Eutaw Sts

19 (a) [illegible] (b) [illegible] Williams M.D.
(Date received by registrar) [illegible]

APR 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1940, at 11 AM M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 4/15/40

F 68368
377089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 R F 68368

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Esplanade Apts Eutaw Pl. & Brooks Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME AARON CLARKE

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-9173

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-26-79

8. AGE: Years	Months	Days	If less than one day
60	9	18	hr. min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation Chemist

11. Industry or business

FATHER
12. Name Henry Clarke
13. Birthplace Germany

MOTHER
14. Maiden Name Lena Hoffman
15. Birthplace Charleston, S. C.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 4/16/40 (month) (day) (year)
(c) Cemetery or crematory Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director Chas. Sonneborn & Son
(b) Address 1902 Eutaw Place

APR 15 1940 **(c)** Registrar
Deputy for Health Officer

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH APR 13 1940, at 10:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 18 1940 to APR 13 1940, and that I last saw him alive on APR 18 1940.

	Duration
Immediate cause of death Cerebral embolism	15 min.
Due to Coronary thrombosis	4 hrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lowry Mayer, Jr. M. D.
Address Baltimore **Date signed** 4/13/40

68369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D 68369

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 Linden Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.

2. FULL NAME Mrs. Walter H. Cassard

(a) Residence: No. 1720 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walburga Fellermeier

6. DATE OF BIRTH (month, day, year) Feb-27-1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	17	16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired - 2 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Consolidated Bd. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER

13. NAME Louis Cassard

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emily McCauley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Walburga Cassard

(Address) 1720 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Cathedral Date 4/16 1940

19. UNDERTAKER Geo. Weber & Son

(Address) 2503 Edmondson Ave

20. FILED Huntington Williams, Registrar.

APR 15 1940

OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/13/40. 19

22. I HEREBY CERTIFY, That I attended deceased from June 6 1939 to April 13 1940

I last saw him alive on April 12 1940 Death is said to have occurred on the date stated above, at 3.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Hypertension Cardiac Vascular Disease	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) D. T. Baglin M. D.

(Address) 5829 Belair Rd.

68370 53045-ED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 68370

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1yr. 11mo. 7 dys.
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 N. Preston St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married--Div.

6 (b) Name of husband or wife same

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-17-1878

8. AGE: Years	Months	Days	If less than one day
61	11	23	hr. min.

9. Birthplace St. Mary's County, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Jerome Thomas
13. Birthplace St Mary's Co., Md.

MOTHER
14. Maiden Name Mary Woodland
15. Birthplace St. Mary's Co., Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location G. A. County Md.

18 (a) Funeral director Mrs. R. A. Elliott Naughton
(b) Address 1129 N. Caroline St.

19 (a) APR 15 1940 (Date rec'd by Registrar) (b) Hunter G. for Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-10- 1940 at 12 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-3- 1938 to 4-10-1940 and that I last saw h. alive on 4-10- 1940

Immediate cause of death	Duration
Bronchopneumonia	9 days
Due to Gen. A-S.	?
A-S Heart disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Hollaran M. D.
Address Balto City Hosp. Date signed 4-13-40

VS 3

F 68371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 — Registered No. F 68371

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 221 President St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 221 President St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 Yrs. years

3 (a) FULL NAME: MARY MAROTTA

3 (b) If veteran, name war:
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem.	White	Widower

6 (b) Name of husband ~~or wife~~ late Francesco
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2 1877

8. AGE: Years	Months	Days	If less than one day
63	2	11	hr. min.

9. Birthplace Caserta (Italy) (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Alfonso Di Nisio
13. Birthplace Italy

MOTHER
14. Maiden Name Francesca ?
15. Birthplace Italy

16 (a) Informant Vincent Marotta (Son)
(b) Address

17 (a) Holy Redeemer (Burial, ~~cremation~~ or removal) (b) Date thereof April 17-40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 162 N. Morley St.

19 (a) Apr 15 1940 (Date received by registrar) (b) Huntington Hill, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/13 1940, at 6.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/9 1936 to 4/13 1940, and that I last saw her alive on 4/12 1940.

	Duration
Immediate cause of death: Coronary Thrombosis	4/13/40.
Due to Cardio-Vascular Renal Disease	1936
Due to Arterio-Sclerosis	
Other Conditions Hypertension Myocarditis (Include pregnancy within 3 months of death)	1876.

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature J. A. Litterer M. D.
Address 130 E. Eager Date signed 4/15/40.

F 68372

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 67 68372 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2919 Arunah St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Alascia

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Samuel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1873

8. AGE: Years	Months	Days	If less than one day
67	2	12	hr. min.

9. Birthplace Italy
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Salvatore
13. Birthplace Italy

MOTHER
14. Maiden Name Mary Mazula
15. Birthplace Italy

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) New Cathedral (b) Date thereof April-17-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location 4300 Old Frederick Rd - Balt. Md

18 (a) Funeral director Frank Della Mora
(b) Address 52 N. Morby St.

APR 16 1940 (Date received) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1940 at 12 o'clock M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/19 1939 to 4/14 1940, and that I last saw her alive on 4/14 1940

Immediate cause of death Tuberculosis of the lungs — Duration April 1939

Due to

Due to

Other Conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B C H

Address Date signed 4/16/40

F 68373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 920 Rutland St., 7th Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Bessie Campbell

(a) Residence: No. 920 Rutland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. Color or Race: Col.
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of Willie Campbell

6. DATE OF BIRTH (month, day, year): 8-30-08

7. AGE: Years 31 | Months 7 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Virginia

FATHER
13. NAME: Squire Green
14. BIRTHPLACE (city or town) (State or country): Va

MOTHER
15. MAIDEN NAME: Maggie Hardaway
16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Maggie Green
(Address) 920 Rutland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Drewry Va. Date 4-17- 1940

19. UNDERTAKER: Mrs P. A. Elliott-Hr
(Address) 112 E Lanvale St

20. FILED APR 15 1940 Huntington Williams Hr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-14- 40

22. I HEREBY CERTIFY, That I attended deceased from 4/10/40 to 4/14/40 19 40
I last saw h[illegible] alive on 4/14 19 40 Death is said to have occurred on the date stated above, at 9:15 [illegible] m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Ruptured Appendicitis and Fibromyoma

Other contributory causes of importance: Fibromyoma and Appendicitis

Name of operation: Laparotomy Date of

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jas. R. Blake M. D.
(Address) 1327-A Central Ave

V. S. 8 OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

68374 — F 68374

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1629 N. Wolfe St. 8-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary E. Hudson

If U. S. Veteran specify WAR

(a) Residence: No. 1629 N. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Hudson

6. DATE OF BIRTH (month, day, year) Sept. 10 1852

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
87	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pylesville Md.

FATHER

13. NAME Daughton

14. BIRTHPLACE (city or town) (State or country) Pylesville Md.

MOTHER

15. MAIDEN NAME Whiteford

16. BIRTHPLACE (city or town) (State or country) Pylesville Md.

17. INFORMANT Mr. Louis B. English

(Address) 1629 N. Wolfe St. Balto.

18. BURIAL, CREMATION, OR REMOVAL Loudenslager Stephens & Co. Date April 15 1940

19. UNDERTAKER Easton Sons

(Address) Ellicott City, Md.

FILED APR 15 1940 19 Registrar.

Pikesville, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 39 to 4/12/40 19

that she died on 4/13 1940 Death is said to have occurred on the date stated above, at 8:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis (Contributory)	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lee Jolley M. D.

(Address) 5703 Harford Rd.

VS 8

F 68375

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 63-B

F 68375 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cumberland & Rayner Ave
(c) Hospital or institution: West Balto Gen Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town granite Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 16
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Addie Peaches

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. ever married

6 (b) Name of husband or wife George Peaches

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 15, 1875

8. AGE: Years 64 | Months 11 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Bob Searcy
13. Birthplace Virginia

MOTHER
14. Maiden Name Maddie Richards
15. Birthplace Virginia

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 16 1940 (month) (day) (year)
(c) Cemetery or crematory St Johns Cem
Location Ellicott City

18 (a) Funeral director Beatty Sons
(b) Address Ellicott City

APR 15 1940 (Date received by registrar) (b) Registrar Howard Williams, Reg

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1940, at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 29 1940 to April 12 1940 and that I last saw her alive on April 12 1940

Immediate cause of death Congestive Heart Failure — Duration 20 days
Due to Thyrotoxicosis — Duration ?
Due to ____
Other Conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy Hyperplasia of thyroid. Case history.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature Leonard Wallenstein M. D.
Address 6 E B 7 H Date signed April 13, 1940

68376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B

F 68376 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1029 S. Curley St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ~
(e) Length of stay in Baltimore (yrs., mos., or days) ~

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1029 S Curley St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 38 years

3 (a) FULL NAME Kazmierz Dopkowski

3 (b) If veteran, name war | (c) Social Security Account No. 220-05-5746

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife Mary
6 (c) If dead, give age 56 years

7. Birth date of deceased (mo., day, yr.) 9/11/79

8. AGE: Years	Months	Days	If less than one day
60	7	1	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Labor
11. Industry or business

FATHER
12. Name Wiktor Dopkowski
13. Birthplace Poland

MOTHER
14. Maiden Name Katarzyna Dimirstow
15. Birthplace Poland

16 (a) Informant Mary Dopkowski
(b) Address 1029 S Curley St

17 (a) X (Burial, cremation, or removal) (b) Date thereof 4-6-40 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Dundalk ave

18 (a) Funeral director John J Duda
(b) Address 2809 Hudson St

19 (a) APR 7 1940 (Date received by registrar) (b) [illegible] Williamsburg Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 12 1940, at 11 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 26 1940 to Apr 12 1940, and that I last saw him alive on Apr 12 1940.

Immediate cause of death
Cerebral Thrombosis
Terminal Bronchopneumonia

Due to	Duration
	3-26-40
Due to	4-10-40
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ed Schmunck M. D.
Address 842 S-Eaton Ave Date signed 4-15-40

F 68377

LB 54598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

98 Registered No. F 68377

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 432 N. Fremont Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John McNeal

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	colored	widower

6 (b) Name of husband or wife Carrie (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1872

8. AGE: Years	Months	Days	If less than one day
67	6	0	hr. min.

9. Birthplace S. C.
(Town, county, and state)

10. Usual Occupation laborer

11. Industry or business unemployed

FATHER
12. Name ?
13. Birthplace S. C.

MOTHER
14. Maiden Name Catherine McNeal
15. Birthplace S. C.

16 (a) Informant Bd C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof April 15, 1940 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) Date received by registrar April 15 1940 (b) Registrar Williamsville Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-12 1940, at 3 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10 1940 to 4-12 1940, and that I last saw him alive on 4-12 1940.

Immediate cause of death	Duration
Arteria sclerotic gangrene foot	2
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. K. Woodward Jr. M. D.
Address Balto City Hosp. Date signed 4-12-40

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-1 Registered No. F 68378

F 68[illegible]78

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA 22
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 118 W Perry St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM WILLIAMS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 15 194

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) (b) Huntington Williams M.D.

APR 15 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9, 1940, at 10½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hypertensive cardio-vascular disease	Unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wollammer M.D.
Medical Examiner.
Date signed 4-9-40

F 68379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No. F 68379

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 749 Wilmer Court (If rural give location)
(e) If foreign born, how long in U. S. A.? – years

3 (a) FULL NAME HIAWATHA MEEKINS

3 (b) If veteran, name war –

3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
35			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 15 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) APR 15 1940 (Date rec'd by registrar) Huntington Williams M.D.

8341

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8, 1940, at 2:25 p. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Cardiovascular renal disease — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. L. Wollenmuber M.D.
Medical Examiner.

Date signed 4-9-40

COWELL

68380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195-E

Registered No. F 68380

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2375 N Exeter St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Cowell (Carver) CARVIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
about 48			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL APR 15 1940

Commissioner of Health.

18 (a) Funeral director Per H. A. Moore

(b) Address

19 APR 15 1940 (Date rec'd by registrar) (b) Huntingtown Williams, Md. Register No. 3542

MEDICAL CERTIFICATION 4:25a

20. DATE OF DEATH April 8 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture of cervical spine (C5) Crushing of spinal cord (C6)	6-7)
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/2/40
(c) Where did injury occur? Exeter & Dr. Edmonds Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury Fall

23. Signature Wm. Gardner Cryle M.D. Medical Examiner.

Date signed 4/8/40

VS 6

COK

68381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 68381

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1918

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 322 Forest St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Ware

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-3-1868

8. AGE: Years	Months	Days	If less than one day
72	0	0	hr. min.

9. Birthplace Rome, Ga. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Ware
13. Birthplace Ga.

MOTHER
14. Maiden Name Mary
15. Birthplace Ga.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 15 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) APR 15 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

5344

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-3- 1940, at 11 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-29- 1931, to 4-3- 1940, and that I last saw h alive on 4-3- 1940.

Immediate cause of death
Pulmonary Edema
Cardiac Failure
Due to A-S Art Dis

Duration
1 hr.
6 mos.
?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 4-13-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68382

CERTIFICATE OF DEATH

131-a F 68382

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 732 Waseche St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest Clarence Cummings

If U. S. Veteran specify WAR World

(a) Residence: No. 732-Waseche St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb-9-1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Thomas C Cummings

14. BIRTHPLACE (city or town) (State or country) Lunenburg Co Va

MOTHER

15. MAIDEN NAME Muhammah Michael

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Bates (Address) 732 Waseche St

18. BURIAL, CREMATION, OR REMOVAL Place National Cem. Date 4-16- 1940

19. UNDERTAKER Bryant Frances & J. Wright (Address) 1218 McCulloh St

20. FILED APR 15 1940 Registrar Huntington Williams M.D.

OCCUPATION is very important—See instructions on back of this certificate

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-12- 1940

22. I HEREBY CERTIFY, That I attended deceased from 10/20/ 19[illegible] to 4-12- 1940

I last saw him alive on 4/11 1940 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardio-Vascular Renal Disease	10/mo 19
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Jackson M. D.

(Address) 600 N Arlington Ave

68383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 68383

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4515
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 420 Lange St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME NATHANIEL RANSOME

3 (b) If veteran, name war –

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
	3		hr. min.

9. Birthplace
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 15 1940
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) APR 15 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

2640

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9, 1940, at 4 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobular primary	–
Due to	
Due to	
Other Conditions Acute obstruction of stomach	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.

Date signed 4-5-40

F 68384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 68384

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 567 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1328 Church St., Curtis Bay (If rural give location)
(e) If foreign born, how long in U. S. A.? yrs.

3 (a) FULL NAME Andrew Cwaiany (37175)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Annie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1874

8. AGE: Years	Months	Days	If less than one day
65	8	27	hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Workman
11. Industry or business "

FATHER
12. Name Peter
13. Birthplace Austria

MOTHER
14. Maiden Name Mary Bahray
15. Birthplace Austria

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/40 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cemetery
Location Westminster Hill Rd - Balto. Md.

18 (a) Funeral director John J. Fahey & Son
(b) Address 1216 Light St.

19 APR 15 1940 Registrar Washington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8, 1940 at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 19, 1938 to April 8, 1940, and that I last saw h im alive on April 8, 1940

Immediate cause of death: Tuberculosis of the lungs — Duration August 1938

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Adam M. D.
Address Baltimore City Hospitals signed 4/9/40

VS 2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68385 — 131a — Registered No. F 68385

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1426 Holbrook st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 51 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1426 Holbrook st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herman F. Rohn

3 (b) If veteran, name war No
3 (c) Social Security Account No. None

4. Sex Male
5. Color or race White
6 (a) ~~Single, married~~, widowed, or divorced. Widowed
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 2nd 1866

8. AGE: Years 73 | Months 3 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Decorator + Painter

FATHER
12. Name Rohn
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace Germany

16 (a) Informant Charlotte E. Metzger
(b) Address 1321 Wilcox st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 16/40 (month) (day) (year)
(c) Cemetery or crematory London Park Mc
Location Baltimore Md

18 (a) Funeral director W. M. Cook
(b) Address 1219 E Pratt St

19 (a) APR 15 1940 (Date received by registrar) Hunter Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14th 1940, at 3:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/8 1940 to 4/14 1940, and that I last saw h. alive on 4/8 1940.

Immediate cause of death: Arteriosclerotic Coronary Disease — Renal Disease — Duration 2
Due to Old age.
Due to
Other Conditions Chronic Alcoholism — Duration ?
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph S. Blum M.D.
Address 1206 E. Preston St Date signed 4/15/40

H. J. Madden, Chief Medical Examiner
per. T. R. Montague

F 68386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 68386

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland. (If outside city or town limits, write RURAL and give town)
(d) Street No. 722 E. 23rd Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dallas A. M. PAINTER

3 (b) If veteran, name war SAW

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Jessie Frazier
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) May 10, 1877

8. AGE: Years	Months	Days	If less than one day
62	11	4	hr. min.

9. Birthplace Charlestown, West Virginia (Town, county, and state)
10. Usual Occupation Iron Worker
11. Industry or business Anchor Post Vence Company

FATHER
12. Name Louis Painter
13. Birthplace Charlestown, W. Virginia

MOTHER
14. Maiden Name Elizabeth Shanbold
15. Birthplace Charlestown, W. Virginia

16 (a) Informant Records-U. S. Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 17 1940 (month) (day) (year)
(c) Cemetery or crematory W. L. Fairmount MC
Location Baltimore Md

18 (a) Funeral director [illegible]
(b) Address 1219 E. Fayette St Baltimore, Md.

19 (a) APR 15 1940 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14, 1940 /y, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 21, 1940 to Apr. 14, 1940, and that I last saw h im alive on Apr. 14, 1940.

Immediate cause of death	Duration
Septecemia	4 days
Due to Infection, right leg	5 wks.
Due to Diabetes, mellitus	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Incision and drainage of flt.leg; and of rt.popiteal space.
Of autopsy Same as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. B. N. Andrews, M. D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 4/15/40

VS 2

F 68387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931 Registered No. F 68387

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2012 Chelsea Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2012 Chelsea Terrace
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E Franklin

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Ethonon A.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): June 23. 1853
8. AGE: Years 86 | Months 9 | Days 21 | If less than one day hr. min.
9. Birthplace: Carroll Co Md (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Perry Shidmore
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Catora Parrish
15. Birthplace: Carroll Co Md

16 (a) Informant: Effie M Rutledge
(b) Address: 2012 Chelsea Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 16. 1940 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: Baltimore Md

18 (a) Funeral director: Nelson Cox
(b) Address: 1219 E Fayette St

19 (a) APR 15 1940 (Date rec'd by Registrar) Washington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1940, at 8:30 A. M

21. I certify that death occurred on the date above stated, that I attended deceased from April 7 1939 to April 2 1940, and that I last saw her alive on April 2 1940.

Immediate cause of death: Heart Block. — Duration: one year
Due to: Hypertensive
Due to: Cardio-vascular disease
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm J. Sullivan M. D.
Address 2911 Garrison Blvd Date signed April 15, 40

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68388 — 1700 — Registered No. F 68388

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Philadelphia (If outside city or town limits, write RURAL and give town)
(d) Street No. 1167 Passyunk Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LUIGI DI LUZIO

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 165-07-0077

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Alice De-Tizio
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: About 55 | Months | Days | If less than one day: hr. min.

9. Birthplace: Italy (Town, county, and state)
10. Usual Occupation: Tailor
11. Industry or business

FATHER
12. Name: John De Tizio
13. Birthplace: Italy

MOTHER
14. Maiden Name: Rosa De Philipio
15. Birthplace: Italy

16 (a) Informant: Alice De Tizio
(b) Address: 1167 E. Passyunk Ave

17 (a) Burial, Phila Pa (Burial, cremation, or removal) (b) Date thereof 4-17-40 (month) (day) (year)
(c) Cemetery or crematory: Holy Cross Phila
Location: Phila Pa

18 (a) Funeral director: Jos J Stern & Son
(b) Address: 2001 Kentucky Ave

19 APR 15 1940 (Date rec'd by registrar) Huntington Willebrue M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1940 at 11.45 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Hemorrhage, chest
Due to: Crushing of chest by auto
Due to:
Other Conditions: Fracture, 5th thoracic vertebrae
(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: April 14, 1940
(c) Where did injury occur? Eastern St at Saratoga (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Place While at work? — (Specify type of place)
(e) Means of injury: struck by auto while crossing street

23. Signature: H. L. Wallenmeyer M.D. (Medical Examiner.)
Date signed 4-15-40

F 68389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-D

Registered No. F 68389

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4727 Park Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6/

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4727 Park Heights (If rural give location)
(e) If foreign born, how long in U. S. A.? 6/ years

3 (a) FULL NAME Mary E. McCusker

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	widow

6 (b) Name of husband or wife William A. McCusker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 21, 1861

8. AGE: Years	Months	Days	If less than one day
78	3	22	hr. min.

9. Birthplace Ireland. (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business at home

FATHER
12. Name Patrick O'Connell
13. Birthplace Ireland.

MOTHER
14. Maiden Name Halpin
15. Birthplace Ireland.

16 (a) Informant Miss Mary McCusker
(b) Address 4727 Park Heights

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 4/16/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral.
Location Balto. City.

18 (a) Funeral director Jo. Vernon Lemmon
(b) Address 4611 Park Heights

19 APR 16 1940 (Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1940, at 9 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1939, to April 13 1940, and that I last saw him alive on April 13 1940.

Immediate cause of death Endocarditis.
C. Mitral regurgitation
Myocarditis

Due to	Duration
	March 1939
Due to	
Other Conditions Chronic nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh L. de Bastrom M. D.
Address 4723 Park Heights Ave. Date signed 4/15/40

F 68390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 154 B F 68390 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 month

2. USUAL RESIDENCE OF DECEASED:
(a) State West Virginia County X
(c) City or town Kingwood (If outside city or town limits, write RURAL and give town.)
(d) Street No. X (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Carl Charles Cramer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife Mrs. Nora Cramer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 16, 1900

8. AGE: Years	Months	Days	If less than one day
40	1	29	hr. min.

9. Birthplace West Virginia (Town, county, and state)
10. Usual Occupation Mechanic
11. Industry or business Automobile.

FATHER
12. Name Mr. Bruce Cramer
13. Birthplace West Virginia

MOTHER
14. Maiden Name Orphia Feather
15. Birthplace West Virginia

16 (a) Informant Mrs. Carl C. Cramer
(b) Address Kingwood, West Virginia

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 17/40 (month) (day) (year)
(c) Cemetery or crematory Kingwood W. Va
Location

18 (a) Funeral director John Ellcock
(b) Address 200 E Williams St

19 (a) Filed (b) Registrar

APR 16 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-15-40 19— at 4:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 2, 1940. to April 15, 1940. and that I last saw him alive on April 15, 1940.

	Duration
Immediate cause of death Meningitis due to Staphylococcus aureus bacteria	3 days
Due to Osteomyelitis of frontal bone and nasal bones.	Later - 2 months
Due to Post operative infection, nasal operation.	
Other Conditions Cellulitis of face	

(Include pregnancy within 3 months of death)

Major findings: Of operations Osteomyelitis of frontal bone.
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Murray L. Johnson, MD M. D.
Address Union Memorial Hospital Date signed 4-15-40

VS 3

F 68391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 68391 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 20 W. Lee St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City ~~or town~~ Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 20 W. Lee St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles S. Gray

3 (b) If veteran, name war: Civil

3 (c) Social Security Account No. NONE

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife: Minnie B. Gray

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 25th 1877

8. AGE: Years 63 | Months 1 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace: Caroline Co. Md.
(Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business: Unemployed

FATHER
12. Name: Oscar Gray
13. Birthplace: Caroline Co. Md.

MOTHER
14. Maiden Name: Martha Shehan
15. Birthplace: Caroline Co. Md.

16 (a) Informant: Virginia Coates
(b) Address: 12 W. Barre St

17 (a) Burial (b) Date thereof 4/17/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~: Mt. Olivet
Location: Balto Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St

19 (a) ~~Filed~~ APR 16 1940 (b) ~~Registrar~~ Huntington Williams M.D.
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14th 1940, at 3 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 9, 1939, to Apr. 14, 1940 and that I last saw him alive on 4/13/ 1940

Immediate cause of death: Hypertensive cardio vascular disease — Duration: ?

Due to:

Due to:

Other Conditions: - - - - - — - - -

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Harry Deibel M.D.

Address: 1226 Hanover St. Date signed: 4/15/40

F 68392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a

F 68392 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2806 Elsinore ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2806 Elsinore Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Eugene Travers

3 (b) If veteran, name war: None
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mary C. Travers
6 (c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): Aug 27 - 1869

8. AGE: Years	Months	Days	If less than one day
70	7	18	17 hr. min.

9. Birthplace: Dorchester Co Md
(Town, county, and state)
10. Usual Occupation: Wholesale Seafood
11. Industry or business: Fish

FATHER
12. Name: Thomas B Travers
13. Birthplace: Cambridge Md

MOTHER
14. Maiden Name: Sallie Thorne
15. Birthplace: Cambridge Md

16 (a) Informant: Mrs Mary C. Travers
(b) Address: 2806 Elsinore ave

17 (a) (Burial, cremation, or removal) (b) Date thereof: 4-17-40 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore Md

18 (a) Funeral director: W. F. Tyler Sons
(b) Address: Forest & Lanvale

19 (a) Date received by registrar: APR 16 1940 (b) Registrar: [illegible] Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1940, at 10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 3 1939, to April 14 1940, and that I last saw h alive on April 12 1940.

Immediate cause of death: Coronary Thrombosis
Due to: Arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration
Sudden
several yrs.

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature: M Bernard Hood M. D.
Address 2200 Garrison Blvd Date signed 4/15/40

F 68393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 68393 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4912 Litchfield Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4912 Litchfield Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lida Geneva Chilcoat

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Thomas Melvin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 31 1879

8. AGE: Years 61 | Months 2 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore Co. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business Housewife

FATHER
12. Name Alexius Morris
13. Birthplace Baltimore Co. Md.

MOTHER
14. Maiden Name Lida Frances Talbott
15. Birthplace Baltimore Co.

16 (a) Informant Mrs. J. Murray Hughes
(b) Address 4912 Litchfield Ave

17 (a) Burial **(b) Date thereof** 4-18-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Westburg M.E.
Location Westburg Md.

18 (a) Funeral director William J. Tuckwell & Son
(b) Address Brick & Paul Sts. Huntington Williamsport, W. Va.

19 (a) APR 16 1940 (Date received by registrar) **(b)** Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1940, at 4:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/2 1940 to 4/18 1940, and that I last saw h[illegible] alive on 4/17 1940.

Immediate cause of death Pulmonal Carcinomatosis — Duration 2 mos

Due to Carcinoma of Stomach — Duration 2 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Exploratory Lap. Of operations Inoperable carcinoma 2/16/40

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. B. Mulvenhaus

Address 1901 Eutaw Pl. **Date signed** 4/19/40

F 68394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183 a

Registered No. F 68394

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3001 Old York Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1904 W Layfayette
(If outside city or town limits, write RURAL and give town)
(d) Street No. 16 Baltimore Md
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara Anna Schuele

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife albert J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 11 1868

8. AGE: Years 71 | Months 6 | Days 2 | If less than one day ... hr. ... min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name ? Ambuhler.
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Krone
15. Birthplace Germany

16 (a) Informant Mr albert J Schuele
(b) Address

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** April 16 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn

18 (a) Funeral director William J Tyrkner + Sons
(b) Address York + Pennsylvania Aves

19 (a) 4-16-1940 (Date rec'd by registrar) **(b)** Harry [illegible] (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1940, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 8 1940, to Apr 13 1940, and that I last saw her alive on Apr 12 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	5 d.
Due to Cerebral Arteriosclerosis	
Due to Generalized Arteriosclerosis	
Due to Chronic Art. Hypertension (many years)	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Carroll Lockard M. D.
Address 42 Preston St **Date signed** Apr 40

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

99-D

F.R. 68295

~~68295~~

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2204 E. Biddle St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2204 E Biddle St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 75 years

3 (a) FULL NAME Harry C Pittroff

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widowed

6 (b) Name of husband or wife Ella Pittroff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1864

8. AGE: Years	Months	Days	If less than one day
75	9	10	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Self

FATHER
12. Name John Pittroff
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Ella Brown
15. Birthplace Baltimore, Md

16 (a) Informant Mr. Frederick Pittroff
(b) Address 1808 E Oliver St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Hoff Ave & Fayette St.

18 (a) Funeral director Howard N. Bayliss Jr.
(b) Address 4914 Belair Road

19 (a) Date received (year) (b) Registrar Huntington Williams, M.D.

APR 16 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 28 1940 to April 15 1940 and that I last saw him alive on April 15 1940.

Immediate cause of death	Duration
Coronary Thrombosis	sudden
Due to Arteriosclerotic Cardiovascular Disease	11 yrs.
Due to	
Other Conditions acute Tracheo Bronchitis	5 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. Karl Grossmann, M. D.
Address 2128 Patterson Pk Ave Date signed 4/15/40

F 68396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 112

Registered No. F 68396

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 905 N. Carey St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 905 N Carey St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Agnes Norman

3 (b) If veteran, name war	3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	ed	Married

6 (b) Name of husband or wife Julius
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace Calvert (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Thomas Blake
13. Birthplace Md.

MOTHER
14. Maiden Name Alice Coates
15. Birthplace Md.

16 (a) Informant Julius Norman
(b) Address 905 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4X-17-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thomas E. Kelson
(b) Address 1303 Presstman St.

PR 16 1940 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 16 19 , at 6 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to Apr 16 1940, and that I last saw her alive on April 13 1940.

Immediate cause of death Aortic Carditis
Fibrillation.
Due to Bronchial Asthma
Due to
Other Conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. L. Strauch M. D.
Address 2329 Arunah Date signed 4/16/40

Howard for Williams, M.D.

F 68397

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68397

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No.) Lemmuratory Hospital St. 19-1 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Keys

If U. S. Veteran specify WAR

(a) Residence: No. 1716 Carlo St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	ed	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 17, 39

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto-Md

FATHER

13. NAME Beatrice Morris

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Alexander Keys

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Alexander Keys

(Address) 1716 Carlo St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4/16, 19 40

19. UNDERTAKER Geo. L. Kelson

(Address) 1305 Presstman St

FILED APR 16 1940 Huntington Williams Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1940 to April 13, 1940

I last saw her alive on April 12, 1940 Death is said to have occurred on the date stated above, at 5:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	2 days
Mesenteral & miliary Tuberculosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Spinal Fluid Was there an autopsy? Yes

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry A Bruce, M. D.

(Address) Tuberculosis Hospital

OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 68398

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

163-D Registered No. F 68398

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2212 Harris Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.) - years

3 (a) FULL NAME WILLIAM BURKE OR THOMAS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	married

6 (b) Name of husband or wife Maggie Burke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 30, 1893

8. AGE: Years	Months	Days	If less than one day
46	7	13	hr. min.

9. Birthplace Chicago (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name William Burke
13. Birthplace Chicago

MOTHER
14. Maiden Name Unknown
15. Birthplace Virginia

16 (a) Informant Maggie Burke
(b) Address 2212 Harris Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-16-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave. (Street or Rural Route No.)

19 (a) APR 16 1940 (Date received by registrar) (b) 8 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13, 1940, at 3 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Anuria	6 days
Due to Acute bichloride of mercury poisoning	
Due to suicide	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence April 8, 1940
(c) Where did injury occur? 2212 Harris Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury swallowed 14 tablets of bichloride of mercury

23. Signature H. Lee Blackwelder M.D.
Medical Examiner.
Date signed 4-15-40

VS 6

68399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 68399 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Belair Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs 1 Mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town 2317 Federal St
(If outside city or town limits, write RURAL and give town)
(d) Street No. Dale
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Fred L Kellerman

3 (b) If veteran, name war
3 (c) Social Security Account No. 213-07-4608

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Margaret Kellerman
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) March 1888

8. AGE: Years	Months	Days	If less than one day
52	1		hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Iron Worker
11. Industry or business Steel Mill

FATHER
12. Name Don't know
13. Birthplace Don't know

MOTHER
14. Maiden Name Don't know
15. Birthplace Don't know

16 (a) Informant Mrs Margaret Vetters
(b) Address 1706 N. Chapel St

17 (a) Burial (b) Date thereof Apr. 17, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director John Uffrup
(b) Address 2008 Edmonson Ave
Hunter or Williams, M.D.

19 (a) (Date received by Registrar) Registrar

APR 16 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1940, at 7 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm H Waddell Greff M.D.
Medical Examiner.
Date signed 4/15/40

F 68400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54619 S Registered No. F 68400

V159

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1842 Duncan Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Church

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/11/40

8. AGE: Years	Months	Days	If less than one day
			8 hr. 45 min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation New Born

11. Industry or business

FATHER
12. Name Anthony Perrera
13. Birthplace Maryland

MOTHER
14. Maiden Name Virginia Church
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 4/13/40 (month) (day) (year)
(c) Cemetery or crematory Crematory
Location Baltimore City Hospitals

18 (a) Funeral director
(b) Address Baltimore City Hospitals

19 (a) APR 16 1940 (Date received by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1940, at 5:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 11 1940, to 19, and that I last saw her alive on April 11 1940.

Immediate cause of death: Prematurity — Duration: 8 hrs

Due to: Premature birth 6½ month

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edmund W. Bordley M. D.
Address Johns Hopkins Hosp. Date signed 4/12/40

68401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 68401

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1030 E Granby St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1030 Granby St
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rebecca Jacobs

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widowed

6 (b) Name of husband or wife Sat Isaac

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Moses H. Jacobs

(b) Address 4567 Reisterstown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-40 (month) (day) (year)

(c) Cemetery or crematory Bnai Israel

Location Southern ave

18 (a) Funeral director Sol Levinson Bros

(b) Address 1824-26 W Northave

19 (a) (Date received) (b) Registrar

APR 16 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1940, at 7 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1940, to April 15 1940, and that I last saw h[illegible] alive on April 15 1940.

Immediate cause of death Bronchopneumonia followed by Pulmonary Edema

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Samuel H. Weinstein M. D.

Address 27 S. Broadway Date signed 4/16 1940

F 68402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-7

F 68402 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W Lexington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 46

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2025 W. Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.) years

70

3 (a) FULL NAME Edward Fittro

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-03-9495

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W.	Married

6 (b) Name of husband or wife Nellie A. Fittro
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Jan 27, 1880

8. AGE: Years	Months	Days	If less than one day
60	2	16	hr. min.

9. Birthplace Grafton W.Va (town, county, and state)
10. Usual Occupation Blacksmith
11. Industry or business B. & O. R.R.

FATHER
12. Name Noah Fittro
13. Birthplace Grafton, W.Va

MOTHER
14. Maiden Name Josephine Brooks
15. Birthplace Grafton W.Va

16 (a) Informant Nellie A. Fittro
(b) Address 2025 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore, Md.

18 (a) Funeral director Frederick A. Cole
(b) Address 1200 W Lombard St.

19 (a) (Date received by Registrar) (b) Huntington, Williams Co. W. Va. Registrar

APR 16 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13, 1940, at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 13 1940, to April 13, 1940, and that I last saw h[illegible] alive on April 13, 1940.

Immediate cause of death	Duration
Acute Cardiac Dilatation	Few hours
Due to Chronic Myocarditis	One year
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank M. Ogden M. D.
Address 2701 N. Calvert St. Date signed Apr. 13, 40

F 68403

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

V55-F

Registered No. F 68403

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St
(c) Hospital or institution:
mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Mannheim
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dorothy Blanche Amey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Winfield Amey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23, 1882

8. AGE: Years	Months	Days	If less than one day
58	0	20	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name George M. Dixon
13. Birthplace Md.

MOTHER 14. Maiden Name Hanna M. Smick
15. Birthplace Pa

16 (a) Informant Winfield Amey
(b) Address Mannheim, Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt Olivet
Location 2930 Frederick Rd

18 (a) Funeral director Harry E. Wiltze
(b) Address 4101 Edmondson Ave Huntington Apts, Md.

19 (a) (b) Registrar
(Date rec'd by registrar)

APR 16 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 13 1940 at 4:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-9 1940, to 4-13 1940, and that I last saw h.6.r alive on 4-13 1940.

Immediate cause of death
Pulmonary Embolism — Duration > 4 hrs
Due to Epithelioma of Chest wall. — Duration 1 yr
Due to
Other Conditions Past fracture

(Include pregnancy within 3 months of death)

Major findings:
Of operations Epithelioma of chest wall & chest metastases
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. C. Cunningham M. D.
Address mercy Hosp Date signed 4/13/40

F 68404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77-D

F 68404 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1042 Patapsco St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM H. WOOD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Catherine Keefer

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) ? 1890 ? 84

8. AGE: 56 Years | Months | Days | If less than one day: hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business Lunch counter

FATHER
12. Name James Wood
13. Birthplace Virginia

MOTHER
14. Maiden Name Adkins
15. Birthplace Virginia

16 (a) Informant Walter Pace - son
(b) Address 526 ½ Patapsco St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17 40 (month) (day) (year)
(c) Cemetery or crematory Lee - Pine Rose
Location Cherry Hill

18 (a) Funeral director Joseph Kaminska Jr.
(b) Address 602 Wash Blvd

19 (Date rec'd by Registrar) APR 16 1940 Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1940, at 11 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Chronic alcoholism — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenweber M.D.
Acting Medical Examiner
Date signed 4-15-40

(over)

AdCo. 5-31 2500

F 68405 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-V 23-V F 68405

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1506 Light St. St., 23-V Ward)

Length of residence in city or town where death occurred ...yrs. Life mos. ...ds. How long in U.S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Mrs Susannah Jane Ellis

(a) Residence: No. 1506 Light St St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced (or) WIFE of William Ellis

6. DATE OF BIRTH (month, day, year) Mar. 23, 1855

7. AGE Years	Months	Days	If LESS than 1 day ...hrs. or ...min
84	4	22?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City Md

FATHER

13. NAME George T. Shubbard

14. BIRTHPLACE (city or town) (State or country) Balty. Md

MOTHER

15. MAIDEN NAME Susannah J Spicer

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Allen S. Ellis (son)
(Address) 1506 Light St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date 4-17 1940

19. UNDERTAKER J. J. McCully
(Address) 1[illegible] Eutaw Pl

20. APR 16 1940 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1937, to April 14, 1940
I last saw her alive on April 12 1940 death is said to have occurred on the date stated above, at 12.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	1939?

Other contributory causes of importance:
Senility
Debility

Name of operation ... Date of ...
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury V
Nature of injury V

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Vincent M. Messina M. D.
(Address) 1403 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

68406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/59

F 68406

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6108 Blackburn Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

27

3 (a) FULL NAME Baby Girl Munsperger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14, 1940

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Frederick Munsperger
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary C. Pletsch
15. Birthplace Baltimore Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 4/16/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Leonard J. Koch
(b) Address 520 Hamilton Ave Huntington Williams, Md.

19 (a) APR 16 1940 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1940, at 12:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1940, to April 16 1940, and that I last saw h-r alive on April 16 1940.

Immediate cause of death Due - maturity. — Duration

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. G. Dodd M. D.
Address Mercy Hospital Date signed 4-16-40

F 68407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 68407 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3911 Overlea Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3911 Overlea Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Catherine M. Winkler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John H. Winkler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20th 1859

8. AGE: Years	Months	Days	If less than one day
80	9	24	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Richard Meier
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Herman R. Winkler
(b) Address 3911 Overlea Ave.

17 (a) Burial (b) Date thereof April 17, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Baltimore Maryland

18 (a) Funeral director Sassaman Funeral Home
(b) Address 7401 Belair Road

APR 16 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14th 1940 at 3:42 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1940 to April 14 1940, and that I last saw h alive on April 14 1940.

Immediate cause of death Chronic myocarditis — Duration 3 yrs
Due to Hypostatic pneumonia — 4 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward A. Benson M. D.
Address 1 W. Oregon Date signed 4/16/40

VS 3

F 68408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 68408 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2502 WOODBROOK AVE.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town BALTIMORE. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2502 WOODBROOK AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 13

3 (a) FULL NAME CARRIE JONES.

3 (b) If veteran, name war —

3 (c) Social Security Account No. NONE.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	COL.	WIDOWED.

6 (b) Name of husband or wife WILLIAM. JONES.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 4 - 10 - 1866.

8. AGE: Years	Months	Days	If less than one day
73		4	..... hr. ..... min.

9. Birthplace BALTIMORE (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business —

FATHER
12. Name WILLIAM MITCHELL.
13. Birthplace Md.

MOTHER
14. Maiden Name GEORGIANA ?
15. Birthplace Md.

16 (a) Informant VIRGINIA JONES.
(b) Address 2502 WOODBROOK. AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4 17 40 (month) (day) (year)
(c) Cemetery or crematory MT. CALVARY. CEM
Location ANNA ARUNDEL COUNTY.

18 (a) Funeral director William A Jackson.
(b) Address 916 PENNA-AVE.

19 APR 16 1940 (Date received by Registrar) Huntington Williams, Md.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/14 1940 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1940 to 4/14 1940, and that I last saw h.. alive on 4/13 1940.

Immediate cause of death: Chronic Nephritis — Duration 1 yr.
Due to: .....
Due to: .....
Other Conditions Arteria sclerosis and marked Hypertension.
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) ..... (County) ..... (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature R J Young M. D.
Address 1434 E Monument St Date signed 4/16/40

F 68409 — for machine — F 68409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. 13

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 852 W 35th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 852 W 35th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosa A. Wisner.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widow.

6 (b) Name of husband or wife. Howard A. Wisner
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 23, 1859.

8. AGE: Years	Months	Days	If less than one day
80	3	22	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation none.
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Bessie A Morrison.
(b) Address 852 W 35th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 18, 1940 (month) (day) (year)
(c) Cemetery or ~~cemetery~~ St. Mary's
Location Hampden

18 (a) Funeral director Ephinger & Donovan
(b) Address 3615-17 Eastern Ave.

19 APR 16 1940 Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15, 1940 at 10 30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 2, 1939 to April 15, 1940, and that I last saw h alive on April 14, 1940.

Immediate cause of death	Duration
Coronary Thrombosis	14 hrs.
Due to Coronary Artery Disease	
Due to Arteriosclerosis	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Kenneth Hamilton M.D.
Address 4037 Falls Rd. Date signed 4/16/40

8410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

813a

F 68410
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1307 Upton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-3
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1307 Upton St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Moulton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible] 1875

8. AGE: Years 65 | Months 1 | Days 29 | If less than one day hr. min.

9. Birthplace Aberdeen, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Moulton
13. Birthplace Va

MOTHER
14. Maiden Name Harriett Washington
15. Birthplace Md

16 (a) Informant Clarence Moulton
(b) Address 1307 Upton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19 1940 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location Aberdeen Harford Co

18 (a) Funeral director Henry Fanning Hood
(b) Address Aberdeen Md

19 (a) [illegible] (b) [illegible] Registrar

APR 16 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/16/ 1940, about 5 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/12/ 1940, to 4/16/ 1940, and that I last saw her alive on 4/15/ 1940.

Immediate cause of death

Apoplexy - — Duration 4 days

Due to Arterio Sclerosis — 2 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 160 W. Lanvale St Date signed 4/18/40

F 68411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92B

Registered No. F 68411

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1602 Olive St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1602 Olive St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur R Stallings

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 215-07-3182

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Katherine Stallings

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1891

8. AGE: Years 48 | Months 9 | Days 3 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER
12. Name Richard Stallings
13. Birthplace Md

MOTHER
14. Maiden Name Dent Price
15. Birthplace Md.

16 (a) Informant Catherine Stallings
(b) Address 1602 Olive St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17, 1940 (month) (day) (year)

(c) Cemetery or crematory Holy Rood
Location Ogrs Mills Md

18 (a) Funeral director A. Bernard Evans
(b) Address 1400-02 E Lanvale St

19 APR 16 1940 Huntingtown Williams, Md
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1940, at 5:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1939 to April 14 1940; that I last saw him alive on April 13 1940.

Immediate cause of death	Duration
acute dilatation of heart	1 day
Due to: Mitral Regurgitation	Indef
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Campbell M. D.
Address 644 Hanover St Date signed 4/16/40

VS 3

F 68412

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183 ✓ F 68412 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Curtis Bay Industrial Sugar Refinery
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) ~~State~~ Denmark (b) County (country)
(c) ~~City or town~~ Klaster Port #2 (If outside city or town limits, write RURAL and give town)
(d) ~~St. No.~~ Aabens (City) (If rural give location) 1st S. Lexa Maersk
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ~~Christian Soersen~~ Christian Sorensen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 16, 1877

8. AGE: Years	Months	Days	If less than one day
62	4	28	hr. min.

9. Birthplace Store, Magleby, Denmark (Town, county, and state)

10. Usual Occupation Donkey Man

11. Industry or business Danish Motor Ship Lexa-Maersk

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. Holger A. Koppel (Danish Consul)
(b) Address Thomas Building

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 17, 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director
(b) Address 1005 W. Baltimore St.
(c) Huntington Williams, M.D.

APR 16 1940 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION 2 am

20. DATE OF DEATH April 17 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Drowning — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/14/40 afternoon
(c) Where did injury occur? Curtis Bay (City or town) Sugar Refinery (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Fell into harbor - unconscious

23. Signature H. W. Vander Grift M.D.
Medical Examiner.
Date signed 4/14/40

VS 6

68413

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ F 68413

777 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 100 x Madison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ALBERT W. NELSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1901

8. AGE: Years	Months	Days	If less than one day
58 39	11	1	hr. min.

9. Birthplace Milford, Mass. (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business

FATHER
12. Name Peter J. Nelson
13. Birthplace Sweden

MOTHER
14. Maiden Name Thelma J. Anderson
15. Birthplace Sweden

16 (a) Informant Mr. Peter J. Nelson
(b) Address Milford, Mass.

17 (a) Ship (Burial, cremation, or removal) (b) Date thereof Apr. 16, 1940 (month) (day) (year)
(c) Cemetery or crematory Vernon Grove Cemetery
Location Milford, Massachusetts

18 (a) Funeral director E. W. Ramsburg
(b) Address 1003 W. Baltimore St.

19 (a) APR 16 1940 (Date filed by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1940, at 5 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said inquiry find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death	Duration
Asphyxia	
Due to Chronic alcoholism	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 4-15-40

F 68414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

85 Registered No. F 68414

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 929 E Biddle St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 929 E. Biddle St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME August C. Rohlfing

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-18-0158

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine Howe
6 (c) If alive, give age 18 years

7. Birth date of deceased (mo., day, yr.) June 24, 1918

8. AGE: Years	Months	Days	If less than one day
21	9	22	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Auto mechanic
11. Industry or business

FATHER
12. Name August A Rohlfing
13. Birthplace Baltimore

MOTHER
14. Maiden Name Della Harris
15. Birthplace Kent Co. Md

16 (a) Informant August A Rohlfing
(b) Address 929 E Biddle St

17 (a) Burial (b) Date thereof April 18, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) APR 16 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3

Dr. Ford Eastern Ave

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1940 at 3 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1940 to April 16 1940 and that I last saw h alive on April 16 1940

Immediate cause of death Epilepsy — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Adam Ford M. D.
Address 4616 Eastern Ave Date signed 4/16/40

68415

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83a

F 68415 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2137 W North Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2137 W North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick Hugo Hantske

3 (b) If veteran, name war: Done
3 (c) Social Security Account No.: Done.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Frances E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 16 1872

8. AGE: Years 67 | Months 3 | Days 29 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business Warsaw Clothing Co.

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mr. Eugene R. Hantske
(b) Address 2203 Rosedale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Wellman Funeral Home Inc
(b) Address North & Gorsuch Ave

19 (a) 10 (Date received by registrar) (b) Hunter for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1938 to April 15 1940, and that I last saw h alive on April 14 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 week
Due to: Arterio Sclerosis — 3 years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, ~~suicide~~ or ~~homicide~~ Fracture of Skull
(b) Date of occurrence 1937
(c) Where did injury occur? Balto (City or town) (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Auto Elevator While at work? (Specify type of place)
(e) Means of injury Cerebral Hemorrhage caused by fall
23. Signature A. E. Smith M. D.
Address 4209 Edmondson Ave Date signed April 15

H. L. Wollenweber M.D., Licensed Emb.

68416

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937 ✓ Registered No. F 68416

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 504 Westgate Road
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28-4
(e) Length of stay in Baltimore (yrs., mos., or days) 85-4-3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 504 Westgate Road (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME Willie Ann Rothrock

3 (b) If veteran, name war: ---
3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ---
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) Dec 13th 1854

8. AGE: Years	Months	Days	If less than one day
85	4	3	... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Rothrock
13. Birthplace Maryland

MOTHER
14. Maiden Name Ann Williams
15. Birthplace Maryland

16 (a) Informant Miss Ethel Lowdenslager
(b) Address 504 Westgate Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 18-1940 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.

19 (a) Date rec'd by registrar (b) Registration District No.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1940, at 2 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 23 1940, to Apr 14 1940, and that I last saw him alive on Apr 14 1940.

Immediate cause of death	Duration
Myocarditis	3
Due to Myocarditis	3
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter Tuttle M. D.
Address 2220 Garrison Blvd Date signed Apr 16 1940

68417 BALTIMORE CITY HEALTH DEPARTMENT F 68417

CERTIFICATE OF DEATH

123 Registered No.

West Balt Gen Hosp

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Laysa & Parkland
(c) Hospital or institution:
West Baltimore Gen'l. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 5
(e) Length of stay in Baltimore (yrs., mos., or days) + days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2545 W. Lafayette Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Mr Walter E. Hartlove

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of wife Alta T. Hartlove
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8, 1883

8. AGE: Years	Months	Days	If less than one day
57	1	7	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Materials Engineer
11. Industry or business U. S. Gov't. T. V. A.

FATHER
12. Name Wm. A. Hartlove
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Katherine
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Leslie T. Hartlove
(b) Address 323 E. University Parkway

17 (a) Burial (b) Date thereof 4/18/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery Loudon Park
Location Baltimore, Maryland
(d) Funeral director Wm. J. Tickner & Sons,
(e) Address North & Pennsylvania Avenues

19 (a) Apr 16 1940 Thurston for Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 15 1940, at 5 and P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-11 1940, to 4-15 1940, and that I last saw h— alive on 4-15 1940.

Immediate cause of death Pulmonary thrombus

Due to Intestinal Paralysis & Peritonitis

Due to Ileus

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Laparotomy & Ileus

Of autopsy Pulmonary thrombus

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. Brennan M. D.
Address 1101 E. Fayette Date signed 4-15-40

68418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 68418 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died 2-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 441 Gilmor St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDWARD KELLY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Louisa Kelly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 17, 1864

8. AGE: Years	Months	Days	If less than one day
76	2	28	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name ? Kelly
13. Birthplace Ireland

MOTHER
14. Maiden Name ? Fountain
15. Birthplace Ireland

16 (a) Informant Mrs. Millard White
(b) Address 441 Gilmor Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore Md.

(a) Funeral director Wm J. Tickner & Sons
(b) Address North & Pa Aves.

APR 16 1940

19 (a) (Date received by registrar) (b) Registrar Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 19 40, at 7:45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to -	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. L. Wollenweber M.D. Medical Examiner.
Date signed 4-16-40

Correct use of typewriter important. Typewriter, please.

68419 HEALTH DEPARTMENT—CITY OF BALTIMORE 68419

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 15 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth Myers

If U. S. Veteran specify WAR

(a) Residence: No. Clarksville St., Ward Howard Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles H. Myers

6. DATE OF BIRTH (month, day, year) Feb 6 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard County Md

FATHER

13. NAME Henry Thomas

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Henrietta Shipley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Charles H. Myers
(Address) Clarksville, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Hopkins Chapel Date 4/15/40

19. UNDERTAKER E. Livingston Jr.
(Address) Ellicott City, Md.

20. FILED APR 16 1940 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15th, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 30th, 1940 to April 15th, 1940

I last saw her alive on April 15th, 1940 Death is said to have occurred on the date stated above, at 8:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonic abscess Due to	3/27/40
Generalized peritonitis	3/30/40
DIVERTICULITIS TRANSV. COLON - PERFORATION	
Other conditions of importance SUBPHRENIC ABSCESS	
Hypostatic congestion of lungs	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. E. Kirwan M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 G Registered No. F 68480

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2926 Elliott St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michael Canavy (Conroy) original spelling

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NO

4. Sex: Male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: ~~none~~

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1867

8. AGE: Years 72 | Months 11 | Days | If less than one day: hr. min.

9. Birthplace Baltimore (Town or county and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Patrick Conry
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Mulvey
15. Birthplace Ireland

16 (a) Informant Mary Gallagher
(b) Address 2926 Elliott St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 18-40 (month) (day) (year)
(c) Cemetery or crematory Mt Cathedral
Location Balto Co Md

18 (a) Funeral director Lilly & Siderius Inc
(b) Address 403 S. Wolfe St

19 (a) APR 16 1940 Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1940 at 2 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-6 1940, to 4-14 1940, and that I last saw him alive on 4-14 1940.

Immediate cause of death: Carcinoma of head of pancreas — Duration: 4 mo (?)

Due to:

Due to:

Other Conditions: Diabetes mellitus probably due to above — Duration: 1 mo.
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy (Medical examiner): Carcinoma of head of pancreas with biliary cirrhosis and jaundice

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McCafferty M. D.
Address Bon Secours Hosp Date signed 4-15-40

68421

OK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 68421

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2052 Bank St.
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Charles O. Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 11/1879

8. AGE: Years	Months	Days	If less than one day
60	5	3	hr. min.

9. Birthplace Germany unknown
(Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany (Germany)

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof Apr. 17/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Schwartz's
Location Edmondson & Donnell St.

18 (a) Funeral director Lilly & Feiler Inc.
(b) Address 403 S. Wolfe St.

APR 16 1940
(Date rec'd by registrar)

Municipal Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-14- 1940, at 2.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14- 1940 to 4-14- 1940, and that I last saw him alive on 4-14- 1940.

Immediate cause of death Coronary thrombosis

Duration 1 day.

Due to Generalized arteriosclerosis

Due to Gen. A.S.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Maurice Goldstein M. D.
Address Balto City Hosp. Date signed 4-15-40

VS 3 Per Dr. H. J. Wollenweber, Medical Supt. per H. L. Wollenweber, M.D. Asst. Medical Supt.

F 68422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157 Registered No. F 68422

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2026 W. Lanvale (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nancy Flaherty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-28-39

8. AGE: Years	Months	Days	If less than one day
	3 1/2	17	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Harry Flaherty
13. Birthplace Md.

MOTHER
14. Maiden Name Mabel Lyddicord
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 17, 40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director Roland L. Fenkler
(b) Address 612 N. Monroe St.

19 (a) [illegible] (Date rec'd by registrar) Registrar

APR 16 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1940 at 2 ~~P.M.~~ A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 13 1940 to April 15 1940, and that I last saw her alive on April 15 1940

Immediate cause of death: Meningitis & septicemia — Hæmophilus

Due to: Influenza bacillus

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration: 4 weeks

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ethel Hecker M. D.
Address Baltimore Date signed 4/15/40

F 68423

BALTIMORE CITY HEALTH DEPARTMENT 55363 SD

CERTIFICATE OF DEATH 30-D

Registered No. F 68423

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1428 N. Vincent Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Georgianna Nick Elliott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife: Authur

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1881

8. AGE: Years 58 | Months 9 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Laundry Work

11. Industry or business Unemployed

FATHER
12. Name Henry Nick (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Anna Green (d)
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof April 17, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 32 N Schroeder St

19 APR 16 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-12- 1940, at 4 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-11- 1940 to 4-12- 1940, and that I last saw h-r alive on 4-12- 1940.

	Duration
Immediate cause of death: Rupture of aneurism of unnamed artery	5 minutes
Due to: Syphilis Hypertensive C.V.D	P ?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emerson Schlosser M. D.
Address Belle City Hosp., Date signed 4-14-40

VS 8

F 68424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W

Registered No. F 68424

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 25 N. Amity St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 25 N. Amity St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MINNIE HOPKINS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
47	46		hr. min.

9. Birthplace Baltimore Md.
(Town, county and state)

10. Usual Occupation Domestic.

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Lizzie Hopkins
15. Birthplace Md

16 (a) Informant Mrs Susie Scott Ford.
(b) Address 937 W. Lexington St.

17 (a) (Burial, cremation, or removal) (b) Date thereof April 18, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 3[illegible] N. Schroeder St

19 (a) APR 16 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.

Immediate cause of death: Hypertensive cardiovascular renal disease — Duration

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmaier M.D.
Medical Examiner.
Date signed Apr 15, 40

VS 6

F 68425

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68425

CERTIFICATE OF DEATH

160-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. 8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Walston
If U. S. Veteran specify WAR.

(a) Residence: No. 2619 Sheatsfield Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 9, 1940

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
3 days	0	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Lewis Walston

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Daphne Barclift

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Mother
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place UNIVERSITY MEDICAL SCHOOL Date APR 16 1940

19. UNDERTAKER Commissioner of Health
(Address)

20. FILED APR 16 1940 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1940 to April 11, 1940

I last saw him alive on April 11, 1940 Death is said to have occurred on the date stated above, at 2.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital heart disease	
Aspiration pneumonia	

Other contributory causes of importance:

Intracranial hemorrhage	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. W. Dorman Jr. M. D.
(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 3

5552

68426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. 68426

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2038 E. Fairmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2 (a) FULL NAME Baby Boy Durbeck

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Newborn

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1940

8. AGE: Years	Months	Days	If less than one day
			hr. 30 min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Newborn
11. Industry or business

MOTHER
12. Name Albert Durbeck
13. Birthplace Baltimore Maryland

FATHER
14. Maiden Name Gertrude Sekiff
15. Birthplace Russia

16 (a) Informant 2038 E. Fairmount Ave
(b) Address Baltimore Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL APR 18 1940
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (Signature and title) APR 16 1940 Registrar Hunting for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1940, at 9:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw him alive on 4/10 1940.

Immediate cause of death Pneumonia

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Miller M. D.
Address Sinai Hospital Date signed 4-15-40

VS 3

5551

F 68427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 68427

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University of Maryland
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Howard
(c) City or town Savage (If outside city or town limits, write RURAL and give town)
(d) Street No. 75 Washington ave (If rural, give location)
(e) If foreign born, how long in U. S. A.) ——— years

3 (a) FULL NAME Baby Boy Gray

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/8/40

8. AGE: Years	Months	Days	If less than one day
Newborn			20 hr. min.

9. Birthplace University of Maryland (Town, county and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Edmund Gray.
13. Birthplace Hallopieed md

MOTHER
14. Maiden Name Thelma Hudson
15. Birthplace Louisville Ky

16 (a) Informant Mrs Thelma Gray Mother
(b) Address 75 Washington ave Savage md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 16 1940
Commissioner of Health

18 (a) Funeral director
(b) Address Per M. A. Moore Huntington Williams, M.D.

19 (a) [illegible] 5349

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-9 1940 at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-8 1940 to 4-9 1940, and that I last saw h[illegible] alive on 4-9 1940.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J W Dorman Jr M. D.
Address University Hospital Date signed

VS 1

F. 68428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 68428

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 501 Hawthorne Road
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 501 Hawthorne Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alvan Levin Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Carolyn Craddock

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1861

8. AGE: Years 78 | Months 4 | Days | If less than one day hr. min.

9. Birthplace: Kentucky (Town, county, and state)

10. Usual Occupation: Purchasing Agent

11. Industry or business: S. O. Co.

FATHER
12. Name: Alvan L. Jones
13. Birthplace: Ky.

MOTHER
14. Maiden Name: Annie Eastin
15. Birthplace: Ky.

16 (a) Informant: Miss Carolyn Lee Jones
(b) Address: 501 Hawthorne Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 18, 1940 (month) (day) (year)
(c) Cemetery or crematory: Blandford, Petersburg, Va.
Location: Petersburg, Va.

18 (a) Funeral director: John O. Stutchbury
(b) Address: 1900 Eutaw Place, Balto., Md.

19 APR 16 1940 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 16 1940, at 11:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from MARCH 6 1940 to APR 16 1940 and that I last saw h[illegible] alive on APR 14 1940.

Immediate cause of death: Influenza and Bronchitis followed by acute Lungabsc[illegible]

Due to: Syphilis, Hypertension, Cerebral Hemorrhage

Due to: and terminal Pneumonia

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: about 1 month

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Ralph J. Wells
Address: 18 E. Eager St. Date signed: 4/16/40

VS 2

49996--YD

68429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 68429

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5mo 6das.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1019 Stiles St.
(If rural give location)
(e) If foreign born, how long in U. S. A.) 50 years

3 (a) FULL NAME Paul Scagnelli

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Theresa
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-10-1867

8. AGE: Years	Months	Days	If less than one day
73	2	5	hr. min.

9. Birthplace Italy
(Town, county, and state)

10. Usual Occupation Unk.

11. Industry or business

FATHER
12. Name Dominic
13. Birthplace Italy

MOTHER
14. Maiden Name Mary ?
15. Birthplace Italy

16 (a) Informant B. O. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 4/18/40 (month) (day) (year)
(c) Cemetery or crematory Most Holy Redeemer
Location Belair Road

18 (a) Funeral director Wendell P. Lipsch
(b) Address 1405 Gough St.

19 (a) APR 16 1940 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1940, at 2:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 9 1939, to April 15 1940, and that I last saw h[illegible] alive on April 15 1940.

Immediate cause of death	Duration between onset and death
Alcoholic cirrhosis of the liver	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Waghelstein M. D.
Address Balto. City Hosp. Date signed 4-15-40

VS 3

68439

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

137 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ mos
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3305 Edgewood ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Isaac Ember

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Fanny E. Ember
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Russia (Town, county, and State)
10. Usual Occupation Furniture Mfg.
11. Industry or business

FATHER
12. Name Mendel Ember
13. Birthplace Russia

MOTHER
14. Maiden Name Ruth Ember
15. Birthplace Russia

16 (a) Informant Reuben Ember
(b) Address Son

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-40 (month) (day) (year)
(c) Cemetery or crematory Beth Jacob
Location N. W. Rd

18 (a) Funeral director Jos. Levine Jos
(b) Address 1439 E. Balto St

19 (a) [illegible] (b) [illegible]

APR 17 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1940, at 5:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/1 1940, to 4/16 1940, and that I last saw him alive on 4/16 1940.

Immediate cause of death: Acute Intestinal Vascular Collapse — Duration: 3 hrs.
Due to: Coronary Occlusion — 3 hrs?
Due to: Coronary Artery Disease
Other Conditions: Prostatectomy — 5 hrs.

(Include pregnancy within 3 months of death)
Major findings: Of operation: Benign Prostatic Hypertrophy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Wm Rafferty
Address Sinai Hospital Date signed 4/16/40 (M. D.)

correct age is especially important. Physicians please write the cause in words in each case.

F 68431 54561--FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68431 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 19 N. Glover st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME edward Mackert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Louisa
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-5-1879

8. AGE: Years	Months	Days	If less than one day
61	3	11	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation printer
11. Industry or business

FATHER
12. Name Henry Mackert
13. Birthplace Unk.

MOTHER
14. Maiden Name Catherina necker
15. Birthplace Germany

16 (a) Informant B.C.H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19. (month) (day) (year)
(c) Cemetery or crematory St Matthews Cem
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2061 Orleans St

(a) APR 17 1940 (Date rec'd by Registrar) (b) Huntington Mills Balto. Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-16 1940, at 2:20 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-9 1940, to 4-16 1940, and that I last saw h[illegible] alive on 4-15 1940.

Immediate cause of death Malignant tumor of brain — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Same

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Krubadener M. D.
Address Balto. City Hosp. Date signed 4-16-40

68432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-D

F 68432 Registered No. 1

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 56 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4009 Hayward Avenue,
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Frank Gemmill, Jr.

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 219 07 3137

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Grace A. Sullivan
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Nov. 7, 1883

8. AGE: Years	Months	Days	If less than one day
56	5	9	hr. min.

9. Birthplace Centerville, Maryland.
(Town, county, and state)

10. Usual Occupation Radio Salesman

11. Industry or business

FATHER
12. Name Frank Gemmill
13. Birthplace Delaware

MOTHER
14. Maiden Name Lida Williams
15. Birthplace Delaware

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial **(b) Date thereof** April 18-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory National
Location Balto

18 (a) Funeral director Jos. J. Sterr & Son
(b) Address 3001 Eutaw Ave

19 (a) APR 17 1940 Huntington Williams M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16, 1940 at 7:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 3, 1940, to Apr. 16, 1940, and that I last saw him alive on Apr. 15, 1940.

Immediate cause of death Myocardial degeneration — Duration 3 mo.

Due to Coronary occlusion — Duration Unknown

Due to Luetic aortitis — Duration Unknown

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operations
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. B. Williams M. D.
Address U. S. Marine Hospital, Baltimore, Maryland. **Date signed** 4/16/40

F 68433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 68433 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 213 S Calhoun St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 213 S. Calhoun St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward J. Weidenhammer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Late Mary M. Nicklas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7, 1852

8. AGE: Years	Months	Days	If less than one day
87	9	7	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Cabinet Maker Retired
11. Industry or business

FATHER
12. Name Carl Weidenhammer
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Miss Minna Weidenhammer
(b) Address 213 S Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd

18 (a) Funeral director Harry F. Witzke
(b) Address 4101 Edmondson Ave

19 (a) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1940, at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1940 to April 14 1940, and that I last saw h alive on April 12 1940

Immediate cause of death

Uremia
Due to chronic nephritis
Due to

Other Conditions generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
uncertain

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Rosenau M. D.
Address 206 S. Gilmor St Date signed 4-16-40

APR 12 1940 (Date of registration) [illegible] Registrar

F 68434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1835 W. Spring St. 9 (Ward)

Length of residence in city or town where death occurred 77 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Carrie Hill

(a) Residence: No. 1835 W. Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Hill

6. DATE OF BIRTH (month, day, year) Dec. 15, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	65	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Md

FATHER

13. NAME Squire Gordon

14. BIRTHPLACE (city or town) (State or country) Balto Co. Md

MOTHER

15. MAIDEN NAME Levenia Lingman

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md

17. INFORMANT Louise Rice

(Address) 1835 W. Spring

18. BURIAL, CREMATION, OR REMOVAL

Place Long Green Md. Date Apr. 17, 1940

19. UNDERTAKER Mrs. Geo. H. Garland

(Address) 1631 Druid Hill Ave

20. DATE RECEIVED APR 17 1940 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 14, 1940

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1940 to Apr. 14, 1940

I last saw him alive on Apr. 14, 1940 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Breast	1935
Other contributory causes of importance: Myocarditis Genital Carcinomatosis	Apr. 1940

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dow. L. Berry M. D.

(Address) 1420 E. Chase

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Also state OCCUPATION in very important. See instructions on back of certificate.

VS 2

F 68435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 164 cF 68435

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1613 W Lafayette St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) since birth 1939

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1013 W Lafayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LAFAYETTE W. ~~to~~ ROBINSON JR.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 220-10-0841

4. Sex: M

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lillian Robinson

6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) Aug. 17, 1917

8. AGE: Years 22. Months 8 Days 3 If less than one day ___ hr. ___ min.

9. Birthplace Charlottesville, Va (Town, county, and state)

10. Usual Occupation salesman

11. Industry or business insurance

FATHER
12. Name Lafayette W. Robinson Sr
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Rebecca Ferguson
15. Birthplace Charlottesville, Va

16 (a) Informant L. W. Robinson Jr
(b) Address 308 Magruder St Cumberland Md

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4-19-40 (month) (day) (year)

(c) Cemetery or crematory
Location Cumberland, Maryland

18 (a) Funeral director Mrs. Geo. H. Hoeland
(b) Address 1631 Druid Hill Ave

APR 17 1940 (Date rec'd by Registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1940, at 7 50 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Bullet wound of chest.	
Due to: suicide	
Due to: mental derangement.	years
Other Conditions: none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: suicide
(b) Date of occurrence: April 15, 1940
(c) Where did injury occur? 1013 W Lafayette St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury: Automatic revolver .32 cal.

23. Signature H. L. Wollamweber M.D.
Asst Medical Examiner.
Date signed 4-15-40

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

68436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 68436

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1637 N. Milton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1637 N. Milton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret M. Eyster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John F. Eyster
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1890

8. AGE: Years	Months	Days	If less than one day
50	2	1	hr. min.

9. Birthplace Baltimore Co. Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Henry Braunschwieger
13. Birthplace Germany

MOTHER
14. Maiden Name Rose Schoepflin
15. Birthplace Baltimore Co.

16 (a) Informant John F. Eyster
(b) Address 1637 N. Milton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 18/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Taylor Ave.

18 (a) Funeral director Clarence F. Hoffmanna
(b) Address 2723 E. Preston St.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15, 1940, at 12.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 13 1940 to April 15 1940, and that I last saw h[er] alive on April 15, 1940

Immediate cause of death Acute pulmonary edema — Duration

Due to

Due to

Other Conditions Hypertension Cardiovascular Disease

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis L. Mann M.D.
Address 1371 N. Milton Ave Date signed 4/16/40

68437

F 68437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 61

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 255 S. East Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 26 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 255 S. East Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katie Hartman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John Hartman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 2, 1877

8. AGE: Years	Months	Days	If less than one day
62	8 7	14	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Henry Rinecker
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Anna Depkin
15. Birthplace Baltimore Md.

16 (a) Informant Lawrence J. Hartman
(b) Address 253 S. East Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 20/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Taylor Ave.

APR 17 1940

18 (a) Funeral director Clarence F. Hoffman
(b) Address 2723 E. Preston St.

19 (a) (Date rec'd by registrar) (b) Huntington Mills, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 16, 1940 19 , at 2 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 10, 1940 to April 16, 1940 and that I last saw her alive on April 16, 1940.

Immediate cause of death	Duration
Diabetes mellitus	2 years.
Due to Chronic Myocarditis	1 years.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank M. Ogden M. D.
Address 2701 N. Calvert St Date signed Apr 16, 40

F 68438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 68438 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 513 Millington Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street address 513 Millington Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Catherine Rosenberger

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Wid wed

6 (b) Name of husband or wife Peter Rosenberger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 13 1864

8. AGE: Years 76 | Months 2 | Days 1 | If less than one day hr. min.

9. Birthplace France (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name John Weiller
13. Birthplace France

MOTHER
14. Maiden Name Anna Weinberg
15. Birthplace France

16 (a) Informant Henry J. Rosenberger
(b) Address 513 Millington Lane

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 4/18/1940 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem. Location 4300 Old Frederick Rd.

18 (a) Funeral director John J. Cowan & Son
(b) Address 901 Hollins St.

19 (a) Date received APR 1 1940 (b) Registrar Huntington Millington, Md. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1940, at 2 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 13 1940, to April 14 1940, and that I last saw h[illegible] alive on April 14 1940.

Immediate cause of death: Bronchio-Pneumonia — Duration 2 days

Due to

Due to

Other Conditions: Acute Cardiac Dilatation — Duration Coma Lay

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Glassman

Address 753 W. Lafayette St. Date signed 4/16/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

F 68439 Registered No. 58716

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Eaton Aves
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 N. Pearl St (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Rudolph Samarripa

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	S

6 (b) Name of husband or wife ✓

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) July 31, 1939

8. AGE: Years	Months	Days	If less than one day
	8	27	16 hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business —

FATHER
12. Name Florentino Samarripa
13. Birthplace Texas

MOTHER
14. Maiden Name Catherine Elliott
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Florentino Samarripa
(b) Address #123 N. Pearl St

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 4/18/1940 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem.
Location 4300 Old Frederick Rd

18 (a) Funeral director John J Cowan & Son
(b) Address 900 Hollins St

19 (a) (Date received by registrar) APR 19 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1940, at 5-25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 27 1940, to April 17 1940 and that I last saw him alive on April 16 1940.

Immediate cause of death	Duration
Marasmus	
Due to Toxic Vomiting and Diarrhea	
Due to	
Other Conditions Rickets	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Lewis M. D.
Address St. Agnes Hospital Date signed 4/17/40

68440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-a

F 68440
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) abt 40
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1054 W Saratoga St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LILLIAN BATES — OR BUCK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years 49 48 | Months | Days | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation

11. Industry or business at Home

FATHER
12. Name Randall Conforew
13. Birthplace Va

MOTHER
14. Maiden Name Mary —
15. Birthplace Va

16 (a) Informant Summer Conforew
(b) Address 906 N Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 18-1940 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director James A Hayes
(b) Address 142 W Pratt St

APR 17 1940

19 (a) (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1940, at 12 30 M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Cerebral embolic multiple	
Due to Endocarditis, ulcerative bacterial	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenweber M.D. Medical Examiner.
Date signed 4-15-40

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-H

F 68441 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2009 Ellsworth St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

89

3 (a) FULL NAME HARRY FABER.

3 (b) If veteran, name war: –

3 (c) Social Security Account No. 215-059-221

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Anna Marie Ruppert

6 (c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): Aug. 19, 1902

8. AGE: Years 37 | Months 7 | Days 26 27 | If less than one day ..... hr. ..... min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: lamp lighter

11. Industry or business: City of Baltimore

FATHER
12. Name: John Faber
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Anna Seibert
15. Birthplace: Baltimore

16 (a) Informant: Mrs. Anna M. Faber
(b) Address: 2009 Ellsworth

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-40 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cemetery
Location: East North Avenue.

18 (a) Funeral director: Geo. [illegible] & Son
(b) Address: 2503 Edmondson Ave

19 (a) (Date received by Registrar) Huntington Williams M.D.

APR 17 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1940, at 5 55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above.

Immediate cause of death: Illuminating Gas poisoning

Due to: Suicide

Due to: mental depression

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: suicide
(b) Date of occurrence: April 15, 1940
(c) Where did injury occur? 2009 Ellsworth St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury: gas from kitchen oven

23. Signature: H. H. Wollenweber M.D. Medical Examiner.

Date signed 4-15-40

68442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-N F 68442 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5105 Roland Ave
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City of Balto.
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5105 Roland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

27-13

3 (a) FULL NAME Anna Blanche Purnell Pursell

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Alexander Pursell
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) July-4-1873

8. AGE: Years	Months	Days	If less than one day
66	9 7	11	... hr. ... min.

9. Birthplace Snow Hill, Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name George W. Purnell
13. Birthplace Snow Hill, Md.

MOTHER
14. Maiden Name Margaret D. Bowen
15. Birthplace Snow Hill, Md.

16 (a) Informant Mrs. Alexander H. Pursell (son)
(b) Address 5105 Roland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount Ave & Oliver St.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. MOWEN SUC.) 100 W. NORTH AVENUE

19 (a) ... (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1940, at 0.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 1940, to April 15 1940, and that I last saw h.e.r. alive on April 15 1940

Immediate cause of death	Duration
Infection Cold	7 weeks
Due to Bronchus Pneumonia	4 days
Due to	
Other Conditions Complete Right Hemiplegia Cerebral Hemorrhage	10/10/1927

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Gibson Porter M. D.
Address 4822 Roland Ave Date signed 4/16/40

8443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68443

Registered No. 9th a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3017 Westfield Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MITCHELL (g) NICOLL

3 (b) If veteran, name war None

3 (c) Social Security Account No. 215-10-7535

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of ~~husband~~ wife Marion A. Nicoll

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) 2-25-1891

8. AGE: Years 49 | Months 1 | Days 20 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Custom House

11. Industry or business Broker

FATHER
12. Name Samuel P. Nicoll
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Carrie C. Culver
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Marion A. Nicoll (wife)
(b) Address 3017 Westfield Ave, City.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 (a) APR 17 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1940, at 12 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquest) thereon and from the evidence obtained by said ~~inquest~~ (Autopsy or Inquest) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. L. Wallenmeier M.D.
Medical Examiner.
Date signed 4-16-40

F 68444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-W

F R 68444

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 944 Mosher St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Mamie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years 49 | Months | Days | If less than one day hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Novle Thomas
13. Birthplace Maryland.

MOTHER
14. Maiden Name Elizabeth Harris
15. Birthplace Maryland.

16 (a) Informant Novle Thomas, Jr.
(b) Address 1908 Lauretta Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director A. Halstead.
(b) Address 918 Druid Hill Avenue.

APR 17 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1940, at 5:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
General anasarca: Empal	
Cellulitis Hand	
Due to Aortic insufficiency	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Williams M.D. Medical Examiner.
Date signed 4/15/40

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F-68445

F 68445 A

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Balto. City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 159 da.

(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1827 Chase St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Smith (49959)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Nattie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1898

8. AGE: Years	Months	Days	If less than one day
41	4	27 28	hr. min.

9. Birthplace S. Car. (Town, county, and state)

10. Usual Occupation Construction Worker

11. Industry or business

MOTHER - FATHER

12. Name Henry

13. Birthplace S. Car.

14. Maiden Name Mary Bratchet

15. Birthplace S. Car.

16 (a) Informant Hospital Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-1940 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Balto. Md.

18 (a) Funeral director Wm. H. A. Elliott & Son

(b) Address 1299 N. Caroline St.

19 (a) (Date received by registrar) (b) Thurlow Hollingsworth M.D. Registrar

APR 17 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15, 1940, at 6:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 8, 1939, to Apr. 15, 1940, and that I last saw him alive on April 15, 1940.

Immediate cause of death	Duration
Tuberculosis of the lungs	August 1939
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Gleason M. D.

Address Balto. City Hospitals Date signed 4-15-40

correct age is especially important. Please write the name of person giving information.

68446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 68446

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Caroline & Olive
(b) Street address 4th Ave. Brooklyn
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 Sixth Ave Brooklyn Park (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr John H Glaeser

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Magdalene Glaeser
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 12, 1881

8. AGE: Years: 59 | Months: 1 | Days: 3 2 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Produce Wholesaler

11. Industry or business

FATHER
12. Name: George L. Glaeser
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden Name: Catherine Hilgardner
15. Birthplace: Baltimore, Maryland

16 (a) Informant: Mrs. Magdalene Glaeser
(b) Address: 9 Sixth Avenue, Brooklyn pk

17 (a) Cedar Hill Cem. (Burial, cremation, or removal) Date thereof 4/17/40 (month) (day) (year)
(c) Cemetery or crematory: Cedar Hill Cem.
Location: Annapolis Blvd.

18 (a) Funeral director: Mary Weber
(b) Address: 401 S. Chester Street

19 (a) APR 17 1940 (Date received by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-14 1940, at 10 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14 1940 to 4-14 1940 and that I last saw him alive on 4-14 1940

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Hypertension (arteriosclerotic)	
Due to Chr. Nephritis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: M. Wilson C. Wilder M. D.
Address: 5N Joseph St Date signed 4-14-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 68447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 68447

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1545 Ensor St.
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1545 Ensor St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josie M. O'Brien

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife: Single
6 (c) If alive, give age: 42 yrs

7. Birth date of deceased (mo., day, yr.) Oct. 19 1877

8. AGE: Years	Months	Days	If less than one day
60	5	27	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Retired Nurse
11. Industry or business Maid

FATHER
12. Name Frank H. O'Brien
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Reville
15. Birthplace Ireland

16 (a) Informant Miss Margaret O'Brien
(b) Address 14 E. Lehore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19, 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location 4300 Old Frederick Rd.

18 (a) Funeral director Edmund O. Conklin & Sons
(b) Address 924 E. Baltimore St. Washington Nathaniel M.D.

19 (a) APR 17 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16, 1940, at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/6 1940, to 4/16 1940, and that I last saw her alive on 4/6 1940.

Immediate cause of death: Coronary Thrombosis — Duration: Sudden
Due to: Arteriosclerosis. — ?
Due to:
Other Conditions: Malnutrition — 1 mo.
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph S Blum
Address 1206 E. Preston St. Date signed 4/17/40 M.D.

VS 3

F 68448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 68448

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 518 E. Eager St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 518 E. Eager
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

10

3 (a) FULL NAME James P Kernan

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1856

8. AGE: Years	Months	Days	If less than one day
83	4	25	24 hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Old age pensioner
11. Industry or business (Machinist)

FATHER
12. Name Matthew Kernan
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Plunkett
15. Birthplace Ireland

16 (a) Informant Mary Kernan (sister)
(b) Address 518 E Eager St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20, 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location 4300 Old Frederick Rd

18 (a) Funeral director Elmer W Pohl & Son
(b) Address 924 E. Eager St.

19 (a) APR 17 1940 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1940 at 1:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said I (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Vandegrift M.D.
Medical Examiner.
Date signed 4/16/40

VS 6

Please write clearly, with ink. Use no abbreviations. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

8449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 68449

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) never

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town (Rural) Perryman
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Frances Becker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife William J. Becker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 26, 1863

8. AGE: Years	Months	Days	If less than one day
76	5	21	hr. min.

9. Birthplace Maryland
(Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Taylor
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Mahan
15. Birthplace Maryland

16 (a) Informant William J Becker
(b) Address Perryman md

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-20-40 (month) (day) (year)
(c) Cemetery or crematory Grove
Location Aberdeen. Md

18 (a) Funeral director Howard K McComas
(b) Address Aberdeen. Md

19 (a) (Date rec'd by local registrar) (b) Registered by Wilmington Wilmington

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1940, at 7.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1940, to April 17 1940, and that I last saw h.e.r. alive on April 17 1940.

Immediate cause of death

Coronary arteriosclerosis Cardio-Renal disease with hypertension

Due to

Due to

Other Conditions Chronic Cholecystitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
?
10 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John F. Coolahan M. D.
Address Church Home & Infirmary Date signed 4-17-40

correct age is especially important. Physicians: please write the words as clearly and legibly as possible.

F 68450 ✓ F 68450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 103 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1024 McCulloh St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Ingram (51392)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Sep.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1876

8. AGE: Years	Months	Days	If less than one day
63	4	29	23 hr. min.

9. Birthplace N. Car. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Harrison Ingram (D)
13. Birthplace N. Car.

MOTHER
14. Maiden Name Ollie Ingram (D)
15. Birthplace N. Car.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 17 40 (month) (day) (year)
(c) Cemetery or crematory
Location Wadesboro N C

18 (a) Funeral director Robert E Williams
(b) Address 515 McElderry St

APR 17 1940 (b) Huntington Williams M.D.
(Date received by registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10, 1940, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 29, 1939 to Apr. 10, 1940, and that I last saw him alive on Apr. 10, 1940.

Immediate cause of death Tuberculosis of the lungs — Duration June 1934

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
M. D.
Address Baltimore City Hospitals signed 4/11/40

68451992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B Registered No. F 68451

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 431 Somerset
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

51

3 (a) FULL NAME Leroy Tiggle

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-05-0003

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-12-21

8. AGE: Years	Months	Days	If less than one day
19	3	1	hr. min.

9. Birthplace Md (Town, county and state)

10. Usual Occupation Coal Truck

11. Industry or business

FATHER
12. Name William Tiggle
13. Birthplace Md

MOTHER
14. Maiden Name Nora Norton
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof April 18-1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Robert E. Williams
(b) Address 1315 McElderry St

19 (a) Apr 17 1940 (b) Huntingtone Maryland
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 13 1940, at 0125 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 4 1940, to Apr 13 1940, and that I last saw him alive on Apr 13 1940.

Immediate cause of death Tuberculous meningitis — Duration 2 wks

Due to Caseous mediastinal tuberculosis — ?

Due to ? pulmonary tuberc. focus — ?

Other Conditions Pulmonary edema

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Tuberc. meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John Patterson Jr M. D.
Address Johns Hopkins Hosp Date signed 4-14-40

F 68452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 68452

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Baltimore City

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2

(e) Length of stay in Baltimore (yrs., mos., or days) 9-9

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1127 E. North Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James H. Hooker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Married

6 (b) Name of husband or wife Mary Hooker

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER

12. Name Ephraim Hooker.

13. Birthplace Md

MOTHER

14. Maiden Name Catherine Barber.

15. Birthplace Md

16 (a) Informant Mary Hooker

(b) Address 1127 E. North ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 20-40 (month) (day) (year)

(c) Cemetery or crematory Mt View

Location Upton Bridge Md

18 (a) Funeral director Raymond R Wright

(b) Address Upton Bridge. Md

19 (a) APR 17 1940 (Date rec'd by registrar) (b) Hunter [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1940 at 9.24 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1940 to April 16 1940, and that I last saw h[illegible] alive on April 16 1940.

Immediate cause of death Peripheral vascular collapse — Duration 4 days.

Due to Toxemia

Due to Lobar pneumonia.

Other Conditions Toxic nephritis & azotemia.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Lt. upper lobe pneumonia

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Ephraim Hooker

Address Sinai Hospital Date signed 4/17/40

VS 3

F 377581
F 68453

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a F 68453
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 244 N Exeter
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alverta Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-7-81

8. AGE: Years 58 59 | Months 4 | Days 8 | If less than one day ___ hr. ___ min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name George Harris
13. Birthplace Md.

MOTHER
14. Maiden Name Josephine Harris
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brooklyn A. A. Co. Md.

18 (a) Funeral director Bryant Frank K. Knight
(b) Address 1218 McElderry St

19 (a) ___ (b) Harriet Jo. Mitchell Registrar
Registered APR 17 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 15 1940, at 6.25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 26 1940, to Apr. 15 1940, and that I last saw her alive on Apr 15 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage. Occ.	
Due to Hypertensive Cardio-Vascular Disease.	
Due to	
Other Conditions Chronic Chronic Nephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. H. Duncan
Address Johns Hopkins Hosp. Date signed 4-15-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-c Registered No. F 68454

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 107 S Regester st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County Md
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 107 S. Regester St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 42 years

3 (a) FULL NAME Barbara Szeliga

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Femal W

5. Color or race

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Adam Szeliga

6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) 10/14/1879

8. AGE: Years 60 Months 6 Days 4 If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation house work at home

11. Industry or business

FATHER
12. Name John Parkosz
13. Birthplace Poland

MOTHER
14. Maiden Name Not known
15. Birthplace

16 (a) Informant Mary Szeliga
(b) Address 107 S Regester St

17 (a) X (Burial, cremation, or removal) (b) Date thereof 4/19/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Fernhill Rd.

18 (a) Funeral director John J. Feida
(b) Address 2419 Hudson St

19 (a) APR 17 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1940, at 8:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 25 1940 to April 16 1940; and that I last saw her alive on April 16 1940.

Immediate cause of death: Paralysis Agitans
Myocarditis Senilis

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Andrew Szeliga

Address 2579 Eastern av Date signed 4/16/40

PLEASE WRITE PLAINLY, with unfading ink. Items must be answered in full. Use black ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 2

F 68455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E Registered No. F 68455

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2414 Guilford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2414 Guilford Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louise S. Pommel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Widow

6 (b) Name of husband or wife Fred C. Pommel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1 - 1864

8. AGE: Years	Months	Days	If less than one day
76	-	15	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name Fred Benecke
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant
(b) Address 2414 Guilford Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-40 (month) (day) (year)
(c) Cemetery or crematory Moreland Pk.
Location
18 (a) Funeral director Leonard J. Funke
(b) Address 5305 Harford Rd.
19 (a) APR 17 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/16 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1937 to 4/16 1940.
and that I last saw h alive on 19

Immediate cause of death Carcinoma of Caecum — Duration
Due to
Due to
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hybert Holley M. D.
Address 5723 Harford Rd Date signed 4/17/40

Please write plainly with pen or pencil. Physicians: please write the causes of death clearly and legibly. Statement of age is especially important.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68456 CERTIFICATE OF DEATH 13B F 68456

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 705 appleton St St. 16-4 Ward)

Length of residence in city or town where death occurred yrs. 65 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary A. Carson

If U. S. Veteran specify WAR

(a) Residence: No. 705 Appleton St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: William M. Carson

6. DATE OF BIRTH (month, day, year): June 9, 1854

7. AGE: 85 Years 10 Months 6 Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: James A. Martin

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Unkown

16. BIRTHPLACE (city or town) (State or country): same

17. INFORMANT: Egbert Carson

(Address): 705 appleton St

18. BURIAL, CREMATION, OR REMOVAL

Place: London Pk Date: Apr 18, 1940

19. UNDERTAKER: Roland E. Fenkler

(Address): 612 N. Monroe St

20. PR APR 17 1940 Washington Hill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 15 1940

22. I HEREBY CERTIFY, That I attended deceased from April 6 19 40 to April 15 19 40

I last saw h[illegible] alive on April 10 1940. Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Acute Myocarditis	2 weeks

Other contributory causes of importance:

Chronic Pulmonary Tuberculosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter T Dorsey M. D.

(Address) 1211 Eutaw Pl Ave

Dr Lowers

F 68457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered Number F 68457

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N Calhoun St
(c) Hospital or institution: Franklin Sq. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4113 Granite Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME John T. Metzdorf

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Sarah C. Metzdorf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 18-1872

8. AGE: Years 68 | Months 0 | Days 27 | If less than one day hr. min. 26

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business None

FATHER
12. Name James Metzdorf
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Sarah C. Metzdorf
(b) Address 4113 Granite Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 18-40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Baltimore Md

18 (a) Funeral director Roff & B. M. Walters
(b) Address Pratt & Fricker Sts

19 (Date received by registrar) APR 17 1940 Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-14-40 19 , at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14- 1940, to 4-14 1940, and that I last saw h alive on 4-14 1940.

Immediate cause of death: Cerebral Accident - coma (Rupture of Vessel with Hemorrhage) — Duration: 1 day
Due to: Hypertensive Cardio-Vascular Disease.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Wolf M. D.
Address Franklin Sq Hosp Date signed 4-14-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 68458

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John C. Siebert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years	Months	Days	If less than one day
78			hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER
12. Name Ehrndt Siebert
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothy Bretheuer
15. Birthplace Germany

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 18, 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Eutaw Pl.

19 (a) APR 17 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16, 1940 19 6 p.m. at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940 to April 16 1940 and that I last saw him alive on April 16 1940.

Immediate cause of death: Edema Lungs — Duration 2 days
Due to: Acute Bronchitis — 16 days
Due to:
Other Conditions: Chronic Myocarditis — 8 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E. Northern Date signed Apr. 17-40

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 68459

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2226 Hennemen ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2226 Hennemanave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara Katz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Harry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16 1897

8. AGE: Years	Months	Days	If less than one day
42	4		hr. min.

9. Birthplace Baltimore Maryland. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Andrew Schneider
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Folther
15. Birthplace Balto Md.

16 (a) Informant Harry Katz
(b) Address 2226 Hennemen ave.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof April 16/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery Co
Location E Northern Ave & Loch Raven

18 (a) Funeral director Sol Levenson & Bro
(b) Address 1124-26 W North ave

19 (a) APR 17 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1940, at 3.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 11 1938, to Apr 16 1940, and that I last saw h/s alive on April 15 1940.

Immediate cause of death — Duration

Pulmonary Tuberculosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. P. Herzog M.D.

Address 805 N Patt Park ave Date signed 4/16/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 1

F 68460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 68460

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo.14da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 2349 Druid Hill Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Herman Mongo TATES

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife: Mary Burley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 22, 1891

8. AGE: Years	Months	Days	If less than one day: hr.	min.
48	10	23		

9. Birthplace: Baltimore, Maryland.
(Town, county, and state)
10. Usual Occupation: Chauffeur
11. Industry or business:

FATHER
12. Name: Mongo Tates
13. Birthplace: West Moreland, Virginia.

MOTHER
14. Maiden Name: Susan Hentz,
15. Birthplace: Virginia.

16 (a) Informant: Records-U. S. Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) (Burial, cremation, or removal) (b) Date thereof: April 18-40 (month) (day) (year)
(c) Cemetery or crematory: National Cemetery
Location: Bath, Md.

18 (a) Funeral director: Archibald A. Gaddis
(b) Address: 2101 N. Eutaw St.

19 (a) APR 17 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 15, 1940, at 9:33 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1, 1940 to April 15, 1940, and that I last saw him alive on April 15, 1940.

Immediate cause of death	Duration
Secondary Anemia; Inanition	1 month
Due to: Chronic myelogenous leukemia	3 years
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No operations
Of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: T. B. N. Anderson, M. D.
Address: U. S. Marine Hospital, Baltimore, Maryland. Date signed: 4/16/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

18-a

Registered No. F 68461

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 417 East Preston St, City (If rural give location)
(e) If foreign born, how long in U. S. A.? years

10

3 (a) FULL NAME Miss Lilly McDowell

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 30, 1864

8. AGE: Years	Months	Days	If less than one day
76	5	17	hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation None

11. Industry or business

MOTHER / FATHER

12. Name John E McDowell
13. Birthplace Va
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant James L Cantler
(b) Address 105 West Ft Ave Apt 5 Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19/40 (month) (day) (year)
(c) Cemetery or crematory Cedar Bluff
Location Annapolis Md

18 (a) Funeral director B Z Hargroves
(b) Address Annapolis Md

19 (Date received by registrar) APR 17 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 17 - 1940, at 3:17 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 19 1940, to April 17 1940, and that I last saw her alive on Apr. 17 1940.

Immediate cause of death Overwhelming infection, probable septicemia — Duration 1 month

Due to Bladder infection

Due to Generalized Syphilis

Other Conditions Fracture neck of Rt. femur.

(Include pregnancy within 3 months of death)

Major findings: Of operations Fracture neck of Rt. femur

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence April 16
(c) Where did injury occur? 417 E Preston St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Fell on floor

23. Signature Murray L. Johnson, M.D.
Address Union Memorial Hosp. Date signed 4-17-40 M. D.

PLEASE WRITE PLAINLY, with ordinary pen. Every question must be answered correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 68462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

154-a F 68462

Registered No. 54565

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 867 Harlem Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

17

3 (a) FULL NAME Mattie Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
40 ?			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name James Smith (d)
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Rhodies (d)
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Balto. Md.

18 (a) Funeral director Maggie H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) (Date received) (year) (b) Registrar

APR 18 1940

Vs 5

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1940, at 8:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 9 1940, to April 14 1940, and that I last saw h[illegible] alive on April 14 1940.

Immediate cause of death: Acute Osteomyelitis of femur with septicemia — Duration: one week

Due to: — Duration: over

Due to: — Duration:

Other Conditions: — Duration:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Not obtained

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Luckett M. D.
Address Balto City Hosp. Date signed 4-13-40

F 68463 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 68463

CERTIFICATE OF DEATH 122-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Thornton
If U. S. Veteran specify WAR

(a) Residence: No. 1415 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Celet Thornton

6. DATE OF BIRTH (month, day, year) March 1 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	1	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date declared last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middleway Co. Va

FATHER
13. NAME Thomas Smith
14. BIRTHPLACE (city or town) (State or country) Middleway Co Va

MOTHER
15. MAIDEN NAME Amanda Lomax
16. BIRTHPLACE (city or town) (State or country) Middleway Co Va

17. INFORMANT Celet Thornton
(Address) 227 Greenfield Ave Ardmore Pa

18. BURIAL, CREMATION, OR REMOVAL
Place Middleway Co Va Date 4-18 1940

19. UNDERTAKER Mr. Geo H. Holland
(Address) 1631 Druid Hill Ave

20. FILED APR 18 1940 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 4 1940 to April 16 1940
I last saw h[illegible] alive on April 16 1940 Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	3/1/40

Other contributory causes of importance:

Was an operation performed? Yes Date of 3/15/40
For what disease or injury Intestinal Obstruction
Name of operation Resection Small Intestine
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. D. Higgins M. D.
(Address) 1423 Harlem Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 68464

Hukill

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 E

F 68464 Registered No.

Type the causes of death clearly and legibly. Physicians: please write the exact age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmount
(c) Hospital or institution:
Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1245 N. Hay St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Mrs. William R. Hukill

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-18-3417

4. Sex female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) ? 11/8/1861

8. AGE: Years 78 | Months 5 | Days 8 | If less than one day — hr. — min.

9. Birthplace Delaware (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business — Chesapeake S.S. Co.

FATHER
12. Name — Unknown Hukill
13. Birthplace — Md

MOTHER
14. Maiden Name — "
15. Birthplace — Md

16 (a) Informant Nephew Robt R. King
(b) Address 2508 Hamilton Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/20/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Parkville Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St
(c) Huntington Williams Mgr.

APR 18 1940 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1940, at 9:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/F 1940, to 4/17 1940, and that I last saw h[illegible] alive on 4/16 1940.

	Duration
Immediate cause of death Pulmonary congestion (cause)	8 days
Due to Heart failure - due to syphilis & generalized arteriosclerosis	?
Due to —	
Other Conditions Cerebral thrombosis	9 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature James F. Kenny M.D.
Address Church Home & Infirmary Date signed 4/17/40

VS 3

M. D. B. 12814

68465

HEALTH DEPARTMENT—CITY OF BALTIMORE 68465

CERTIFICATE OF DEATH 1940

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 Stockton St., 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Mitchell

(a) Residence: No. 1116 Stockton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Mitchell

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Co. (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Eliza Rhodes

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Grace Young

(Address) 1116 Stockton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 4/19/40 19

19. UNDERTAKER Thos E Kelly

(Address) 1303 Pennsylvania Ave

20. FILED APR 18 1940 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 19 40

22. I HEREBY CERTIFY, That I attended deceased from April 10 19 39 to April 16 19 40

I last saw her alive on April 12 19 40 Death is said to have occurred on the date stated above, at 11:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	7/10/28
Other contributory causes of importance: Broken Compensation	2/9/40

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E Wickham Frey M. D.

(Address) 1928 Penna Ave

V. S. 3

20. [illegible] information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 68466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 123

Registered No. F 68466

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals 16-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 N. Calhoun St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Viola Stewart (54147)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 11, 1925

8. AGE: Years	Months	Days	If less than one day
14	6	5	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER
12. Name Samuel Lewis
13. Birthplace ? ?

MOTHER
14. Maiden Name Elizabeth Stewart
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (month) 22 (day) 40 (year)
(c) Cemetery or crematory Mt Auburn
Location
18 (a) Funeral director Thomas E. Kelsey
(b) Address 1303 Pressman St.
19 (a) (Date received by registrar) APR 18 1940 (b) Livingston Kitty (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16, 1940, at 6:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 27, 1940, to April 16, 1940, and that I last saw her alive on April 16, 1940.

Immediate cause of death: Tuberculosis of the lungs — Duration: dec 1939

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. Tatessa M. D.
Address Balto. City Hospitals Date signed 4-16-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68467

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68467

CERTIFICATE OF DEATH

131a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1431 Madison Avenue St., 14-2 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Wilson Moore

If U. S. Veteran specify WAR

(a) Residence: No. 1431 Madison Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	A.A.	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie E. Nelson

6. DATE OF BIRTH (month, day, year) 11/30/66

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74 73 74	74	3 4	16 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Maryland

FATHER

13. NAME John Moore

14. BIRTHPLACE (city or town) (State or country) Calvert, Co. Maryland

MOTHER

15. MAIDEN NAME Charlotte Tasker

16. BIRTHPLACE (city or town) (State or country) Calvert, Co., Maryland

17. INFORMANT Thomas Andrew Moore (Son)

(Address) 1822 Mar Belt St Phila. Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 4/18 40 19

19. UNDERTAKER Thos. E. Nelson

(Address) 1303 Presstman St

20. FILED APR 18 1940 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/15, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1/17, 1940 to 4/15, 1940

I last saw h.im alive on 4/15 1940 Death is said to have occurred on the date stated above, at 7.04 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive-Cardio-vascular Renal	3yrs
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Casan C. Johnson M. D.

(Address) 1802 Pennsylvania Ave

APR 18 1940

HEALTH DEPARTMENT—CITY OF BALTIMORE

68468

CERTIFICATE OF DEATH

93-P

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 Madison Ave. 14-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rev Thomas W Lane

If U. S. Veteran specify WAR

(a) Residence: No. 1607 Madison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): M.

If married, widowed or divorced HUSBAND of (or) WIFE of: Bettie Lane

6. DATE OF BIRTH (month, day, year): May 1 1862

7. AGE: Years 58 | Months 11 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, weaver, sawyer, bookkeeper, etc.: Minister of the Gospel

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Ida —?

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Bettie Lane

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 4/20 '40

19. UNDERTAKER: Thos. C. Kelson

(Address) 1303 Pressman St

20. APR 18 1940 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 16 1940

22. I HEREBY CERTIFY, That I attended deceased from April 9 1940 to April 16 1940

I last saw him alive on April 16 1940. Death is said to have occurred on the date stated above, at 2.30pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension with Acute dilatation of the heart.	
Other contributory causes of importance:	over

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. S. Collins M. D.

(Address) 2039 Pulaski St

V.S.2

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1703-9

68469 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 68469

CERTIFICATE OF DEATH

92 D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2139 Division St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Williams

(a) Residence: No. 2139 Division St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Annie Williams

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

FATHER

13. NAME John Williams

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Annie Williams

(Address) 2139 Division St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date 4/19 1940

19. UNDERTAKER Thos. E. Kelson

(Address) 130 Preston St

Filed APR 18 1940, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1940 to Apr. 16 1940

I last saw ~~him~~ alive on Apr 15 1940 Death is said to have occurred on the date stated above, at 4:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	?
Other contributory causes of importance: Nephritis	2/17/40

Name of operation Date of

What test confirmed diagnosis ~~Microscopy~~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E Wellman Frey M. D.

(Address) 1921 Penna Ave.

V. S. 1

No. 1—WHITE LEDGER, WITH CARBONS. Entries must be typed. Every item must be filled in. Unknown information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 68470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

138

F 68470 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 164 W. Hamburg
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 d
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 164 W. Hamburg M. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Waller Ashton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12th 1877

8. AGE: Years 62 | Months 8 | Days 4 | If less than one day hr. min.

9. Birthplace Alexandria, Va. (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER
12. Name Polk Ashton
13. Birthplace Virginia

MOTHER
14. Maiden Name Elvie Brafton
15. Birthplace Virginia

16 (a) Informant Marie Sampson
(b) Address 164 W Hamburg M

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-40 (month) (day) (year)
(c) Cemetery or crematory Arlington Mem. Park
Location Balto. Co. Md.

18 (a) Funeral director Mrs Frances A. Hamby
(b) Address 578 N Biddle St

19 1940 (Filed by registrar) (b) Huntington Hollins, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/17 1940, at 1 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/31 1940 to 4/17 1940, and that I last saw him alive on 4/17 1940.

Immediate cause of death: Pulmonary Tuberculosis — Duration: about 3 mo.

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L H Carroll M. D.
Address 911 Warner St Date signed 4/17/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered. The items are especially important. Physicians: please write the causes of death clearly and legibly.

68471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No. F 68471

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3810 Frankford Ave
(c) Hospital or Institution: 27-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3810 Frankford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Georgianna Janney

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Chas M Janney

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 5 1892

8. AGE: Years 47 | Months 5 | Days 11 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation

11. Industry or business Gt House

FATHER 12. Name John Hoffman
13. Birthplace Va

MOTHER 14. Maiden Name Veronica Kuebler
15. Birthplace Va

16 (a) Informant Chas M Janney
(b) Address 3810 Frankford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 18/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2005 Gough

19 (a) (Signature of local registrar) (b) Hunter G Foreman, M.D. Registrar

APR 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1940, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1939, to Apr 16 1940, and that I last saw h e alive on Apr 16 1940.

Immediate cause of death	Duration
Hypertensive Heart Disease	
Due to Pneumonia	9 hrs
Other Conditions ✓	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E H Meyer D

Address 1511 E 33rd Date signed 4/17/40 M. D.

FEMALE WHITE PLEASE, WITH MAIDEN NAME. Entry of information should be typewritten or printed in ink. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68472
378211

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13B

F 68472
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3121 Glendale Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary H. Williams

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Arthur Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Franklin Harman
13. Birthplace Maryland

MOTHER
14. Maiden Name Rachel Jones
15. Birthplace Maryland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 4-20-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory State Ridge Cemetery
Location Delta, Pa

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Rd

19 APR 18 1940 (b) Huntington Williams, M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17, 1940 at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 9, 1940 to April 17 1940 and that I last saw him alive on Apr 17 1940.

Immediate cause of death	Duration
Bilateral Pulmonary Tuberculosis	5 yrs
Due to	
Due to	
Other Conditions Simmonds Disease	1 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Confirms

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eustace Duncan M. D.
Address Johns Hopkins Hosp. Date signed 4-17-40

VS 3

Information must be complete and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 68473 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1840 N. Chester St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 - 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1840 N. Chester St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 65 years

3 (a) FULL NAME Katorah Olivia Long

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Robert Henry Long
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) April 21, 1884

8. AGE: Years	Months	Days	If less than one day
65	11	26	hr. min.

9. Birthplace Martinsburg, West Virginia
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Cook
13. Birthplace West Virginia

MOTHER
14. Maiden Name Elizabeth Caldwell
15. Birthplace Martinsburg, W. Va

16 (a) Informant Robert Long.
(b) Address 1840 N. Chester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19, 1940 (month) (day) (year)
(c) Cemetery or crematory
Location Martinsburg W Va

18 (a) Funeral director Albert F Hilt Jr
(b) Address No 6 N Chester St Balt

19 APR 18 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17, 1940, at 5:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 30 1939 to April 17 1940, and that I last saw her alive on April 17 1940.

	Duration
Immediate cause of death Broncho-pneumonia	2 days
Due to Cerebral Apoplexy	2 months
Due to Hypertension - Arteriosclerotic Cardiovascular disease	
Other Conditions Diabetes	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Adam H Wise, M. D.
Address 1937 E. North Ave. Date signed April 19 1940

VS 3

F 68474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1808 N. Bentalou St., 15-3 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Louis Kronthal

If U. S. Veteran specify WAR .....

(a) Residence: No. 1808 N. Bentalou St., S. S. No. 213-10-8667 Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Rebecca Lee Kronthall

6. DATE OF BIRTH (month, day, year): Dec. 15, 1879

7. AGE: Years 60 | Months 4 | Days 3 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Pants

10. Date deceased last worked at this occupation (month and year): 3 wks 40

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Austria Brzezany

FATHER

13. NAME: Moses Kronthal

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Rasha

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT (Address): Wife

18. BURIAL, CREMATION, OR REMOVAL: Pinedale Date 4/18 1940

19. UNDERTAKER (Address): Jos. Levine & Son 1427 E. Baltimore St

FILED APR 18 1940 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 18, 40

22. I HEREBY CERTIFY, That I attended deceased from March 26 1940 to April 18 1940

I last saw h... alive on April 18, 1940 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Duration
Acute coronary thrombosis	1 day
Chr. myocarditis arteriosclerosis	3 yrs
Other contributory causes of importance: Pulmonary infarct	1 day

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, state

(Signed) Geo. Schlenger M. D.

(Address) 4600 Liberty Heights Ave

Information should be carefully supplied. AGE should be stated EXACTLY. If DECEASED was a child under one year, state AGE in hours or days. If under one day, state AGE in minutes. If DEATH occurred in a hospital or institution, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

68475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1634 Registered No. E 68475

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Special attention is necessary to correct age if specially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2909 Orleans st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2909 Orleans St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anthony Tomaschko

3 (b) If veteran, name war No | (c) Social Security Account No. 215-01-05-52

4. Sex m | 5. Color or race w | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/17/1894

8. AGE: Years 46 | Months 2 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation ~~Boy~~ Clothe Cutter

11. Industry or business Cohen's Clothes

FATHER 12. Name Anton Tomaschko

13. Birthplace Germany

MOTHER 14. Maiden Name Ernestine Glaser

15. Birthplace Germany

16 (a) Informant Penny Bibble (sister)

(b) Address 2909 Orleans St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20 1940 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location 4430 Belair Rd.

18 (a) Funeral director Martin A. E. Deppe

(b) Address 87 S. Arlington Ave Huntington Hilliard, M.D.

19 (a) (Date rec'd by registrar) (b) Registrar

APR 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1940 at 4 P.M. (clear)

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
a Illuminating gas poisoning	
Cerebral clasp	
Due to History of psychoneurosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 4/16/40
(c) Where did injury occur? 2909 Orleans St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Bathroom (Specify type of place) While at work? No
(e) Means of injury unattached hose to gas burner

23. Signature H. W. Wanderstrift M.D. Medical Examiner.
Date signed 7/17/40

V8 6

F 68476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 93 ✓

Registered No. F 68476

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4201 Liberty Hghts. ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 0

(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Govans Post-office
(If outside city or town limits, write RURAL and give town)
(d) Street No. 516 Overbrook Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Lyda L Malone.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Late Lee L Malone

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 27, 1866

8. AGE: Years 73 | Months 8 | Days 20 | If less than one day hr. ..... min.

9. Birthplace West Virginia
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Edward Summers
13. Birthplace West Virginia

MOTHER
14. Maiden Name Elizabeth Wakenberg
15. Birthplace West Virginia

16 (a) Informant Mrs Bernadette Gray
(b) Address 4201 Liberty Hghts Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 18 1940 (month) (day) (year)

(c) Cemetery or crematory Woodlawn
Location Fairmont, West Virginia

18 (a) Funeral director Henry H Wilke
(b) Address 4101 Edmondson Ave

19 APR 18 1940 [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1940, at 3:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939, to April 1940, and that I last saw her alive on April 17 1940.

Immediate cause of death Coronary Sclerosis
C.V. Disease & Hypertension — Duration ?

Due to .....

Due to .....

Other Conditions Uremia
Auricular Fibrulation
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Howard L Zepp M.D.
Address 427 Hopkins Pl Date signed 4/17/40

Burial P.S

VS 2

PLEASE WRITE PLAINLY, WITH ONE PRINTING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166 ✓ Registered No. F 68477

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 225 W. Monument St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick Dale O'Donnell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 30th 1903

8. AGE: Years	Months	Days	If less than one day
37	2	18	hr. min.

9. Birthplace Wilmington Del.
(Town, county, and state)

10. Usual Occupation Novelty Sales
11. Industry or business Service Man

FATHER
12. Name Charles F. McDonald
13. Birthplace Winchester Va

MOTHER
14. Maiden Name Annie Myers
15. Birthplace Wilmington Del.

16 (a) Informant Mrs Annie McDonald
(b) Address 405 W. 34th St Wilmington Del

17 (a) Wilmington Del (b) Date thereof 4/18/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Grace Lawn Cem
Location Wilmington, Del.

18 (a) Funeral director E. Schlosman & Son
(b) Address 1039 Hanover St. Baltimore, Md.

19 APR 18 1940 (b) Huntington Williams, M.D.
Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-16- 1940, at 6:20 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Acute Peritonitis	
Due to Gun shot wound of abdomen	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 4-17-40
(c) Where did injury occur? Baltimore Maryland
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public, in auto While at work? No
(Specify type of place)
(e) Means of injury Gun shot wound abdomen

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 4-16-40

68478 F 68478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137a

Registered No.

1. PLACE OF DEATH: Church Home + Hosp.
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 6-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Washington
(c) City or town Hagerstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. Route 4
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William B. Lehman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Sara
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3, 1855

8. AGE: Years	Months	Days	If less than one day
85	-	4	hr. min.

9. Birthplace Hagerstown Md
(Town, county, and state)
10. Usual Occupation Miller
11. Industry or business

FATHER
12. Name H. E. Lehman
13. Birthplace Md.

MOTHER
14. Maiden Name Sadie Steward
15. Birthplace Md

16 (a) Informant Mrs William Lehman
(b) Address Hagerstown Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Rose Hill
Location Hagerstown Md

18 (a) Funeral director H. K. Hoffman
(b) Address Hagerstown Md

19 (a) (Date rec'd by Registrar) 8 Apr 1940 (b) Huntington Nottingham, M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1940, at 11:07 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 26 1940, to April 12 1940, and that I last saw h. alive on April 12 1940.

Immediate cause of death Uremia — Duration

Due to Benign prostatic hypertrophy

Due to Hypertensive C.V. disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Benign prostatic hypertrophy

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. N. Mason M.D.
Address Church Home Date signed 4/13/40 M. D.

Physicians: please write the causes of death clearly and legibly. Information must be complete and correct. Age is especially important.

68479

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

64 F 68479
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [redacted] 2300 Washington Blvd
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
Street and No. 2300 Washington Blvd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sandra Matukonis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 14 - 1939

8. AGE: Years	Months	Days	If less than one day
	6	3	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Joseph Matukonis
13. Birthplace Penna

MOTHER
14. Maiden Name Selma Miller
15. Birthplace Balto

16 (a) Informant Selma Matukonis
(b) Address 2300 Wash Blvd

17 (a) Burial (b) Date thereof April 20-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Ingleside Rd

18 (a) Funeral director Edward Toulson
Address 1009 Wash Blvd

19 (a) APR 18 1940 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1940, at 7 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said — (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Status Thymicus Lymphaticus	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Irving Wandel Krait M.D.
Medical Examiner.
Date signed 4/17/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information known or statutory supplied. correct and especially important. Physicians: please write the causes of death clearly and legibly.

F 68480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a Registered No. F 68480

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balt. General Hosp 153
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2503 W. North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cora Corwin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Daniel T. Corwin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/10/1867

8. AGE: Years	Months	Days	If less than one day
72	5	7	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Emory Heigh
13. Birthplace Balto Md

MOTHER
14. Maiden Name Marjorie Banks
15. Birthplace Balto Md

16 (a) Informant Charity Lehman
(b) Address 2503 W. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Wm Cooke
(b) Address 147 St. Paul St.

19 (a) (Registrar) (b) Huntington Williams M.D.

APR 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1940, at 9a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Fracture, left pelvis	
Due to Fracture, left ribs	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/3/40
(c) Where did injury occur? 2503 W. North Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Fell down stairs

23. Signature Wm. Landrigan M.D. Medical Examiner.
Date signed 4/18/40

68481 Dr Eisenberg 2025 E. North Ave - Broad 7072

F 68481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1814 E. Federal St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) No. 1814 E. Federal St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret R. Cox

3 (b) If veteran, name war W
5 (c) Social Security Account No. NONE

4. Sex: Female
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of husband ~~or wife~~: John T. Cox
6 (c) If alive, give age 71 years
7. Birth date of deceased (mo., day, yr.) June 3rd 1871
8. AGE: Years 68 | Months 10 | Days 13 | If less than one day: hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business At Home

FATHER
12. Name Andrew Marrow
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary Hardesty
15. Birthplace Unknown

16 (a) Informant John H. Cox
(b) Address 1814 E. Federal St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/19/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md

18 (a) Funeral director Wm Cook
(b) Address 1 D St Paul St Huntington Williamsport, Md

19 (a) (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16th 1940, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 26 1938, to April 16 1940
and that I last saw him alive on April 16 1940.

Immediate cause of death: Primary Carcinoma of Lung
Aortic Insufficiency — Duration: Sept 26 1938

Due to:

Due to:

Other Conditions: Pulmonary Hemmorhage — 7 Days
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Eisenberg
Address 2025 E. North Ave Date signed 4/17/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Any omission of information asked for should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 68482

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 807 Bruce St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 807 Bruce St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LYDIA JACKSON

3 (b) If veteran, name war —

3 (c) Social Security Account No. 40

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	married

6 (b) Name of husband or wife Lewis Jackson
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) May 10th, 1895

8. AGE: Years	Months	Days	If less than one day
44	11	8	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation maid - housework
11. Industry or business domestic

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Husband Lewis Jackson
(b) Address same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-40 (month) (day) (year)
(c) Cemetery or crematory ~~Loudon Park~~ Mount Olivet

16 (a) Funeral director Jas. Jos. Skinner
(b) Address 927 N. Fremont Ave

19 APR 18 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said ~~autopsy~~ (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	sudden
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Wollenweber M.D.
Medical Examiner.
Date signed 4-18-40

F 68483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. F 68483

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2208 E Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2208 E. Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin Safranski

3 (b) If veteran, name war No
3 (c) Social Security Account No. No

4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced Separated
6 (b) Name of husband or wife ~~Helen Safranski~~ Agnes
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1/6/1899
8. AGE: Years 41 Months 3 Days 11 If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name ~~Safranski~~ John
13. Birthplace Poland

MOTHER
14. Maiden Name Antonette Czepinski
15. Birthplace Poland

16 (a) Informant Eva Kolakoski (sister)
(b) Address 2208 E. Lombard St

17 (a) 4/20/40 (Burial, cremation, or removal) (b) Date thereof 4/20/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Georgian Hill Road

18 (a) Funeral director Mary Weber
(b) Address 401 S. Chester St

19 (a) APR 18 1940 (Date received by registrar) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION 1340

20. DATE OF DEATH April 17 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M.D. Medical Examiner.
Date signed 4/17/40

68484 HEALTH DEPARTMENT—CITY OF BALTIMORE F 68484

CERTIFICATE OF DEATH

✓107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2027 Portugal St. 2-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. 1/2 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Marcin Juras

(a) Residence: No. 2027 Portugal St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male (Write) Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Juras

6. DATE OF BIRTH (month, day, year): December 14, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Marcin Juras
14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Frank P. Beatry
(Address): 1700 Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place: St. Stanislaus Date: 4/20/40

19. UNDERTAKER: Harry Weber
(Address): 401 S. Chester St.

20. FILED: APR 18 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from last 19 40 to April 17 19 40

I last saw him alive on April 17 19 40 Death is said to have occurred on the date stated above, at 24 m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
Cause A	Myocardial Failure	17
Cause B		
Cause C		
Cause D		

Other contributory causes of importance: Bronchial Asthma, Bronchopneumonia

Was an operation performed? Date of

For what disease or injury?

Name of operation: Clinical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jos. J. Kostecka M. D.

(Address) 126 S. Poppleton St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S. 2

F 68485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 68485

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford Rd. and Herring Run
(c) Hospital or institution Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 Durst St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James FRANK STEVENS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of ~~husband~~ wife Mrs. Anna Stevens

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1901

8. AGE: Years	Months	Days	If less than one day
38 39	7		hr. min.

9. Birthplace Maryland (Town, county, state)

10. Usual Occupation Electrician's Helper, WPA

11. Industry or business

FATHER
12. Name John Stevens
13. Birthplace Maryland

MOTHER
14. Maiden Name Emma Stevens
15. Birthplace Md.

16 (a) Informant Wife, Mrs. Anna Stevens
(b) Address 1215 Durst St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 18th 1940 (month) (day) (year)
(c) Cemetery or crematory St. Matthews Cem
Location Old Orchard Cem

18 (a) Funeral director Leo G. Cook
(b) Address 1401-03 N. Patterson Park Ave

19 (a) APR 18 1940 (Date received by registrar) (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1940 at 1:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/15 1940 to 4/17 1940 and that I last saw h[illegible] alive on 4/17 1940.

Immediate cause of death	Duration
Meningitis	
Due to Meningococcus infection	4 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Confirmatory

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John C. Sammeier
Address Sydenham Hosp. Date signed 4/17/40

68486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-6 Registered F 68486

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Ferguson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
25			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 18 1940

18 (a) Funeral director Commissioner of Means
(b) Address Per H. A. Moore

19 (a) APR 18 1940 (Date filed by Registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Shock following fracture of Left Skull.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/7/40 Elkridge Md
(c) Where did injury occur? Woods Howard Co Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pedestrian struck by motor car

23. Signature [illegible] M.D. Medical Examiner.
Date signed 4/11/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

OGK

F 68487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55158

Registered No. F 68487

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 241 S. Robinson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary (Konkey) Stacharowski

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Simon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 13, 1871

8. AGE: Years	Months	Days	If less than one day
68	5	3	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Adelbert Celeski
13. Birthplace Poland

MOTHER
14. Maiden Name Josephine Adzejewski
15. Birthplace Poland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location O'Donnell Street

18 (a) Funeral director M. J. Jablonski Hse
(b) Address 1808 Eastern Ave.

19 (a) (b)

APR 18 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-16 1940, at 1.55 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-23 1940, to 4-16 1940, and that I last saw her alive on 4-16 1940.

	Duration
Immediate cause of death Bronchopneumonia	four days
Due to Disfiguration Knee joint- non-specific	four weeks
Due to	
Other Conditions Diabetes Mellitus	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations Disfiguration Knee joint
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Kuwaduard Jr. M. D.
Address Balto city Hosp. Date signed 4-16-40

F 68488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

168

Registered No. F 68488

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town S.S. Maine (If outside city or town limits, write RURAL and give town)
(d) Street No. 24 Pier 7 Locust Point (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ALBERT HARMENSEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 51 | Months | Days | If less than one day ____hr. ____min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL APR 18 1940 Commissioner of Health

18 (a) Funeral director Per H. A. Moore

(b) Address Per H. A. Moore

19 (a) APR 18 1940 Thurlington Williams, M.D. Registrar

(b) Date signed

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1940, at 1:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Hemorrhage, cerebral	
Due to: Fractures, multiple skull	11 hrs
Due to:	
Other Conditions: Contusions, lacerations, shock	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence April 9, 1940
(c) Where did injury occur? Pier 7 Locust Point (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place (Specify type of place) While at work? No
(e) Means of injury struck by policeman and fell to street

23. Signature J. Lee Wollenweber M.D. Medical Examiner.

Date signed

F 68489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-P Reg. No. 68489

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2704 Grinder ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ole Soberg

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Inga C. Soberg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-26-85

8. AGE: Years	Months	Days	If less than one day
54	6	21	hr. min.

9. Birthplace NORWAY (Town, county, and state)
10. Usual Occupation SEAMAN-CAPT.
11. Industry or business

FATHER
12. Name Peter Soberg
13. Birthplace NORWAY

MOTHER
14. Maiden Name Hannah Helgesen
15. Birthplace Norway

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Baltimore County, Md.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pennsylvania Avenues

19 (a) APR 18 1940 (Date rec'd by registrar) Herrington for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH APR 17 1940, at 7.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from APR 16 1940, to APR 17 1940, and that I last saw him alive on APR 17 1940.

Immediate cause of death	Duration
Retroperitoneal hemorrhage (Post-Operative)	10 hours
Due to Nephrectomy (right)	
Due to	
Other Conditions Tuberculous kidney (right) and lungs (Include pregnancy within 3 months of death)	

Major findings:
Of operations Tuberculous kidney, right.
Of autopsy Retroperitoneal hemorrhage.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James A. Hannan M. D.
Address Johns Hopkins Hosp. Date signed 4/18/40

VS 3

F 68490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 68490

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3808 Woodbine Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3808 Woodbine Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John William Schofield

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary J. Hess

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 18 1859

8. AGE: Years 81 | Months 1 | Days 28 | If less than one day hr. min.

9. Birthplace Bloomfield NJ (town, county, and state)

10. Usual Occupation Retired —

11. Industry or business Engraver

FATHER
12. Name Joseph
13. Birthplace Manchester

MOTHER
14. Maiden Name Thomasina O'Neill
15. Birthplace Ireland

16 (a) Informant Mrs C Matthews
(b) Address 3808 Woodbine Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19 1940 (month) (day) (year)

(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director William J Burkowski Sons
(b) Address Druid Pennsylvania Ave

19 (a) APR 18 1940 (Date rec'd by registrar) (b) Huntington Williamsville, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1940, at 3 15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939, to April 16 1940, and that I last saw him alive on April 15 1940

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. G. Schmidt M. D.
Address 4309 Liberty Hts Date signed Apr 17

V3 3

68491 – HEALTH DEPARTMENT—CITY OF BALTIMORE – 68491

CERTIFICATE OF DEATH

13-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 954 Forrest St.) (16-2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Garfield Trapp
If U. S. Veteran specify WAR

(a) Residence: No. Maryland Penitentiary St., 1308 Edmondson Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed or divorced HUSBAND of (or WIFE of) Kathryn Lonesome Trapp

6. DATE OF BIRTH (month, day, year) May 1st, 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rockville S. Carolina

FATHER

13. NAME James Trapp - dead

14. BIRTHPLACE (city or town) (State or country) Rockville, S. Car

MOTHER

15. MAIDEN NAME Mary Monroe

16. BIRTHPLACE (city or town) (State or country) Rockville S. Carolina

17. INFORMANT Mary Trapper (Address) 1308 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 4/22/40

19. UNDERTAKER Mrs Katie R. Williams (Address) 322 N. Edmondson Ave

20. FILED 1940 Registrar.

Mrs Katie R. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16th, 1940

I HEREBY CERTIFY, That I attended deceased from March 16th, 1940 to April 16th, 1940

I last saw him alive on April 16th, 1940 Death is said to have occurred on the date stated above, at 11:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Other contributory causes of importance: Tuberculous enteritis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John F. Anderson M. D.
(Address) 344 E Guilford Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46 D

Registered No. 68492 | 68492

1. PLACE OF DEATH: St Agnes Hospital
(a) Baltimore City, Maryland
(b) Street address Eaton + Wilkens ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 7
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 19 S. Culver at (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Frankton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John Frankton Sr. Mr. Frankton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 20, 1871

8. AGE: Years 68 69 | Months 11 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Howard County, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Mr. Tucker
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Maryland

16 (a) Informant Mr. John Frankton
(b) Address 1123 W. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19, 1940 (month) (day) (year)
(c) Cemetery or crematory Good Shepherd Cemetery
Location Jessup, Howard County, Md.

18 (a) Funeral director [illegible]
(b) Address 1005 W. Baltimore St.

APR 18 1940 (Date rec'd) (b) Huntington Wilkinson (Registrar)

VE 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1940, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 11, 1940, to April 17, 1940, and that I last saw her alive on April 16 1940

Immediate cause of death: Uremia

Due to: Arteriosclerotic Cardio-Vascular Disease

Due to:

Other Conditions: Probable carcinoma of rectum

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore V. Lewis M. D.
Address St Agnes' Hosp. Date signed 4/17/40

F 68493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-B

Registered No. F 68493

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 905 N. Bradford St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josephine Zitnik
3 (b) If veteran, name of war —
3 (c) Social Security Account No. None
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Wenceslaus
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 10, 1895
8. AGE: Years 55 Months 2 Days 27 If less than one day hr. min.
9. Birthplace Bohemia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home
FATHER 12. Name Joseph Kodicka
13. Birthplace Bohemia
MOTHER 14. Maiden Name Not Known
15. Birthplace Bohemia
16 (a) Informant Wenceslaus Zitnik
(b) Address 905 N. Bradford St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md.
18 (a) Funeral director Frank Leach & Son
(b) Address 1906 Eutaw
19 APR 18 1940 (b) Huntington Williams M.D. (Date stamp by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1940, at 1:52 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/12 1940, to 4/17 1940, and that I last saw her alive on 4/17 1940.

Immediate cause of death: Pulmonary Embolism — Duration 20 min
Due to: Past operative
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings: Of operations Uterine fibroids
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Palatini M. D.
Address St. Jos. Hosp. Date signed 4-19-40

VS 3

Spec.—1-50—M. & T.—250 Blks

F 68494

68494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 131a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 S. Charles St ST. 23-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME William Moody

(a) RESIDENCE No. 1715 S. Charles St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Belle Moody

6 DATE OF BIRTH (month, day, and year) Apr. 16, 1863

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	0	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self.

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (city or town) " (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) " (State or country)

14 Informant Mrs. Herbert Wimp (Address) Marriottsville Md.

15 Filed APR 19 1940 19 Hunter for Kilmarnock

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/18/40

17 I HEREBY CERTIFY, That I attended deceased from April 15, 1940, to April 18, 1940, that I last saw him alive on 4/18/, 1940, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:

Asthenia - senescence

Chronic myocarditis

Chronic Nephritis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical + Lab.

(Signed) S. H Barranco, M. D.

, 19 (Address) 436 E. Fort ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Alpharetta Cem.

DATE OF BURIAL 4-22 1940

20 UNDERTAKER F. C. Highlotham Jr

ADDRESS Elkridge City

NOTICE—MARRIAGE LICENSES WILL NOT BE ISSUED UNLESS THIS CERTIFICATE IS PROPERLY EXECUTED. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificates.

F 68495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68495 Registered No. 1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2864 Pelham
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wk
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2864 Pelham (If rural give location)
(e) If foreign born, how long in U. S. A.) 50 years

3 (a) FULL NAME John M Bauer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Margaret

6 (c) If married, widowed or divorced, date of birth 2-1869

7. Birth date of deceased (mo., day, yr.) Sept 22-1870

8. AGE: Years 69 | Months 7 | Days 24 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired Meat

11. Industry or business Inspector

FATHER
12. Name John Bauer
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace Germany

16 (a) Informant Margaret Bauer
(b) Address 2864 Pelham

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19-40 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Balto

18 (a) Funeral director Jos J Sterrs Sons
(b) Address 3001 Pentwood Ave

APR 19 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1940, at 9:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1940, to April 16 1940, and that I last saw h/[illegible] alive on April 16 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to: Hypertension Cancer — Duration

Due to: Arteriosclerosis - Renal disease — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George S Bayley M. D.
Address Chesterfield Ave Balto Date signed April 17/40

VS 3

COVERED

68496 209 37

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 463

F 68496

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 dd
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1033 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nancy Ford

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Widow

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Anderson Campbell
13. Birthplace Virginia

MOTHER
14. Maiden Name Patty Gay
15. Birthplace Virginia

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-20-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave

19 (a) (Date rec'd by registrar) APR 24 1940 (b) — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17, 1940 at 8 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 9th 1940. to April 17 1940.
and that I last saw him alive on April 17, 1940.

Immediate cause of death Pneumonia (Edematous, anemia)
Due to Uremia
Due to Carcinoma of Stomach
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel A. Stoddard M.D.
Address Johns Hopkins Hosp. Date signed 4-20-40

68497 Vs. # ?

LB 51060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48a

Registered No. E 68497

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital 29 days 11-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mth.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1316 Rutter St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME M
Anna Alexander

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Brown	married

6 (b) Name of husband or wife Robert Alexander
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1896

8. AGE: Years	Months	Days	If less than one day
44	3	10	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Ephrain Simmons (Dunstun)
13. Birthplace Va.

MOTHER
14. Maiden Name Rita Simmons
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-20-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn
18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave
19 (a) 4-9-1940 (Date received by registrar) (b) Health Officer

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-16 1940, at 7:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-17 1939 to 4-16 1940, and that I last saw her alive on 4-16 1940.

Immediate cause of death	Duration
Carcinoma Cervix with metastases	over 4 months
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature R. K. Woodward Jr. M. D.
Address Balto. City Hosp. Date signed 4-16-40

F 68498

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 68498 Registered No. 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1110 E. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 36

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1110 E. North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha Inez Evans

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) ~~Single, married~~, widowed, ~~or divorced~~ Widowed

6 (b) Name of ~~husband or~~ wife Robert Louis Evans

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7th 1877

8. AGE: Years 63 | Months 0 | Days 11 | If less than one day hr. min.

9. Birthplace Cobbs Creek Va.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name ? Williams
13. Birthplace Va

MOTHER
14. Maiden Name ? Sears
15. Birthplace "

16 (a) Informant Mary E. Schilling
(b) Address 1110 E. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date received by registrar) ~~Registered~~ by William Cook M.D.

APR 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1940 at 3:50 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from May 1936 to April 18 1940 and that I last saw h~~e~~r alive on April 18 1940.

Immediate cause of death
Carcinoma Breast
Pulmonary Hypostatic Pneumonia
Due to Chr. Hypertension
Arteriosclerosis
Due to
Myocardial Insufficiency
Other Conditions Pulmonary Edema.
(Include pregnancy within 3 months of death)

Duration 2 yrs. 10.

Major findings:
Of operations Carcinoma
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. G. Cook M. D.
Address 156 N. Mutter Ave Date signed

S. S. #219-[illegible] F 68499 BALTIMORE CITY HEALTH DEPARTMENT F 68499
LB 54467 CERTIFICATE OF DEATH 1149 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 E. Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dennis Roundtree

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1910

8. AGE: Years	Months	Days	If less than one day
29	11	5	hr. min.

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business unemployed

FATHER
12. Name William Roundtree
13. Birthplace N. C.

MOTHER
14. Maiden Name Hannah Wilson
15. Birthplace N. C.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19th 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cemet
Location Mt Winans Md

18 (a) Funeral director E O Wilson
(b) Address 1800 Brantley Ave.

APR 19 1940 (Date rec'd by Registrar) Hunter H. Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1940, at 8[00] AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1940, to April 15 1940, and that I last saw him alive on April 15 1940.

Immediate cause of death	Duration
Lung Abscess	8 months
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy multiple lung abscesses

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murphy Johnson M. D.
Address Balto City Hosp. Date signed 4-16-40

F 68500

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68500

CERTIFICATE OF DEATH

X ✓ Get a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 954 Forrest St St. 10 3 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Robert Crawley

If U. S. Veteran, specify War Rochester Cassbody Pvt Eng.

(a) Residence: No. Maryland Plantations Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oliver Wright Crawley

6. DATE OF BIRTH (month, day, year) March 28, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	49		17 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Bowie (State or country) Maryland

FATHER

13. NAME Robert Brawley - dead

14. BIRTHPLACE (city or town) Bowie (State or country) Va

MOTHER

15. MAIDEN NAME Lucy ??

16. BIRTHPLACE (city or town) Blackstone (State or country) Va

17. INFORMANT Sister address not known
(Address)

18. BURIAL, CREMATION, OR REMOVAL National Cem
Place Potomac Cemetery Date April 19th, 1940

19. UNDERTAKER E O Wilson
(Address) 1000 Brantley Ave

20. FILED APR 19 1940 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14 1940

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1940 to April 14, 1940

I last saw him alive on April 14 1940 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Syphilis tertiary	
Other contributory causes of importance:	

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Henry A. Thomas Jr M. D.

(Address) 1201 N. Eutaw St

Hemorrhage Chest Following Examination

F 68501

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

42-B

Registered No. F 68501

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 126 N. Chapel St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucille Banks Willis

3 (b) If veteran, name war

3 (c) Social Security Account No. non

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1917

8. AGE: Years	Months	Days	If less than one day
23			hr. min.

9. Birthplace Cambridge Md.
(Town, county, and state)

10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Samuel Banks
13. Birthplace Eastern Shore Md.

MOTHER
14. Maiden Name Eurbra Banks
15. Birthplace Eastern Shore MD

16 (a) Informant Samuel Banks Father
(b) Address Rural 126 N Chapel st

17 (a) Mt Calvery (b) Date thereof April 19th 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brooklandville

18 (a) Funeral director E W Wilson
(b) Address 1600 Brayleigh

19 (a) (b) Registrar Huntington Williams, M.D.
(Date received by registrar) Registrar

APR 19 1940

VS 4

MEDICAL CERTIFICATION 12 10P

20. DATE OF DEATH April 16 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Extrauterine pregnancy	
Exsanguination from	
Due to placental hemorrhage into abdominal cavity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Medical Examiner. M.D.
Date signed 4/16/40

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68502

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 195-E

F 68502 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 3 7
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3651 Keswick Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kenneth H. Stuffy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 8, 1926

8. AGE: Years	Months	Days	If less than one day
13	7	9	hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation School. #56

11. Industry or business

FATHER
12. Name Raymond R. Stuffy.
13. Birthplace md.

MOTHER
14. Maiden Name Vashti Collins.
15. Birthplace md.

16 (a) Informant Vashti Stuffy.
(b) Address 3651 Keswick Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20, 1940 (month) (day) (year)
(c) Cemetery or crematory St. Mary's Cem
Location Hampden.

18 (a) Funeral director Clenow & Donovan
(b) Address 3615-17 Chestnut Ave

19 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

APR 19 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-19- 1940, at 7:45 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage - intra-peritoneal	
Due to Ruptured Liver	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4-19-40
(c) Where did injury occur? Baltimore Maryland (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Struck flagpole, a stone upon fall on sidewalk

23. Signature Huntington Williams M.D. Medical Examiner.

Date signed 4-19-40

Spec.—1-12-23—MAT—600 Blks.

F 68503 HEALTH DEPARTMENT—CITY OF BALTIMORE F 68503

CERTIFICATE OF DEATH. 13B

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3537 Hickory Ave. ST., 13-6 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Evelyn Halley.

(a) RESIDENCE NO. 3537 Hickory Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of David G. Halley.

6 DATE OF BIRTH (month, day, and year) Jan 2 1905

7 AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
35	3		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER John Bull.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant David G. Halley.

(Address) 3537 Hickory Ave.

15 Filed APR 19 1940 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 17 1940

17 I HEREBY CERTIFY, That I attended deceased from Apr 17, 1937, to Apr 17, 1940

that I last saw her alive on Mar 6th, 1940

and that death occurred, on the date stated above, at 2:15 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Oli Pidgeon M. D.

Apr 19 1940 (Address) 850 E 36 St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore.

DATE OF BURIAL April 20 1940

20 UNDERTAKER Ellsworth & Donovan

ADDRESS 2611 Eastern Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 68504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. F 68504

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4026 Falls Road.
(c) Hospital or institution:

12-8

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 39

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4026 Falls Road.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie May Hale.

3 (b) If veteran, name war ✓
3 (c) Social Security No.

4. Sex: Female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widow.
6 (b) Name of husband or wife: George H. Hale.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): March 23, 1866
8. AGE: Years 74 | Months | Days 25 | If less than one day: hr. min.
9. Birthplace: Maryland. (town, county, and state)
10. Usual Occupation: None.
11. Industry or business

FATHER
12. Name: Andrew Snyder.
13. Birthplace: Germany.

MOTHER
14. Maiden Name: ? Seitz.
15. Birthplace: Germany.

16 (a) Informant: Harvey Hale.
(b) Address: 4026 Falls Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 21, 1940 (month) (day) (year)
(c) Cemetery or crematory: Grave Run.
Location: Carroll Co. Md.

18 (a) Funeral director: Ehrmantraut & Donovan
(b) Address: 3615-17 Eastern Ave.

19 (a) (Date rec'd by registrar) (Registrar), M.D.

APR 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1935 to Apr 18 1940, and that I last saw her alive on Apr 17 1940.

Immediate cause of death	Duration
Pulmonary Edema	2 days
Due to Cardio-Vascular Renal disease	10 yrs
Due to	
Other Conditions Appendectomy (Include pregnancy within 3 months of death)	7 yrs

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: R. D. Entwisle M.D.
Address: 1901 Eutaw Pl Date signed: Apr. 19, 1940

F 68505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48a

F 68506

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 640 George St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 1 7
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 640 George St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eduonia Turner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Fem | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Arnold E. Turner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10 79

8. AGE: Years 60 | Months 11 | Days 6 | If less than one day: hr. min.

9. Birthplace Richmond, Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER — 12. Name Albert Harris
13. Birthplace Va.

MOTHER — 14. Maiden Name ?
15. Birthplace Va.

16 (a) Informant Arnold E. Turner
(b) Address 640 George St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans, Md.

18 (a) Funeral director Mrs. Kate R. Williams
(b) Address 322 N. Schroeder St.

19 (Date rec'd by registrar) APR 19 1940 (Signature of registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/16 1940, at 7:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to April 16 1940 and that I last saw her alive on 4/15/ 1940.

Immediate cause of death: Malignancy of cervix (Uterus) — Duration: 1 year

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alex A Weinstock
Address 4603 Park Heights Ave Date signed 4/19/40

F 68506 Raphael

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 F 68506 Registered No. F 68506

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 917 E. Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Raphael Balser

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex: male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years 75 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace Russia

MOTHER 14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Maurice Balser
(b) Address 35ff Forest Park ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19/40 (month) (day) (year)
(c) Cemetery or crematory Herbert Harrington Memorial Park
Location Bonley Lane

18 (a) Funeral director Sol Lurynson & Bros
(b) Address 1426 W. North ave

19 (a) (b)
Date rec'd by registrar APR 19 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-19 1940 at 5:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-18 1940 to 4-19 1940 and that I last saw h[illegible] alive on 4-19 1940

Immediate cause of death	Duration
Congestive heart failure	
Due to Coronary occlusion	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isadore Saher M. D.
Address West Balto. Gen. Hosp. Date signed 4-19-40

F 68507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 68507

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Sinai Hospital
(b) Street address — Monument & Rutland ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State — Md. (b) County
(c) City or town — Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. — 3311 Piedmont ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — 50 years

3 (a) FULL NAME — Henry R Zeller

3 (b) If veteran, name war — —

3 (c) Social Security Account No. — none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife — Rebecca Z.

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) — 1875

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace — Austria (Town, county, and state)

10. Usual Occupation — Retired

11. Industry or business — Shoe Business.

FATHER
12. Name — Hirsch Lazi Zeller
13. Birthplace — Austria

MOTHER
14. Maiden Name — Sarah L. ?
15. Birthplace — Austria

16 (a) Informant — Leon Zeller
(b) Address — 2803 Mt Holly St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof — April 19/40 (month) (day) (year)
(c) Cemetery or crematory — Beth Tfiloh Cemetery
Location — Wenfrey Mill Road

18 (a) Funeral director — Sol Levinson & Bros
(b) Address — 1124-26 W North ave

19 (a) Date received by registrar — APR 19 1940 — (b) Registered number — VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH — April 18 1940, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1940, to April 18 1940, and that I last saw h[illegible] alive on April 18 1940.

Immediate cause of death — Bronchopneumonia — Duration 1-2 wks

Due to

Due to

Other Conditions — Cerebral hemorrhage, Hypertension heart disease — 2 wks.
(Include pregnancy within 3 months of death)

Major findings:
Of operations — /
Of autopsy — /

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature — Sidney Adelis M. D.
Address — Sinai Hospital Date signed — 4-18-40

F 68508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 68508

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1523 Bush St
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 5 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ✓
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1523 Bush Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Daniel Callahan

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Elizabeth Callahan

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) March 17, 1872

8. AGE: Years	Months	Days	If less than one day
68	1	1	hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Patrick Callahan
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Nagle
15. Birthplace Ireland

16 (a) Informant Mrs. Elizabeth Callahan
(b) Address 1523 Bush Street

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 4/20/1940 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem.
Location 4300 Old Frederick Rd.

18 (a) Funeral director John J. Conway & Son
(b) Address 901 Hollins Street

19 (a) APR 19 1940 (Date received by registrar) Hastings Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8th 1940 at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 5 1940, to April 8 1940, and that I last saw h alive on April 7, 1940

Immediate cause of death Exhaustion — Duration 7 days

Due to

Due to

Other Conditions Cystitis, Pneumonia — 4 weeks

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. E. Campbell M. D.
Address 644 Hanover Date signed 4/19/40

F 68509

F 68509

BALTIMORE CITY HEALTH DEPARTMENT 92B Registered No.

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 132 W. Ostend St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 d
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 132 W. Ostend St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theodore Stang

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-14-0557

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5 - 1898

8. AGE: Years	Months	Days	If less than one day
41	6	12	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Bartender

11. Industry or business Restaurant

FATHER
12. Name Frank Stang
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Mary Anna Keller
15. Birthplace Baltimore Maryland

16 (a) Informant Anna A. Stang
(b) Address 1009 S. Hanover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20-1940 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Anne Arundel Co.

18 (a) Funeral director Elizabeth Harle Inc.
(b) Address 15 E. Mt. St.

19 (a) APR 19 1940 (Registrar) for Williams M.D.
(b) Filed

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17, 1940, at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/21 1939 to 4/17/ 1940.
and that I last saw him alive on 4/15/ 1940.

Immediate cause of death	Duration
Chronic mitral regurgitation and stenosis of heart.	7 mos. 15 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deibel M. D.
Address 1226 Hanover St. Date signed 4/18/40

F. 68510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. F 68510

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 47

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2404 Lake Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 47 years

3 (a) FULL NAME JENNIE COHN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Abraham

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 58 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Nathan Cohen
(b) Address 3901 Belle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Woodlawn Mem Pk.
Location Woodlawn Md

18 (a) Funeral director Oak Lewis Inc.
Address 1439 E. Baltimore St.

19 (a) APR 19 1940 (Date received by Registrar) (b) Huntington Nottingham, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18, 1940, at 11:35 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration Months

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Nottingham M.D.
Medical Examiner.
Date signed 4-18-40

F 68511 3 75897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46G Registered No. F 68511

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 3
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. — (b) County
(c) City or town Baltimore — (If outside city or town limits, write RURAL and give town)
(d) Street No. 2040 Fountain Pl (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eloise Malinski — Amelia Malinski

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: John Malinski
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 11-21-83 ?
8. AGE: Years 56 | Months 4 | Days 27 | If less than one day hr. min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Fitch —
13. Birthplace Poland

MOTHER
14. Maiden Name Josefina Malinska
15. Birthplace Poland

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore Md.
18 (a) Funeral director George A Weber
(b) Address 705 S Ann st
19 (a) (Date received by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18, 1940 at 6 35 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21 1940 to April 18 1940 and that I last saw h alive on April 18 1940.

Immediate cause of death: Cerebral Thrombosis
Due to
Due to
Other Conditions: Carcinoma of Pancreas (Include pregnancy within 3 months of death)
Major findings: Of operations: Carcinoma of Pancreas & Metastasis
Of autopsy: None Given

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Russell R. Webb M. D.
Address The Johns Hopkins Hosp. Date signed 4/25/40

GPE

F 68512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164a

F 68512 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 798 Brantley st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 798 Brantley st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY KIEL.

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-2700

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife ~~Joseph Kiel, 1909~~

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1909

8. AGE: Years 30 | Months 11 | Days 13. | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Stenographer

11. Industry or business Crown Cork and Seal

FATHER
12. Name Joseph a Kiel
13. Birthplace Baltimore

MOTHER
14. Maiden Name Nellie L. Hutchinson
15. Birthplace Baltimore

16 (a) Informant Mother Gordon Kiel
(b) Address same address

17 (a) 4/22/40 (Burial, cremation, or removal) (b) Date thereof 4-22-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore md

18 (a) Funeral director H-B Commonwealth
(b) Address 2924 Edmondson Ave

19 (a) Filed APR 19 1940 (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1940, at 3:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Hanging by rope	
Due to: suicide	
Due to: Mental abnormality	
Other Conditions: none	
(Include pregnancy within 3 months of death)	
Major findings: Of operations: none	
Of autopsy: no	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence April 18, 1940
(c) Where did injury occur? 798 Brantley st (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury clothing line or collar

23. Signature Isaac H. & W. Allamuchy M.D.
Asst Medical Examiner.
Date signed 4-18-40

F 68513 Raschner

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 68513 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3314 Echodale Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7 4
(e) Length of stay in Baltimore (yrs., mos., or days) 56

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3314 Echodale Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna L. Kaschner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Herman Kaschner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 9 1855

8. AGE: Years	Months	Days	If less than one day
84	7	7	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Julian
15. Birthplace Unknown

16 (a) Informant Herman R. Kaschner
(b) Address 3314 Echodale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Rd

18 (a) Funeral director Harry W. Wright
(b) Address 401 Edmondson Ave

APR 19 1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 9 1940 to Apr 16 1940, and that I last saw h[illegible] alive on Apr 16 1940.

Immediate cause of death: Cardiac Syncope — Duration stated 6 hours

Due to: Broncho-Pneumonia — 1 week

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Latrobe Ewell
Address 2945 St Paul St Date signed 4/18/40 D.

F 68514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 68514 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Md. Gen. Hospital
(c) Hospital or institution Linden, Madison & Harwood Sts.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster Rte Rural (If outside city or town limits, write RURAL and give town)
(d) Street No. RFD # 4 (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mrs. Mabel J. Lockard
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex F
5. Color or race white
6 (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) 4/22/1870
8. AGE: Years 69 Months 11 Days 29 If less than one day ____ hr. ____ min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Spencer
13. Birthplace Maryland

MOTHER
14. Maiden Name Rebecca Fisher
15. Birthplace Maryland

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof APR-21-1940 (month) (day) (year)
(c) Cemetery or crematory Sandymount Cemetery
Location Near Westminster Md

18 (a) Funeral director John R. Byers
(b) Address Westminster, Md

19 (a) Date received APR 19 1940 (b) Registrar Thomas Whittington

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/19 1940, at 4:15 A M
21. I certify that death occurred on the date above stated; that I attended deceased from 3/22 1940 to 4/19 1940, and that I last saw her alive on 4/19 1940
Immediate cause of death Carcinoma of Stomach
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings: Of operation Carcinoma of Cardia of Stomach
Of autopsy

Duration (?)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. W. Mansfield M. D.
Address M. D. Gen Hosp Date signed 4-19-40

F 68515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D

F 68515
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Do correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Dennison St
(c) Hospital or institution: Crawfords Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 1/2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Philadelphia, Pa. (b) County
(c) City or town (If outside city or town limits, give name of township and give town) Boston St
(d) Street No. 3835 Aspent St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dorothea Buri

3 (b) If veteran, name war

3 (c) Social Security Account No. — none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John Buri
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 13-1862

8. AGE: Years	Months	Days	If less than one day
78	-	6	hr. min.

9. Birthplace Egg Harbor N. J. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name John Bretzman
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Wm H. Buri
(b) Address 2301 Poplar Grove St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20-40 (month) (day) (year)
(c) Cemetery or crematory Arlington Cem Phila Pa
Location Philadelphia Pa

18 (a) Funeral director J Ahrens & Co
(b) Address 2632 Reisterstown Road

19 (a) APR 19 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1940, at 2:47 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 10 1940, to April 19 1940, and that I last saw h[illegible] alive on Mar 19 1940.

Immediate cause of death	Duration
Cerebral hemorrhage	1 day
Due to Arteriosclerosis	?
Due to hypertension	?
Due to	
Other Conditions cachexia (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel Robinson M.D.
Address 2835 Fulgurne Ave Phila Pa Date signed 4/19/40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

68516 F 68516

CERTIFICATE OF DEATH

√61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 8-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis J. Anderson

If U. S. Veteran specify WAR

(a) Residence: No. 1923 E. Hoffman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of widower

6. DATE OF BIRTH (month, day, year) Apr 5. 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	-	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1 yr.

11. Total time (years) spent in this occupation 16 yrs

12. BIRTHPLACE (city or town) (State or country) Wash. D. C

FATHER

13. NAME Oliver P. Anderson

14. BIRTHPLACE (city or town) (State or country) Wash. D. C

MOTHER

15. MAIDEN NAME Olivia French

16. BIRTHPLACE (city or town) (State or country) Wash. D C

17. INFORMANT Miss Maggie Lawrence

(Address) 2003 N. Washington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 22, 19 40

19. UNDERTAKER Harry V. Bligh Jr.

(Address) 4914 Belair Road

20. FILED 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/18, 1940

22. I HEREBY CERTIFY, That I attended deceased from 4/15/40, 19..., to 4/18, 1940

I last saw him alive on 4/18, 1940. Death is said to have occurred on the date stated above, at 7:24 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Pneumonia	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. B. Nuttall M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 5

4/19/40

(No social security number)

F 68517

BALTIMORE CITY HEALTH DEPARTMENT 46-E

CERTIFICATE OF DEATH

F 68517 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2010 McELDERRY ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2010 McELDERRY ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM J. HERFEL

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOWER

6 (b) Name of husband or wife: ANNA HERFEL

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 13 1867

8. AGE: Years 72 | Months 9 | Days 5 4 | If less than one day ... hr. ... min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation TAILOR

11. Industry or business

FATHER
12. Name HENRY HERFEL
13. Birthplace GERMANY

MOTHER
14. Maiden Name REGINA REIDEL
15. Birthplace GERMANY

16 (a) Informant JOSEPH HERFEL SON
(b) Address 2010 McELDERRY ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 20/40 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR RD.

18 (a) Funeral director Libby & Geter
(b) Address 403 S. WOLFE ST.

19 (a) ... (b) ... Huntington Williams M.D.
(Date received by registrar) (Registrar)

APR 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH APR. 17 1940 at 3/30 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1939 to Apr. 17 1940, and that I last saw him alive on April 17 1940.

Immediate cause of death

Due to Carcinoma of Ascending Colon.

Duration: 7 Years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm D Wetmiller M. D.
Address 701 N. Kenwood Ave Date signed 4/18/40

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

68518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 68518 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 E. PRESTON ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street address 1400 E. PRESTON ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM F. TORRENCE

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: CLARA T. TORRENCE
6 (c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): MAR. 26 1873

8. AGE: Years: 67 | Months: 0 | Days: 21 22 | If less than one day: hr. min.

9. Birthplace: PENNA. (Town, county, and state)

10. Usual Occupation: RETIRED

11. Industry or business:

FATHER
12. Name: ROBERT TORRENCE
13. Birthplace: ENGLAND

MOTHER
14. Maiden Name: EMMA ARMSTRONG
15. Birthplace: PENNA.

16 (a) Informant: CLARA T. RITGERT TORRENCE
(b) Address: 1400 E. PRESTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 20/40 (month) (day) (year)
(c) Cemetery or crematory: HOLY REDEEMER
Location: BELAIR RD.

18 (a) Funeral director: Lilly & Zerlenga
(b) Address: 404 S. WOLFE ST.

19 (a) (b) (Date received by registrar) APR 19 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH APR. 17 1940, at 7/15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1939 to April 13 1940 and that I last saw h/M alive on April 13 1940.

Immediate cause of death: Coronary Thrombosis — Duration: Sudden
Due to: Arteriosclerosis — ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Joseph Gerber M.D.
Address: 1206 E. Preston St. Date signed: 4/17/40

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77-C

Registered No. F 68519

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sat at Oldham & Loudon Sts
(c) Hospital or institution:
U. S. A. Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 308 S Lehigh St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Corcoran

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 15/1884

8. AGE: Years	Months	Days	If less than one day
56 / 55	11	29	hr. min.

9. Birthplace Ireland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Edward Corcoran
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Powers
15. Birthplace Ireland

16 (a) Informant Ellen Branagan (Sister)
(b) Address 308 S. Lehigh St

17 (a) Burial (b) Date thereof Apr 20/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmonson Ave

18 (a) Funeral director Lilly & Zeiler Inc
(b) Address 403 S. Wolfe St.

19 (a) (Date received by Registrar) Municipal Building Baltimore, Md.

APR 19 1940

MEDICAL CERTIFICATION est. a.m.

20. DATE OF DEATH April 14 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Acute Obstruction Cerebral Edema — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 4/14/40

54769 - MB Willie Harris

F 68520 Willie Harris

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 68520

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 927 Leadenhall St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Willie Harris

3 (b) If veteran, name war

3 (c) Social Security Account No. 205-12-3866

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Widowed

6 (b) Name of husband or wife Delores (dead)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 11, 1898

8. AGE: Years	Months	Days	If less than one day
42	2	5	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business ?

FATHER
12. Name James Harris
13. Birthplace N. C.

MOTHER
14. Maiden Name Amanda Wilton (dead)
15. Birthplace ?

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4/20/40 (month) (day) (year)
(c) Cemetery or crematory Location South Miels N C
18 (a) Funeral director Sarah L Brown
(b) Address 1018 W Montgomery St

19 (a) (Date received by registrar) (b) Registrar
APR 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1940, at 10 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1940, to April 16 1940, and that I last saw him alive on April 16 1940.

Immediate cause of death Lobar Pneumonia — Duration 1 week

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature I. Marcofskein M. D.
Address Balto City Hosp. Date signed 4-16-40

68521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64

F 68521

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1125 S Sharp St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1125 S Sharp St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME CORINE MONTGOMERY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 3, 1940

8. AGE: Years	Months	Days	If less than one day
	2	1415	hr. min.

9. Birthplace Baltimore Md (Town, county, and state) (Harris Free page)

10. Usual Occupation child

11. Industry or business

FATHER
12. Name Julius Montgomery
13. Birthplace Florida

MOTHER
14. Maiden Name Evelyn Mack
15. Birthplace South Carolina

16 (a) Informant Father Julius Montgomery
(b) Address same

17 (a) (Burial, cremation, or removal) (b) Date thereof 4/20/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md

18 (a) Funeral director Sarah L Bowman
(b) Address 1050 W Montgomery St

19 APR 19 1940 Huntington Williams M.D.
(Date rec'd by registrar) (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1940 at 10 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Status thymico - lymphaticus — Duration min

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.

Date signed 4-19-40

Serio

68522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V/108

Registered No. 68522

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6days
(e) Length of stay in Baltimore (yrs., mos., or days) 3wks

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County ------
(c) City or town Columbus
(If outside city or town limits, write RURAL and give town)
(d) Street No. 325 E. Town Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Frank Serio

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Concetta Serio
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) Nov. 3, 1875

8. AGE: Years	Months	Days	If less than one day
64	5	15	--- hr. --- min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Commission Merchant
11. Industry or business -------

FATHER
12. Name James Serio
13. Birthplace Italy

MOTHER
14. Maiden Name Concetta Serio
15. Birthplace Italy

16 (a) Informant James Serio
(b) Address 711 Lyndhurst Avenue

17 (a) Burial (b) Date thereof 4/20/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Frederick Road & Augusta Ave.

18 (a) Funeral director H. U. Mears and Son
(b) Address 805 N. Calvert, Street

19 (a) APR 19 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/18/40 19 ..., at 12 55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/12/40 19 ... to 4/18/40 19 ..., and that I last saw h in alive on 4/18/40 19 ...

Immediate cause of death Pneumonia
Due to Chronic nephritis
Due to Hypertension C.V.D.
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration
1 wk
?
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip J. Monaco, M.D.
Address Mercy Hospital Date signed 4/18/40

VS 3

F 68523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68523 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4210 Ridgewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4210 Ridgewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME LOUISE HITCHENS

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife William F. Hitchens

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 17, 1869

8. AGE: Years	Months	Days	If less than one day
71	3	17	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation housework
11. Industry or business at home.

FATHER
12. Name William Hugdale
13. Birthplace England

MOTHER
14. Maiden Name Eleanor Graham
15. Birthplace Ireland

16 (a) Informant Elizabeth Hugdale - niece
(b) Address same address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apl 20/1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director Harry A. Armacost
(b) Address 4204 Ridgewood Ave

19 (a) Huntingtown Williams MD (Date received by Registrar) (Registrar)

APR 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1940, at 10 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions Diabetes mellitus (Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. L. Wallenmeyer M.D. (Medical Examiner)

Date signed 4-18-40

F 68524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 68524 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N Calhoun St.
(c) Hospital or institution: Franklin Sq Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 64 days
(e) Length of stay in Baltimore (yrs., mos., or days) 64 "

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Prospect Park
(If outside city or town limits, write RURAL and give town)
(d) Street No. [illegible]
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME John Blair (alias of: WILLIAM COOPER) Verified by police and this office.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years 52 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace —
(Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Alice Davis
(b) Address 29 Wanderer St. Pittsburgh Pa.

17 (a) (Burial, cremation, or removal) (b) Date thereof (Month) (day) 4-19-40

(c) Cemetery or crematory Pittsburgh Pa.
Location

18 (a) Funeral director James A Hayes
(b) Address 142 W. Hoffman

19 (a) (Signature of registrar) (b) Huntington Williams M.D.

APR 19 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-10 1940, at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-6- 1940, to 4-10 1940, and that I last saw h alive on 4-10 1940.

Immediate cause of death: Intracranial Hemorrhage
Duration:
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Wolf M. D.
Address Franklin Sq Hosp. Date signed 4-15-40

Street age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68525

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1108

Registered No. F 68525

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 645 W Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JOHN W WELLS

3 (b) If veteran, name war —
3 (c) Social Security Account No. Refused

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 9, 1865

8. AGE: Years 75 | Months 1 | Days 9 | If less than one day hr. min.

9. Birthplace Md. (town, county, and state)

10. Usual Occupation Engineer
11. Industry or business Retired

FATHER
12. Name James Wells.
13. Birthplace Md.

MOTHER
14. Maiden Name Isabelle Wilson
15. Birthplace Md

16 (a) Informant Mrs Ida Willick
(b) Address Joppa. Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof Apr 23 40 (month) (day) (year)
(c) Cemetery or crematory Union Chapel
Location Wilna Md Co

18 (a) Funeral director Hamburger & Son
(b) Address Bradshaw, Md.

19 APR 19 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18, 1940, at 6 50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumonia, lobar left.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L W Hillemeyer M.D.
Medical Examiner.
Date signed 4-18-40

VS 6

44353-FD

F 68526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 68526

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11mo. 9days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Ezekial McKenney (Crossfiled with McKinney)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-17-91

8. AGE: Years	Months	Days	If less than one day
48	6	23	hr. min.

9. Birthplace Kansas (Town, county, and state)
10. Usual Occupation Groom
11. Industry or business

FATHER
12. Name John Henry McKenney
13. Birthplace Maine

MOTHER
14. Maiden Name Sarah Smith
15. Birthplace Ohio

16 (a) Informant B.O.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 19 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) APR 19 1940 (Date rec'd by registrar) Huntington Williams, M.D. (Registrar) (Address) Balto City Hosp. Date signed 4-(?)-40

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10 1940, at 3 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1939, to April 10 1940, and that I last saw him alive on April 10 1940.

Immediate cause of death	Duration
Coronary thrombosis	15 min.
Due to	
Due to	
Other Conditions Hypertensive cardiovascular disease (Include pregnancy within 3 months of death)	unknown.

Major findings:
Of operations
Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emmerich Lefstein M. D.

0084 - RB

F 68527

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-P

Registered No. F 68527

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs., 10 mo., 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5 S. Hamburg St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert D. Shamburg

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/16/1869

8. AGE: Years	Months	Days	If less than one day
71	1	23	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Shamburg
13. Birthplace Maryland

MOTHER
14. Maiden Name Estelle Barth
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 19 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) APR 19 1940 (Registrar) Transcription for Williams M.D. (Registrar) 0082

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1940, at 10 55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1935, to April 9 1940, and that I last saw h was alive on April 9 1940.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration: unknown

Due to:

Due to:

Other Conditions: Terminal bronchopneumonia — Duration: 1 week

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murphy Goldstein M. D.
Address Balto City Hosp. Date signed 4-19-40

correct ago is especially important. Physicians: please write the causes of death clearly and legibly.

F 68528

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

F 68528 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Allegany
(c) City or town Cumberland (If outside city or town limits, write RURAL and give town)
(d) Street No. 306 Mt. View Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? 33 years

3 (a) FULL NAME Arthur Williamson

3 (b) If veteran, name war: Boer War, English Army
3 (c) Social Security Account No. 705-10-4529

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: married
6 (b) Husband of (or wife of): Edith Davis (Mrs. A. J. Williamson)
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1882

8. AGE: Years 57 | Months 6 | Days 26 | If less than one day: hr. min.

9. Birthplace: Stoke on Trent England (town, county, and state)
10. Usual Occupation: Railroad Official Superintendent
11. Industry or business: Western Md R.R.

FATHER
12. Name: John Williamson
13. Birthplace: England

MOTHER
14. Maiden Name: Elizabeth Copeland
15. Birthplace: England

16 (a) Informant: Next of Kin
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 19, 1940 (month) (day) (year)
(c) Cemetery or crematory
Location: Cumberland, Maryland

18 (a) Funeral director: Easton Sons
(b) Address: Ellicott City

APR 19 1940 (Date rec'd by registrar)
(b) Hearing for Williamsport, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19, 1940, at 7:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1940, to April 19 1940, and that I last saw h[illegible] alive on April 18 1940.

Immediate cause of death: Cardiac failure
Lobar Pneumonia, Emphysema (Left) Lower
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: R. C. Crawford
Address: Union Memorial Hospital Date signed: 4/19/40

F 68529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54185 Registered No. 123 8D F 68529

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 16 N. Potomac Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Willie Mohr

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Married

6 (b) Name of husband or wife John W. Mohr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 9, 1874

8. AGE: Years	Months	Days	If less than one day
65	6	9	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Waithman (d)
13. Birthplace Balto.

MOTHER
14. Maiden Name don't know
15. Birthplace

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn County
Location W. Balto

18 (a) Funeral director J. A. Moran
(b) Address Balto & Carey Sts.

19 APR 19 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Address

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-18 1940 at 10:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-26 1940 to 4-18 1940, and that I last saw her alive on 4-18 1940

Immediate cause of death: Coronary Embolism — Duration 18 hours
Due to Arterio Sclerotic Heart disease — Duration ?
Due to — Duration
Other Conditions Peri rectal abscess with gas gangrene of buttocks (Include pregnancy within 3 months of death) — Duration 4 days

Major findings:
Of operation Peri rectal abscess and gas gangrene buttocks
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Kenneth Schmidt Jr. M. D.
Address Balto City Hosp. Date signed 4-19-40

VS 3

Please write clearly, with unfading ink. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1108

Registered No. F 68530

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona ave.
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 519 Harwood ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles E. House

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Alvata House

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) May 30 - 1862

8. AGE: Years 78 Months 0 Days 17 If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county and state)

10. Usual Occupation R.R. Car. Repairman

11. Industry or business

FATHER 12. Name John G. House

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Jane Thorpe

15. Birthplace Balto Md.

16 (a) Informant Alvata House

(b) Address 519 Harwood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/40 (month) (day) (year)

(c) Cemetery or crematory Parkwood Mem.

Location Baltimore Co. Md.

18 (a) Funeral director J. G. Moran

(b) Address 3006 Balto St.

19 (a) 4/20/40 (Date rec'd by registrar) (b) Hamilton Miller Registrar

VS 2 40

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/17/ 1940. at 5½ M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940 to April 17 1940, and that I last saw h.. alive on Apr. 16 1940.

Immediate cause of death: Lobar Pneumonia — Duration 3 days

Due to Cerebral Hemorrhage — 4 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Karl F. Berman, M.D.

Address 5111 York Rd Date signed April 19 1940

M. D.

I hereby certify that the above is a true and correct copy of the original certificate of death filed in the Bureau of Vital Statistics, Baltimore City Health Department. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

68531 — 49-N — Registered No. 68531

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 28 N. Kenwood ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 28 N. Kenwood ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Sina E. Todd.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Nathan W. Todd
6 (c) If alive, give age 4 years

7. Birth date of deceased (mo., day, yr.) Jan 11 1874.

8. AGE: Years	Months	Days	If less than one day
66	3	6	hr. ... min.

9. Birthplace Harford Co Md. (Town, county, or state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name John D. Everett
13. Birthplace Md.

MOTHER
14. Maiden Name Caroline E. Klinefelter
15. Birthplace Md.

16 (a) Informant Jr Todd
(b) Address 28 N. Kenwood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Baltimore Md

18 (a) Funeral director J. B. Hogan
(b) Address 3002 E. Baltimore St.

19 (a) APR 19 1940 Huntington Williams M.D. Address 701 N. Kenwood ave. Date signed 4/19/40

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/17/1940 at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from [redacted] 1939 to April 17 1940, and that I last saw h alive on April 17 1940.

Immediate cause of death	Duration
Due to Carcinoma of Ovary	10 months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operation: Surgical abdominal exploration
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. Williams M. D.

F 68532

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1108 Registered No. F 68532

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) [illegible]

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2619 Freemont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME George W. Taylor

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife Mary Henry

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 2-6-1863

8. AGE: Years 77 | Months 2 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Work Shops of

11. Industry or business The Fleish

FATHER
12. Name Thomas Taylor
13. Birthplace England

MOTHER
14. Maiden Name Catherine Bowen
15. Birthplace Baltimore Md

16 (a) Informant Mrs. G Taylor
(b) Address 2619 Freemont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Avenue.

18 (a) Funeral director Mary Mc Woodfield
(b) Address 1112 E. Pratt St. Huntington Williams, M.D.

19 (a) APR 19 1940 (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16, 1940, at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 13, 1940, to April 16, 1940, and that I last saw h[illegible] alive on April 16, 1940.

Immediate cause of death Cardiac insufficiency — Duration ____

Due to Arteriosclerotic Hypertrophic cardiac vascular disease — ____

Due to Pneumonia, Lobar. — ____

Other Conditions ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature Oscar Hartman M. D.
Address Franklin Square Hosp. Date signed 4/16/40

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

68533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 68533
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~##~~
(c) Hospital or institution: Sinai Hospital --
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Weeks
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 345 Illchester Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ---- years

3 (a) FULL NAME Katherine Emmett Kurtz

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife George H. Kurtz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 6-1866

8. AGE: Years	Months	Days	If less than one day
74	2	12	hr. min.

9. Birthplace Baltimore County, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Thomas Wheeler
13. Birthplace Baltimore County, Md.

MOTHER
14. Maiden Name Elizabeth Dowell
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Ethelyn M. Kurtz
(b) Address 345 Illchester Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22-1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.

19 (a) ---- (Date received by registrar) (b) ---- Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1940, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 31 1940 to April 18 1940 and that I last saw h-- alive on April 1940

Immediate cause of death: Cerebral accident — one

Due to: hypertension arterio sel. CV disease

Due to: ----

Other Conditions: bronchopneumonia.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: /
Of autopsy: ---

Duration
Stroke,

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide /
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dideon DeLello M. D.
Address Sinai Hospital Date signed 4-18-40

Correct spelling, full name, date and place of birth are especially important. Physicians: please write the causes of death clearly and legibly.

APR 19 40

68534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 68534 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4905 Cordelia Ave.
(c) Hospital or institution: ———
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, City. (If outside city or town limits, write RURAL and give town.)
(d) Street No. 4905 Cordelia Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

27 18

3 (a) FULL NAME Herbert W. Bull

3 (b) If veteran, name war ———
3 (c) Social Security Account No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Emma Bull
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1868

8. AGE: Years	Months	Days	If less than one day
71	11	18	——— hr. ——— min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Nicholas H. Bull
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name unknown
15. Birthplace ———

16 (a) Informant Mrs. Marian E. Frisch
(b) Address 4905 Cordelia Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 22, 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.
18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Penna. Aves.
APR 19 1940

19 (a) ——— (Delivered by registrar) (b) Huntingtown Hillsborough, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19th. 1940, at 2 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/10 1940 to 4/19 1940 and that I last saw h[illegible] alive on 4/19 1940.

Immediate cause of death	Duration
Carcinoma of Stomach	1 yr
Due to	
Due to	
Other Conditions Gastritis	4 mos

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature J. C. Ekard M. D.
Address 4901 Fairview Date signed 4/19/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

68535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68535
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2608 Llewllyn Avenue
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 71-8-16

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ---
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2608 Llewllyn Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? ---- years

3 (a) FULL NAME John A. Mask, Sr.,

3 (b) If veteran, name war ---

3 (c) Social Security Account No. 220-07-5347

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mary Pauline Mask
6 (c) If alive, give age ---- years

7. Birth date of deceased (mo., day, yr.) July 31-1868

8. AGE: Years	Months	Days	If less than one day
71	8	16	---- hr. ---- min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Realty

FATHER
12. Name William Mask
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Martha Kenny
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Helen Kaine (Daughter)
(b) Address 2608 Llewllyn Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20-1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.,
(b) Address North & Penna Aves.,

19 (a) APR 19 1940 (Date rec'd by Registrar) Huntington Williams M.D. Registrar
Lkk

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1940, at 10.15 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1940, to April 17 1940, and that I last saw h[illegible] alive on April 16 1940.

Immediate cause of death	Duration
Lobar Pneumonia	2 days
Due to Influenza	3 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. E. A. Stevens M. D.
Address 2818 Hartford Rd Date signed 4-18-40

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

Registered No. F 68536

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3101 Gwynns Falls Parkway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3101 Gwynns Falls Parkway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert Franklin Turner

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-0878

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rosalind Turner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 20, 1890

8. AGE: Years	Months	Days	If less than one day
49	11	28	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Supervisor - Pay Stations
11. Industry or business C. & P. Telephone Co.

FATHER
12. Name Benjamin F. Turner
13. Birthplace

MOTHER
14. Maiden Name Amanda
15. Birthplace

16 (a) Informant Mrs. Roselind Turner
(b) Address 3101 Gwynns Falls Parkway

17 (a) Entombment (Burial, cremation, or removal) (b) Date thereof Apr. 20, 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Mausoleum
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) Filed by registrar (b) Huntington Wilkins M.D. Registrar

VS 8 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18, 1940, at 11:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1938 to April 18 1940, and that I last saw h.IM. alive on April 18 1940.

Immediate cause of death	Duration
Coronary occlusion	1 day
Due to arterio-sclerosis	?
Due to myocardial disease-about 16 MO	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter S. Tibbet M. D.
Address 2220 Garrison Blvd Date signed 4/19/40

corrected age is especially important. Physicians: please write the causes of death clearly and legibly.

68537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 68537

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 27 Eggen Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dorothy Kay Floyd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: James H. Floyd
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1899

8. AGE: Years 50 | Months 6 | Days 1920 | If less than one day hr. min.

9. Birthplace Philadelphia Pa (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John W. Helsinger
13. Birthplace Ellicott City, Md

MOTHER
14. Maiden Name Margaret Kraft
15. Birthplace Ellicott City, Md.

16 (a) Informant Patient
(b) Address 27 Eggen Ave, Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19, 1940 (month) (day) (year)
(c) Cemetery or crematory St Johns
Location Ellicott City

18 (a) Funeral director H. Dennis Worthington
(b) Address Ellicott City Md

19 (a) APR 19 1940 Worthington Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1940 at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 13 1940 to April 19 1940 and that I last saw h[illegible] alive on April 19 1940.

Immediate cause of death: Diphtheria and Diphtheritic Myocarditis — Duration: 7 days

Due to: — Duration: 2 days

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mary Baum M. D.
Address Sydenham Hosp. Date signed 4/19/40

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

326-796
68538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

Registered No. F 68538

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State KANSAS (b) County
(c) City or town ASHLAND (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JEROME W BERRYMAN

3 (b) If veteran, name war: World
3 (c) Social Security Account No. 509-01-8317

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	WHITE	MARRIED

6 (b) Name of husband or wife: Nancy A. Berryman
6 (c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.) Mar 12 1870

8. AGE: Years	Months	Days	If less than one day
70	1	7	hr. min.

9. Birthplace: Mo (Town, county, and state)
10. Usual Occupation: BANKER
11. Industry or business: Own Business

FATHER
12. Name: GERARD BERRYMAN
13. Birthplace: KANSAS

MOTHER
14. Maiden Name: MINERVA WOODS
15. Birthplace: Mo

16 (a) Informant: RECORDS
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/20/40 (month) (day) (year)
(c) Cemetery or crematory: Highland
Location: Kansas

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St

19 (a) APR 20 1940 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 19 1940 at 7:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 11 1940 to Apr 19 1940 and that I last saw HIM alive on Apr 19 1940.

Immediate cause of death: Pulmonary Interction
Coronary occlusion — Duration: 8 days
Due to:
Due to:
Other Conditions: Left Femoral Venous Thrombosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations: Carcinoma Prostate
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature: George W Kenney M. D.
Address: Johns Hopkins Hosp. Date signed 4/19/40

VS 3

68539

54744 SD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107 ✓

Registered 68539

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 903 N. Iris Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? yrs.

25 ✓

3 (a) FULL NAME Lawrence Mason

3 (b) If veteran, name war No

3 (c) Social Security Account No. 216-07-6882

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Katherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1889

8. AGE: Years 51 | Months 3 | Days 6 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Emmitt Mason
13. Birthplace Maryland

MOTHER
14. Maiden Name Anna Welsh
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 4/20/40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 127 St Paul St

19 (a) APR 20 1940 (Date filed by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1940, at 4 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1940, to April 18 1940, and that I last saw him alive on April 19 1940.

Immediate cause of death	Duration Uncertain
Bronchopneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Morris Goldstein M. D.
Address Balto City Hosp Date signed 4-18-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

68540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

Registered No. F 68540

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2785 Alameda Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2785 Alameda Blvd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Brenner

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband ~~or wife~~ Samuel Brenner

6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) July 30th 1865

8. AGE: Years 74 | Months 8 | Days 18 | If less than one day ... hr. ... min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name William Lee
13. Birthplace Balto Md

MOTHER
14. Maiden Name E. Hilgartner
15. Birthplace Balto Md

16 (a) Informant Chas. L. Brenner (Son)
(b) Address 2825 Northern Pkwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Parkville Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 APR 20 1940 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18th 1940 @ 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1940 to April 18 1940 and that I last saw h[illegible] alive on April 18 1940.

Immediate cause of death Cancer of Liver — Duration 2 mos

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest Zimmerman M. D.
Address 2858 Sherfield Rd Date signed 4/19/40

APR 20 1940

VS 3

F 68541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-0 Registered No. F 68541

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eutaw & Monument Sts.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1239 N. Cluley St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bobby Boy Pierce

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Veronica Pierce

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/17/40

8. AGE: Years | Months | Days: 3 | If less than one day: hr. min.

9. Birthplace Baltimore City, Maryland
(Town, county, and state)

10. Usual Occupation Newsboy

11. Industry or business

FATHER
12. Name Edward Pierce
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Veronica Hicks
15. Birthplace Baltimore Maryland

16 (a) Informant Mrs. Veronica Pierce
(b) Address 1239 N. Cluley St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof April 20 - 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Fred W. Organ Sons
(b) Address 1900 Eastern Ave

19 (a) APR 20 1940 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/19 1940 at 5:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/17 1940 to 4/19 1940, and that I last saw h alive on 4/19 1940

Immediate cause of death: Intracranial Haemorrhage or Congenital Heart defect — Duration

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Kaufberg M. D.
Address Sinai Hospital Date signed 4/19/40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 68542

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 239 S Collington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 239 S Collington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNA CIOSEK — OR. CZOSEK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business at Home

FATHER
12. Name ?
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Anna Ciosek
(b) Address 239 S Caeington ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22-40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Baltimore

18 (a) Funeral director Fred W. Ozegowski
(b) Address 1930 Eastern Ave

19 (a) APR 20 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1940, at 8 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Wallenmeier M.D. Medical Examiner.
Date signed 4-19-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 68543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-

Registered No. F 68543

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 620 Fairwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5-7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 620 Fairwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Philip Ruppel

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna M Ruppel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1-1854

8. AGE: Years 85 | Months 10 | Days 16 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business Retired

FATHER
12. Name Philip Ruppel
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothea
15. Birthplace Germany

16 (a) Informant Mrs Anna Ruppel
(b) Address 620 Fairwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20 40 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Balto Md

18 (a) Funeral director John Uhl
(b) Address 2008 Orleans St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

APR 20 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7 1940 at 9:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940 to April 11 1940, and that I last saw h alive on April 7 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration: 7 days
Due to:
Due to:
Other Conditions: Pulmonary Gangrene — 1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. L. Long
Address 418 Lanvale Way Date signed 4/19/40 M. D.

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. W 68544

W 68544

157-E

1. PLACE OF DEATH:
(a) Baltimore City, Maryland, 5th Division Stat.
(b) Street address Provident Hospital
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 14-2
(e) Length of stay in Baltimore (yrs., mos., or days) All

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Md. Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. Paradise av (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Baby Wilson

3 (b) If veteran, name war ____ 3 (c) Social Security Account No. ____

4. Sex: Female | 5. Color or race: col | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife ____
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 4-15-40

8. AGE: Years ____ Months ____ Days 1 If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Infant.
11. Industry or business

FATHER
12. Name Stanley Boardley
13. Birthplace Unknown

MOTHER
14. Maiden Name Mabel Wilson
15. Birthplace Howard County Md.

16 (a) Informant Mabel Wilson
(b) Address Catonsville, Md (Paradise Street)

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (month) (day) (year)
(c) Cemetery or crematory Cremated by Hoage.
Location ____

18 (a) Funeral director ____
(b) Address ____

19 APR 20 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-16 — 1940, at 7.40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-15 1940, to 4-16 1940, and that I last saw him alive on 4-16 1940

Immediate cause of death ____ Duration

Congenital Malformation
Due to of Heart
Due to (absence of Septum between auricles)
Other Conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy Congenital Heart Malformation

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature H. W. Butler
Address Provident Hospital Date signed 4/18/40

VS 1

F 68545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-2

Registered No. F 68545

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4605 Mansfield Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4605 Mansfield Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

27

3 (a) FULL NAME Carl H. Steinbrans

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-4895

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Evelyn Steinbrans
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-17-1904

8. AGE: Years	Months	Days	If less than one day
35	9	1	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Meter Reader
11. Industry or business Gas + Electric Co.

FATHER
12. Name Charles F. Steinbrans
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Evelyn Steinbrans
(b) Address 4605 Mansfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-40 (month) (day) (year)
(c) Cemetery or crematory Moreland Pk.
Location

18 (a) Funeral director Leonard J. Luke
(b) Address 5305 Harford Rd

19 APR 20 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-18 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1939, to 4/18 1940, and that I last saw h[illegible] alive on 4/18 1940.

Immediate cause of death Carcinoma of Lungs — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place) KYLE W. GOLLEY
(e) Means of injury

23. Signature Kyle W. Golley M. D.
Address 5303 Harford Rd (Date signed)

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 68546 — Registered No. F 68546

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3432 Keswick Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Samuel Mahamas

3 (b) If veteran, name war

3 (c) Social Security Account No. 312-10-4493

4. Sex	5. Color or race	6 (a) Single, ~~married~~, ~~widowed~~, or ~~divorced~~.
Male	White	Widowed

6 (b) Name of ~~husband~~ or wife Isabika Mahamas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
40			hr. min.

9. Birthplace Rodos - Turkey
(Town, county, and state)

10. Usual Occupation Cook

11. Industry or business Restaurant

FATHER — 12. Name (Unknown) Mahamas

FATHER — 13. Birthplace "

MOTHER — 14. Maiden Name "

MOTHER — 15. Birthplace "

16 (a) Informant Harry Argyrou

(b) Address 3432 Keswick Rd

17 (a) Burial (b) Date thereof 4/20/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)

(c) Cemetery or ~~crematory~~ Woodlawn

Location Woodlawn Md

18 (a) Funeral director Frances Peare

(b) Address Westminster Maryland

19 (a) APR 20 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-16- 1940, at 7:20 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Autopsy - Inquiry find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Headen M.D.
Medical Examiner.

Date signed 4-18-40

F 68547

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83-a

F 68547

Reg. Dist. No. _____

1. PLACE OF DEATH:

County _____

City or town Baltimore Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 years

Hospital, institution, or street address where death occurred: 3805 Oakmount Ave

How long in hospital or institution? 27-18

2. USUAL RESIDENCE (HOME) OF DECEASED:

(If nonresident, give residence of mother)

State Maryland County _____

City or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street address 3805 Oakmount Ave

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME George Thomas Duncan

3. (b) Social Security Number _____

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Daisy Duncan

6.(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) July 29 - 1876

8. AGE: Years 63 | Months 8 | Days 20 | If less than one day: hrs. _____ min.

9. Birthplace Leighmans Md (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business House Carpenter

12. Name James Lewis Duncan

13. Birthplace Holland Island Md

14. Maiden name Mary Virginia Bloomingood

15. Birthplace Leighmans Md

16. Informant Mrs 5

Address 3615 Hillsdale Road

17. Burial, cremation, or removal. Which? Burial Date buried Apr 27 40 (month) (day) (year)

Cemetery or crematory M-E. Leighmans Md

Location _____

18. Funeral director J. H. Marshall

Address St Michaels Md

PR 20 1940 19 Huntington Williams, M.D.

(Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20th 1940 at 3A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 30 1940 to April 20 1940

and that I last saw him alive on April 20 1940

Immediate cause of death	DURATION
Cerebral Thrombosis	3.30.40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE John D. Bubert M. D. or other

Address 480 Park Heights Date signed 4/20/40

F 68548

BALTIMORE CITY HEALTH DEPARTMENT 38601 SD

CERTIFICATE OF DEATH 93D

Registered No. F 68548

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 Dolphin Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Suiter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Married

6 (b) Name of husband or wife Mary Suiter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/16/1876

8. AGE: Years	Months	Days	If less than one day
64	0	1	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Unemployed

FATHER
12. Name Johah Suiter
13. Birthplace North Carolina

MOTHER
14. Maiden Name Ann ?
15. Birthplace North Carolina

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 4-20-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Balto. Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

APR 20 1940 Huntington Williams, M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1940, at 3 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 2 1938, to April 17 1940, and that I last saw him alive on April 17 1940.

Immediate cause of death Hypertensive cardiovascular disease — Duration Unknown

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp Date signed 4-15-40 M. D.

VS 3

68549

LB 45925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a

F 68549 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 923 Gilmore St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16-42

3 (a) FULL NAME Poily Quarrels

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married (Sep.)

6 (b) Name of husband or wife Wilbur

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/20/1908

8. AGE: Years	Months	Days	If less than one day
31	5	27	hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation on relief (Domestic)

11. Industry or business ---

FATHER
12. Name Tom Norman
13. Birthplace N. C.

MOTHER
14. Maiden Name Victoria Davis
15. Birthplace N. C.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) 4/20/40 (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) Mt Auburn

(c) Cemetery or crematory Burial
Location

Funeral director Thomas E. Kelly
Address 1303 Presstman St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17 1940, at 6:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-17 1939 to 4-17 1940 and that I last saw he alive on 4-16 1940.

Immediate cause of death	Duration
Carcinoma cervix with metastasis	over 1 year
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.
Address Balto City Hosp. Date signed 4-17-40

68550 ✓ F 68550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mo 2 Da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2838 W. Garrison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William G. Wise

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-0013

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Louise L. Wise
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18-1881

8. AGE: Years	Months	Days	If less than one day
58	7	-	hr. min.

9. Birthplace Baltimore Md (City, county, and state)
10. Usual Occupation Electrician
11. Industry or business Balto. Transit Co

FATHER
12. Name Henry W. Wise
13. Birthplace St. Louis

MOTHER
14. Maiden Name Emma S. Ingalls
15. Birthplace Md.

16 (a) Informant Mrs. Louise L. Wise
(b) Address 2838 W. Garrison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 22-1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director George L. Schmidt
(b) Address 4101 Fredrick ave.

19 (a) 4-20-1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1940 at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/22 1940 to 4/18 1940 and that I last saw h[er] alive on 4/18 1940.

Immediate cause of death Hypertensive C.V. Disease

Due to

Due to

Other Conditions Cerebral Hemorrhage

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Hypertensive C.V. Disease

Duration
1 year

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Sexton M. D.
Address Mercy Hospital Date signed 4/18/40

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

48130 - MB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-F

F 68551 — Registered No. F 68551

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or Institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mos., 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 408 N. Bond St. (If rural give location)
(e) If foreign born, how long in U. S. A.? yrs.

3 (a) FULL NAME Samuel Butts

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 216-10-5756

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Separated

6 (b) Name of husband or wife: Stella
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 13, 1893

8. AGE: Years	Months	Days	If less than one day
47	3	5	hr. min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual Occupation: Stevedore
11. Industry or business: Unemployed 6 months

FATHER
12. Name: Thomas Butts
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Edith Bailey
15. Birthplace: Virginia

16 (a) Informant: Records
(b) Address: Balto. City Hosps.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md.

18 (a) Funeral director: Peter F. McGuckin
(b) Address 15 E. Madison St. Baltimore, Md.

19 (a) APR 20 1940 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1940, at 2:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 7 1939, to April 18 1940, and that I last saw him alive on April 18 1940.

Immediate cause of death: Syphilitic Heart disease — Duration: unknown
Due to:
Due to:
Other Conditions: (Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: Aortic insufficiency

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Steele M. D.
Address Balto City Hosp. Date signed 4-18-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 a ✓ Registered No. F 68552

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 527 N. Dallas St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 527 N. Dallas St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN H. MILBURN

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Widowed

6 (b) Name of husband or wife unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years	Months	Days	If less than one day
77			hr. min.

9. Birthplace Deale Dorland Md.
(Town, county, and state)
10. Usual Occupation Laborer.
11. Industry or business various places

FATHER
12. Name J Henry Milburn
13. Birthplace Md

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Md

16 (a) Informant Clarence A Kirby
(b) Address 1 above address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof April 22-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A A Co Md

18 (a) Funeral director Peter McWilliams
(b) Address 1515 W Eldorado St
(Huntington Wills Co M.D.)

APR 20 1940
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19, 1940, at 11:15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

Immediate cause of death Carbuncle of mouth
disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 4-19-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No. F 68553

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 519 N Washington St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore MD (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 N. Washington st (If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME Anna R Scott

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: John E Scott

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26 1876

8. AGE: Years 63 62 | Months 8 | Days 23 22 | If less than one day hr. min.

9. Birthplace St Marys Co Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at home

FATHER
12. Name James T Long
13. Birthplace St Marys Co Maryland

MOTHER
14. Maiden Name Jane Bailey
15. Birthplace St Marys Co Maryland

16 (a) Informant Walter Scott (SON)
(b) Address 519. N. Washington St

17 (a) burial (Burial, cremation, or removal) (b) Date thereof April 22 1940 (month) (day) (year)
(c) Cemetery or crematory Holy redeemer
Location Belair Road Balto Md

18 (a) Funeral director Lilly & Zeiler Inc
(b) Address 403. S. Wolfe St

19 APR 20 1940 (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18. 1940 19 . at 5.07 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 13 1940, to April 18 1940, and that I last saw her alive on April 18 1940.

	Duration
Immediate cause of death: Cerebral Hemorrhage	4/13/40
Due to arterial Hypertension. + atrial - Sclerosis.	5 yrs.
Due to	
Other Conditions Obesity —	10 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Louis F. Krumrein M. D.
Address 722 N. Kenwood Ave Date signed 4/20/40

LOUIS F. KRUMREIN, M. D.
722 N. KENWOOD AVE.

54595 - MB

F 68554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

Registered No. F 68554

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1128 Ward St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Joseph Kelly (Kelley)

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife None

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 8, 1880

8. AGE: Years	Months	Days	If less than one day
59	10	10	..... hr. ..... min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business ?

FATHER
12. Name Michael Kelly
13. Birthplace Maryland

MOTHER
14. Maiden Name Ellen Duke
15. Birthplace Maryland

16 (a) Informant Records
(b) Address B.C.H.

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 4 22 40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md.

18 (a) Funeral director Chas W. Kirkpatrick
(b) Address 703 McHenry St

19 APR 20 1940 (Date received by registrar) Huntington Kilby, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-18 1940, 7.45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10 1940, to 4-18 1940, and that I last saw him alive on 4-18 1940.

Immediate cause of death	Duration
Carcinoma Stomach with metastases	2
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy not completed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L K Edwards Jr M. D.
Address Balto City Hosp. Date signed 4-19-40

V8 8

68555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. F 68555

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da. 2
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1139 Wicomico St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Katzenberger (54755)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Charlotte Katzenberger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4, 1914

8. AGE: Years	Months	Days	If less than one day
25	10	15	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Leo
13. Birthplace Balto.

MOTHER
14. Maiden Name Lillian Kramer
15. Birthplace Balto.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director John J. Cowan & Son
(b) Address 90 Hollins St.

19 (a) 4-20-1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19, 1940, at 4:10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 16, 1940 to Apr. 19, 1940, and that I last saw h im alive on Apr. 19, 1940

Immediate cause of death Tuberculosis of the lungs — Duration February 1937

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Glaser M. D.
Address Balto. City Hosp. Date signed 4-19-40

F 378098
F 68556

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 136-N

Registered No. F 68556

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town FAIRMONT (If outside city or town limits, write RURAL and give town)
(d) Street No. 504 Fourth St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Maddox

3 (b) If veteran, name war

3 (c) Social Security Account No. 232-05-3729

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-12-96

8. AGE: Years	Months	Days	If less than one day
43	5	7	hr. min.

9. Birthplace W. Va. (Town, county, and state)
10. Usual Occupation Drug Clerk
11. Industry or business

FATHER
12. Name John MADDOX
13. Birthplace Ky

MOTHER
14. Maiden Name Lillie MARTIN
15. Birthplace W. Va.

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20-40 (month) (day) (year)
(c) Cemetery or crematory Fairmont
Location W. Va.

18 (a) Funeral director John O. Mitchell
(b) Address 1900 Eutaw Place

19 (a) APR 20 1940 (Date received by registrar) Huntington, W. Va. (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1940, at 9:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 6 1940, to Apr 19 1940, and that I last saw him alive on Apr 19 1940.

Immediate cause of death	Duration
Pulmonary Embolism	-
Due to Thrombophlebitis at Lower extremity	4 days
Due to -	
Other Conditions Urethral Stricture	over

(Include pregnancy within 3 months of death)

Major findings:
Of operations -
Of autopsy Pulmonary Embolism

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James H. Leonard M. D.
Address Johns Hopkins Hospital Date signed 4/20/40

VS 3

68557 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 83a F 68557

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4112 Idaho Ave St. 27th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Florence Cox

(a) Residence: No. 4112 Idaho Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of G. Herbert Cox

6. DATE OF BIRTH (month, day, year) July 12, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

FATHER

13. NAME William Billingsley

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Ella Grambrill

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

17. INFORMANT Mr. G. Herbert Cox

(Address) 4106 Idaho Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Apr. 22 40

19. UNDERTAKER Lasagna Funeral Home

(Address) 7401 Belair Road

20. FILED APR 20 1940 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1940 to April 19, 1940

I last saw he/she alive on April 19, 1940 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/17/40

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert J. Himelfarb M. D.

(Address) 5444 Belair Rd.

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 68558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1170 C Registered No. F 68558

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals 26-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 dys.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 So. Rappolla (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Herbert Jarvinen (HERBERT LEONARD JARVINEN)

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-18-3286

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9, 1917

8. AGE: Years	Months	Days	If less than one day
22	5	7	hr. min.

9. Birthplace Steubenville, Ohio (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Continental Can Co.

FATHER
12. Name George John Jarvis
13. Birthplace Finland

MOTHER
14. Maiden Name Senja Loukonen
15. Birthplace Finland

16 (a) Informant Mr. John Jarvis (Father)
(b) Address 519 S. Rappolla St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 21, 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Lewis J. Funk.

18 (a) Funeral director H. Sander & Son Inc.
(b) Address Baltimore & Broadway

19 (a) APR 20 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1940, at 6 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said — (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
1. Operation death during reduction of incarcerated left diaphragmatic hernia	
2. Ulceration of gastric stomach with gastric hemorrhage	
3. Hemorrhage in soft tissues of pelvis	
Other Conditions 4. Laceration of scalp	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Stomach occupying left thoracic cavity
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 4/16/40
(c) Where did injury occur? Eastern Ave 100 ft E East Chester (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No.
(e) Means of injury Surgeon shocked overturned.

23. Signature Wm. F. Sandenfeldt M.D. Medical Examiner.
Date signed 4/17/40

VS 6

W 68559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E F 68559 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3119 Oakford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3119 Oakford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

NT 16

3 (a) FULL NAME Carrie Lenore Castle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1863

8. AGE: Years	Months	Days	If less than one day
76	9	11	22 hr. min.

9. Birthplace Boston Mass. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Frank B. Fuller

13. Birthplace Southfield, Mass.

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown.

16 (a) Informant Geo. F. Castle.

(b) Address 5706 Beaufort Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Lake View

Location Bridgeport Conn.

18 (a) Funeral director Loring Byers

(b) Address 5005 York Rd Govtsville

APR 21 1940 (Date received by registrar) (b) Huntington Williamsport Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 19 1940, at 5 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 9 1940 to Apr 19 1940 and that I last saw her alive on Apr 18 1940.

Immediate cause of death	Duration
Myocardial Failure	
Due to Fatal dilatation of heart	
Due to Diabetes mellitus Type	
Other Conditions Hardening Arteries	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury ✓

23. Signature John H. Frazier M.D.

Address 1219 Poplar Grove Date signed 4/20/40

F 68560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 68560 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3001 Harlem Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3001 Harlem Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

16

3 (a) FULL NAME Harry S. Kirkley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 5,1878

8. AGE: Years	Months	Days	If less than one day
61	4	14	hr. min.

9. Birthplace Manchester, England
(Town, county, and state)

10. Usual Occupation Confectionery - Self

11. Industry or business

FATHER
12. Name George Kirkley
13. Birthplace Manchester, England

MOTHER
14. Maiden Name Maria Hancock
15. Birthplace Kent, England

16 (a) Informant Mr. George S. Kirkley
(b) Address Annapolis, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22,1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Md.

18 (a) Funeral director
(b) Address 1000 N. Baltimore St.

19 APR 21 1940 (Signature of local registrar) Hector Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1940 at 4.20A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 9 1940 to Apr 19 1940, and that I last saw him alive on Apr 15 1940.

Immediate cause of death: Pulmonary Tuberculosis

Due to: Duration ?

Due to: Left Empyema several months.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Stanley Cole

Address 2202 Garrison Blvd Date signed 4/20/40 M.D.

F 68561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1939

F 68561 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 14 N. Pine St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Max Strauss

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	w	m

6 (b) Name of husband ~~or wife~~ Katie Strauss
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-17-75

8. AGE: Years	Months	Days	If less than one day
64	10	4	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None.
11. Industry or business

FATHER
12. Name Louis Strauss
13. Birthplace Russia

MOTHER
14. Maiden Name Yetta Bella
15. Birthplace Russia

16 (a) Informant Mrs Katie Strauss
(b) Address 14 N. Pine st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Philadelphia Rd

18 (a) Funeral director Sol Levinson & Bro
(b) Address 1124-26 W. North ave

19 (a) (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

APR 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1940, at 8 35 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 18 1940, to Apr 19 1940, and that I last saw ~~him~~ alive on Apr 19 1940.

Immediate cause of death	Duration
Coronary occlusion	30 mins
~~Due~~ to Arteriosclerotic heart disease, Cauriculas	
Due to fibrillation. Complete	2 yrs
Other Conditions Rt inguinal hernia Chronic appendicitis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Collins M. D.
Address Bon Secours Hospital M. D. Date signed 4-19-40

F 68562

68562

BALTIMORE CITY HEALTH DEPARTMENT 195-8 Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Sinai Hospital
(b) Street address Monument St. & Rutland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 617 S Fremont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 34 years

3 (a) FULL NAME Fannie E. Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Abraham

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
43			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation
11. Industry or business House Wife

FATHER
12. Name Aaron Bowers
13. Birthplace Russia

MOTHER
14. Maiden Name Rebecca Goodman
15. Birthplace Russia

16 (a) Informant David Bowers
(b) Address 3506 Woodbrook Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 4/21/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew-Washington Rd
Location Washington Rd

18 (a) Funeral director Sol Levinson Bros
(b) Address 1124-26 W Fayette

19 APR 21 1940 (b) Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/19 1940, at 8:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/8 1940 to 4/19 1940 and that I last saw her alive on 4/19 1940.

Immediate cause of death	Duration
Terminal Bronchopneumonia	
Due to Congestive failure	
Due to Rheumatic Heart disease	
Other Conditions Cerebral Embolism	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Poobkin M. D.
Address Sinai Hospital Date signed 4/19/40

F 68563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

Registered No. F 68563

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2302 E Baltimore St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2302 E. Balto. St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Jacob Adler

3 (b) If veteran, name war | 3 (c) Social Security Account No. -

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Leah Adler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 68 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Dave Adler
13. Birthplace Russia

MOTHER
14. Maiden Name Bella –
15. Birthplace Russia

16 (a) Informant Abraham Adler
(b) Address 2302 E. Balto. St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phil. Pa.

18 (a) Funeral director Jack Levine Inc.
(b) Address 1439 E. Balto. St

APR 21 1940 (Date rec'd by Registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-20-40 19..., at 1.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/2 1940, to 4/20 1940, and that I last saw h[er] alive on 4/20 1940

Immediate cause of death

Carcinoma of Stomach — Duration 2 y.

Due to

Due to

Other Conditions arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Sanker M. D.

Address 119 N. Melton Date signed 4/24/40

VS 8

F 68564 HEALTH DEPARTMENT—CITY OF BALTIMORE F 68564

CERTIFICATE OF DEATH

✓107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital St. 43-4 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. — mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Infant Ostrowsky

If U. S. Veteran specify WAR —

(a) Residence: No. 1704 Gwynn Falls Pkwy. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 18 - 1940

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Former	—	—	2 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Moyes Ostrowsky

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Anne Birko

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Anna Ostrowsky
(Address) 1704 Gwynn Falls Parkway

18. BURIAL, CREMATION, OR REMOVAL 4-21-40
Emanuel Cemetery 19

19. UNDERTAKER John Louis Ise
(Address) 1439 E. Baltimore St

20. FILED 19 Registrar.

APR 21 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1940 to April 20, 1940

I last saw him alive on April 20, 1940 Death is said to have occurred on the date stated above, at 3:45

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Prematurity	April 19

Other contributory causes of importance: —

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Richard W. Worthington M. D.

(Address) Womans Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 68565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93

F 68565 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3910 Calloway ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Rose Oberfeld

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Meyer

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
43			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER 12. Name Mario Bass

13. Birthplace Russia

MOTHER 14. Maiden Name Dora Bass

15. Birthplace Russia

16 (a) Informant Husband

(b) Address

17 Burial (Burial, cremation, or removal) (b) Date thereof 4-21-40 (month) (day) (year)

(c) Cemetery or crematory Harmony Lawn Location Mt Carmel

18 (a) Funeral director Joseph Levine Inc

(b) Address 1539 E. Balto St

19 (a) (Date rec'd by registrar) Herrington Williamsport, Md. Registrar

21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1940, at 8:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1940 to April 20 1940 and that I last saw her alive on April 20 1940.

Immediate cause of death: Cerebral hemorrhage — Duration 3¼ hrs.

Due to Hypertensive Cardio-vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isadore Scher M. D.

Address West Balto. Gen. Hosp. Date signed 4-20-40

68566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4/21-0 Registered No. 68566

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2540 E Fayette St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2540 E Fayette St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Dietz

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Henry Dietz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4 1858

8. AGE: Years 85 | Months 9 | Days 15 | If less than one day hr. min.

9. Birthplace Pennsylvania
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Peter Janson
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Dasser
15. Birthplace Germany

16 (a) Informant Mrs D Stahmer
(b) Address 2540 E Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22 40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto

18 (a) Funeral director Jos J Herr & Son
(b) Address 3001 Kentucky Ave

Apr 21 1940 (Date received by registrar)

Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1940 at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1934 to April 18 1940 and that I last saw [illegible] alive on April 18 1940.

Immediate cause of death	Duration
Cardiovascular renal	5 yrs.
Due to disease	
Due to	
Other Conditions Myocardial Insufficiency Pulmonary Edema	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Wm G Leyes MD

Address 156 N Milton Ave Date signed 4/19/40

F 68567

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 98

F 68567 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1527 Bolton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1527 Bolton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Howard Law Murdoch

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John Murdoch died Nov 11th 1923
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 2nd 1843

8. AGE: Years	Months	Days	If less than one day
96	8	17	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business —

FATHER
12. Name John K Law
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Sarah E Hood Howard
15. Birthplace Maryland

16 (a) Informant Miss Howard
(b) Address 1527 Bolton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23 1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director H. J. Perkins & Co
(b) Address Orchard Mc. Bolton St. Baltimore, Md.

PR 21 1940 (Registered by registrar) (By) Registrar

VS:

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19th 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1st 1940, to April 19th 1940, and that I last saw h on alive on April 15th 1940.

Immediate cause of death. Congestive Insufficiency — Certain - Nephritis, Thrombosis and — Duration 2 months 1 month

Due to Pneumonia one left lung

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings: Of operations U

Of autopsy U

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jos. Johnston M. D.
Address 806 E. Cold St Date signed Apr 19 1940

F 68568

F 68568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. 10 P

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nellie Clocker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife: Henry Clocker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: 75 Years	Months	Days	If less than one day: hr.	min.

9. Birthplace: Ireland (Town, county, and state)
10. Usual Occupation: Seamstress
11. Industry or business

FATHER
12. Name: Patrick Flaherty
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Mary Clancy
15. Birthplace: Ireland

16 (a) Informant: Little Sisters of the Poor
(b) Address: 1200 Valley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 22 1940 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location: Baltimore

18 (a) Funeral director: Rule Wiedefeld
(b) Address: 914 Cathedral St

Apr 21 1940 (c) Date received by Registrar: Hattie G. Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 19, 1940 19 at 2.30 p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940 to April 19 1940 and that I last saw her alive on April 19 1940

Immediate cause of death	Duration
Edema of Lungs	2 days
Due to Chronic Myocarditis	2 yrs
Due to	
Other Conditions Arterio-Sclerosis	4 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: E Gill Hall M. D.
Address: 1631 E North Ave Date signed: 4-20-40

F 68569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 68569 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2220 Erdman Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2220 Erdman ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Schlutter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9 - 1862

8. AGE: Years	Months	Days	If less than one day
77	10	11	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Hardware Business

FATHER
12. Name John G. Schlutter
13. Birthplace Germany

MOTHER
14. Maiden Name Johanna Schneidner
15. Birthplace Germany

16 (a) Informant Charles J Schlutter
(b) Address 2220 Erdman Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22-40 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Mausoleum

18 (a) Funeral director Mamie Cook Eyler
(b) Address 1600 W. North Ave

19 (a) Date received APR 21 1940 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1940 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1940 to April 19 1940 and that I last saw h[illegible] alive on April 19 1940

Immediate cause of death	Duration
Due to Coronary Thrombosis	
Due to Nerve Cordial Depart	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas J Schlutter

Address 1575 N Rutland Ave Date signed 4/20/40

Gallant

F 68570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 68570 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 733 E Biddle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Mary F. Gallant

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Seymour Gallant
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24th 1883

8. AGE: Years 56 | Months 11 | Days 26 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name Andrew Bradley
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Margaret Driscoll
15. Birthplace Balto Md.

16 (a) Informant Margaret Driscoll
(b) Address 734 E. Preston st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) APR 21 1940 (b) Registrar Huntington Williams Jr.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-20-40 19 at 10 35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-21 19 40 to 4-20 19 40 and that I last saw h alive on 4-20 19 40

Immediate cause of death: Cerebral Hemorrhage
Due to: Carcinoma of Brain
Due to: Carcinoma of Breast
Due to: Carcinoma (Cerebral) of
Other Conditions: Pulmonary Edema (Terminal)
(Include pregnancy within 3 months of death)

Duration: 1 wk
4 mo.
5 mo

Major findings:
Of operations: Ca of breast
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Bradley M. D.
Address 5 W Joseph st Date signed 4/20/40

F 68571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

F 68571 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3119 Guilford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3119 Guilford Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry E. Houck

3 (b) If veteran, name war: WW I
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband~~ wife Nellie W. Houck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 9th 1869

8. AGE: Years	Months	Days	If less than one day: hr.	min.
71	1	10		

9. Birthplace Hampstead Md (Town, county, and state)
10. Usual Occupation Printer & Publisher
11. Industry or business Own Business

FATHER
12. Name Andrew Jackson Houck
13. Birthplace Hampstead Md.

MOTHER
14. Maiden Name Sarah Elizabeth Murray
15. Birthplace Hampstead Md

16 (a) Informant David H. W. Houck
(b) Address 3119 Guilford Ave

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 4/22/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

APR 21 1940 (Date received by registrar) (b) Huntington Williams (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19th 1940, 6:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1938, to April 19 1940, and that I last saw ~~him~~ alive on April 18th 1940.

Immediate cause of death	Duration
Myocarditis	6 Mos
Due to Arteriosclerosis	1 year
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elbert H. Mortimer Jr.
Address 2706 St Paul St Date signed 4/20/40

VS 8

F 68572

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

F 68572
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 E. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 E. North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A. Rupkel

3 (b) If veteran, name war —
3 (c) Social Security Account No. 220-05-3237

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 21st 1867

8. AGE: Years	Months	Days	If less than one day
72	11	29	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Fiske & Co (Canvas)

FATHER
12. Name Anthony Rupkel
13. Birthplace Germany

MOTHER
14. Maiden Name Anna M. Schmidt
15. Birthplace Germany

16 (a) Informant Theresa Rupkel
(b) Address 1000 E. North Ave

17 (a) Burial (b) Date thereof 4/23/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 217 St. Paul pl

19 APR 21 1940 (b) Hunter Stockton Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20th 1940, at 12:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 31 1940, to April 20 1940, and that I last saw her alive on April 20 1940.

Immediate cause of death Diabetes - Gangrene of
Due to cardiac arterio-
Due to sclerosis -
Due to cerebral Thrombosis
Due to myocarditis.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration
7
. —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature Henry Rupkel M. D.
Address 1000 E. North Ave Date signed 4/20/40

VS 3

F 68573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 68573

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1404 W Lexington
(c) Hospital or institution: Aged Men + Aged Women's Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1401 W Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Mary Elizabeth Kratz Demmo

3 (b) If veteran, name war: W
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	white	Widow

6 (b) Name of husband or wife George H Demmo
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 4.1867

8. AGE: Years	Months	Days	If less than one day
72	4	16	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Kratz
13. Birthplace Unknown

MOTHER
14. Maiden Name Margret Vogelsong
15. Birthplace Unknown

16 (a) Informant Brenda Reed Home 1401 W Lexington St
(b) Address 1400 W Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 23 40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Fulton Co
(b) Address 1234 Cook St

19 (a) Apr 21 1940 (Date rec'd by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-20 1940, at 3P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 29, 1935 to April 20 1940 and that I last saw alive on April 20, 1940

Immediate cause of death	Duration
Acute myocarditis	sudden
Secondary	
Due to Chronic Myocarditis	2 yrs.
Due to Hypertension Nephritis	2 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward B Jones
Address 1115 St Paul St Date signed 4-20-40

VS 3

F 68574

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

98 F 68574
Registered No. 15694 SD

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 62 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 701 West Fayette Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Danforth

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Widowed

6 (b) Name of husband or wife: Ida M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/3/1859

8. AGE: Years	Months	Days	If less than one day
81	0	17	hr. min.

9. Birthplace Stone Church, New York (Town, county, and state)
10. Usual Occupation Iron Worker, Retired
11. Industry or business

FATHER
12. Name Roderick F.
13. Birthplace New York

MOTHER
14. Maiden Name Mary Ward
15. Birthplace New York

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 4/23/40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

APR 21 1940
VSO

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-20 1940, at 2:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14 1940 to 4-20 1940, and that I last saw him alive on 4-19 1940.

Immediate cause of death: Arteria Sclerotic gangrene right leg — Duration: four weeks
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy Not completed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 4-21-40

Bynum

F 68575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 68575

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1030 N. Monroe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1030 N. Monroe (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nettie Bynum

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex f

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Thomas Bynum

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 1876

8. AGE: Years 64 | Months 1 | Days | If less than one day hr. min.

9. Birthplace Bryan Co. Ga. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Futch
13. Birthplace Bryan Co. Ga.

MOTHER
14. Maiden Name Mary Myrick
15. Birthplace Ga.

16 (a) Informant Pearl Eva King
(b) Address 1030 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/40 (month) (day) (year)
(c) Cemetery or crematory Little Creek, Bryan Co
Location Savannah Ga.

18 (a) Funeral director John A. Miller
(b) Address 2334 Jefferson St.

19 (a) (Date received by registrar) Hunter & Williams M.D.

APR 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1940, at 9 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary occlusion
Obesity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hunter & Williams M.D. Medical Examiner
Date signed 4/20/40

F 68576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 68576

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5727 Ridgedale Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Wks
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Willoughby
(If outside city or town limits, write RURAL and give town)
(d) Street No. Down-Center Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lizzie Cowdrey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Arthur Cowdrey

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Aug-5-1891

8. AGE: Years 48 | Months 8 | Days 15 | If less than one day hr. min.

9. Birthplace Duncannon Pa (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Wm Morrison
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Buckley
15. Birthplace Phila Pa

16 (a) Informant Mrs Jerry Wood D. Case
(b) Address 5727 Ridgedale Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apl 22 1940 (month) (day) (year)
(c) Cemetery or crematory Union Cemetery
Location Duncannon Pa

18 (a) Funeral director Harry R. Annacost
(b) Address 4204 Reisterstown Rd Baltimore, Md.

APR 21 1940 (b) (Date rec'd by local registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1940, at 11:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb-1 1940 to Apr-18 1940, and that I last saw h[illegible] alive on Apr-18 1940.

Immediate cause of death: Carcinoma of right lung with general Metastasis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel H. Culver M. D.
Address 5611 Pimlico Rd Date signed 4-20-40

VS 3

F 68577 HEALTH DEPARTMENT—CITY OF BALTIMORE F 68577

CERTIFICATE OF DEATH

127-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St. 5-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Sarah Elizabeth Griggs

If U. S. Veteran specify WAR

(a) Residence: No. 2602 Roslyn Ave St., Ward. City

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James E. Griggs

6. DATE OF BIRTH (month, day, year) Dec. 30, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
72	72	3	1920	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George W. Collins

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Rebecca V. Pikerd

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Marion R. Griggs

(Address) 2602 Roslyn Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date April 23 1940

19. UNDERTAKER Harry N. Arnaout & Son

(Address) 4204 Ridgewood Ave

20. FILED APR 21 1940 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 2 - 1940, 19, to April 19, 1940

I last saw her alive on April 19, 1940. Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystectomy for Cholecystitis & biliary abscess	
Other contributory causes of importance: Old age.	

Was an operation performed? yes Date of April 18-40

For what disease or injury? Cholecystitis and biliary abscess

Name of operation Incision of abscess. Cholecystectomy

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Richard W. Wallace, M. D.

(Address) Womans Hosp.

Instructions on back of certificate.

F 68578 Tiger ✓ F 68578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-6 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring & Belvedere Ave
(c) Hospital or institution: Levindale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4259 Park Heights ave (If rural give location)
(e) If foreign born, how long in U. S. A.) 27 years

3 (a) FULL NAME Nathan Tiger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m.	w.	married

6 (b) Name of husband or wife Lillie Tiger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 29 1871

8. AGE: Years	Months	Days	If less than one day
68	3	21	hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation Was a pants Operator

11. Industry or business

FATHER 12. Name Harry Tiger
13. Birthplace Austria

MOTHER 14. Maiden Name Sadie —
15. Birthplace Austria

16 (a) Informant Sig Steinhardt
(b) Address Greenspring & Belvedere

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4/40 (month) (day) (year)

(c) Cemetery or crematory Hebrew Young Men's
Location Winfield Mill Road

18 (a) Funeral director Sol Levinson & Bro
(b) Address 112 & 116 W. North ave

21 (a) 1940 (Date rec'd by registrar) (b) Harold H. Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/20 1940, at 11:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-8 1940, to 4-20 1940, and that I last saw him alive on 4-20 1940.

Immediate cause of death
(a) Carcinoma of pancreas

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Solitary cyst of left kidney

Of autopsy

Duration
(a) 4-17-40

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Edmund Levin M. D.
Address Levindale Date signed 4/21/40

F 68579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68579 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 516 North Loudon Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John QUARLES

3 (b) If veteran, name war: SAW

3 (c) Social Security Account No. Unknown

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Lillian Miller

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1879

8. AGE: Years 61 | Months 2 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)

10. Usual Occupation Construction Engineer

11. Industry or business WPA

FATHER
12. Name John Quarles
13. Birthplace Darlington, Maryland.

MOTHER
14. Maiden Name Alice Jacobs,
15. Birthplace Belair, Maryland.

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Harry D Wetzler
(b) Address Huntington Williams

19 (a) (Date filed by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18, 1940, at 4:45p M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 18, 1940, to Apr. 18, 1940, and that I last saw him alive on April 18, 1940.

Immediate cause of death	Duration
Cardiac infarction	3 days
Due to Thrombosis of coronary artery	3 days
Due to Coronary arteriosclerosis	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. M. H. Anderson M. D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 4/19/40

68580

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

X 93-D

F 68580

Reg. Dist. No.

1. PLACE OF DEATH:
County: Baltimore County
City or town: 600 Chapel Gate Lane
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, institution: Residence
Stay in hospital or inst. (yrs., or mos., or days): 6 Mo
Stay in this community (yrs., or mos., or days): 75

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: St Agnes Lane
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Annie R Raleigh

3. (b) Social Security Number:

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6. (b) Name of husband or wife: James L Raleigh
6. (c) If alive, give age: 43 years
7. Birth date of deceased (mo., day, yr.): Apr 28 1889
8. AGE: Years: 50 51 | Months: 11 | Days: 19 21 | If less than one day: hrs. min.
9. Birthplace: Maryland (State, county, and state)
10. Usual occupation: Domestic
11. Industry or business:
FATHER 12. Name: Edgar L McLaurine
13. Birthplace: Virginia
MOTHER 14. Maiden name: Christian Haulsclipe
15. Birthplace: Maryland
16. Informant: Margaret Meyer
Address: 1619 Poplar Grove St
17. Burial (Burial, cremation, or removal (Which?)) Date thereof: 4/22/40 (month) (day) (year)
Cemetery or crematory: Holy Redeemer
Location: Baltimore City
18. Funeral director: Edw. J. MacGabe
Address: Catonsville Md

APR 21 1940 19 (Registered by Registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 19, 1940, at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 6, 40. to April 19, 40.
and that I last saw her alive on April 18, 40

Immediate cause of death	DURATION
Chronic Myocarditis.	4 mon
Due to: Cerebral Hemorrhage.	4 mo.
Due to: Arterial Hypertension.	years
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none.
Of autopsy: No.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No.
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: S. Hoyle Johnson M. D. or Coroner
Address: Catonsville Date signed 4/20/40

68581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

139-C

F 68581

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland University St. H W Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Mary Rowe

If U. S. Veteran specify WAR _____

(a) Residence: No. Westminster, Md. St., _____ Ward. Carroll Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Rowe

6. DATE OF BIRTH (month, day, year) 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Allen Frisby

14. BIRTHPLACE (city or town) (State or country) Connecticut

MOTHER

15. MAIDEN NAME Elizabeth Smith

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Thomas Rowe
(Address) Westminster.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Westminster Cem. Date April 25 1940

19. UNDERTAKER H. Bankard & Son
(Address) Westminster, Md.

20. FILED _____ Huntington Hilliard Registrar
APR 21 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-21, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1940, to April 21, 1940

I last saw her alive on 4-21, 1940. Death is said to have occurred on the date stated above, at 12 Noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Pulmonary Embolism	4-21-40
Amputation of Arm	
Person suffered	
Other contributory causes of importance	

Was an operation performed? Yes Date of 4-21-40

For what disease or injury? Sepsis and carcinoma.

Name of operation Removal of vaginal tumor Amputation of Arm & Excision of

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) Ramsay B Thomas, M. D.

(Address) _____

Instructions in regard to the filling of this certificate are very important. See instructions on back of certificate.

F 68582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. F 68582

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1109 Brisbane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 Brisbane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Grayson

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 68

8. AGE: Years	Months	Days	If less than one day
72	—	—	hr. min.

9. Birthplace md (Town, county, and state)
10. Usual Occupation
11. Industry or business None

FATHER — 12. Name	Unknown
FATHER — 13. Birthplace	Unknown
MOTHER — 14. Maiden Name	Unknown
MOTHER — 15. Birthplace	Unknown

16 (a) Informant James Brown
(b) Address 1131 Brisbane St
17 (a) (Burial, cremation, or removal) (b) Date thereof 4-23-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a. a.
18 (a) Funeral director James Watson
(b) Address 142 W Street
19 (a) Filed Apr 22 1940 (b) [illegible] Registrar
City of Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 19 1940 at 3 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 17 1940 to Apr 19 1940
and that I last saw him alive on Apr 19 1940.

Immediate cause of death	Duration
Lobar Pneumonia	3 days
Due to Streptococcus	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John W. Frazier M. D.
Address 625 S. Paca St Date signed 4/24/40

VS 3

68583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-e

F 68583 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Glendale (If outside city or town limits, write RURAL and give town)
(d) Street No. Hallins Ferry Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1927

8. AGE: Years	Months	Days	If less than one day
13			hr. min.

9. Birthplace Sandy Springs Md (Town, county, and state)
10. Usual Occupation School Boy
11. Industry or business

FATHER
12. Name Richard Scott
13. Birthplace Md

MOTHER
14. Maiden Name Cora Hammond
15. Birthplace Md

16 (a) Informant Aubrey Hammond
(b) Address Glendale. Md

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-23-40 (month) (day) (year)
(c) Cemetery or cremetory Sandy Springs Md
Location Prince Co. Md

18 (a) Funeral director James Gaston
(b) Address 142 W Hoffman St

19 (a) Date registered R 27 1940 (b) Registrar Hunter Lee Williams, M.D.

MEDICAL CERTIFICATION 130

20. DATE OF DEATH April 22 1940, at a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Depressed fracture L. Skull Left frontal	
Due to Laceration, tip of L. frontal lobe, Cerebral edema	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/19/40 a.m. p.m.
(c) Where did injury occur? Severn Rd-1 Mile from Glen Burnie (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Bicycle - struck by automobile

23. Signature H. L. Williams M.D. Medical Examiner.
Date signed 4/23/40

68584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C Registered No. F 68584

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3029 Druid Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN LINK, SR

3 (b) If veteran, name war: No.
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Barbara Link
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1866

8. AGE: Years	Months	Days	If less than one day: hr.	min.
74	1	4		

9. Birthplace: Germany (Town, county and state)
10. Usual Occupation: Structural Steel Worker (Retired)
11. Industry or business: B & O. Railroad

FATHER
12. Name: Jacob Link
13. Birthplace: Germany

MOTHER
14. Maiden Name: Gertrude Link
15. Birthplace: Germany

16 (a) Informant: Frederick W. Link
(b) Address: 3212 Cedarhurst Road

17 (a) (Burial, cremation, or removal) (b) Date thereof: Apl. 24 1940 (month) (day) (year)
(c) Cemetery or crematory: Parkwood
Location: Baltimore Maryland
18 (a) Funeral director: Lawson Funeral Home
(b) Address: 7401 Belair Road
19 (a) Apr 24 1940 (Date rec'd by registrar) (b) Hamilton-Fox-Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1940, at 12:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1940, to April 21 1940, and that I last saw him alive on April 21 1940.

Immediate cause of death	Duration
Cardiac dilatation	?
Cardiac hypertrophy	
Due to: Gen. Arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As mentioned above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John F. Coolahan M. D.
Address Church Home & Inf. Date signed 4-21-40

VS 3

68585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a

F 68585
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6208 Old Harford Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6208 Old Harford Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine M. Popp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife William Popp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1862

8. AGE: Years	Months	Days	If less than one day
77	7	13	hr. min.

9. Birthplace Balto. Co., Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Frederick Ebbert
13. Birthplace Germany

MOTHER
14. Maiden Name Louisa Schwartz
15. Birthplace Germany

16 (a) Informant Mrs. Neil Kaufman
(b) Address 6213 Marietta Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 24, 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave.

18 (a) Funeral director Lanahan Funeral Home
(b) Address 7401 Belair Road

19 (a) (Name req'd by registrar) (b) Registrar

VS 3 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21st 1940 at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1939 to Apr. 21 1940, and that I last saw h alive on 19

Immediate cause of death Carcinoma of Cervix — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. D.
Address 5103 Maryland Ave.

F 68586

Cleo Penick

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-c

F 68586 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 13 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 637 Sterling St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cleo Penick

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-00-7652

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 7, 1891

8. AGE: Years: 48 | Months: 5 | Days: 12 | If less than one day: hr. min.

9. Birthplace South Boston Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Calvin Penick
13. Birthplace Va.

MOTHER
14. Maiden Name Anna Pinchan
15. Birthplace Va.

16 (a) Informant William Jenkins
(b) Address 714 Fearing Ave. Pittsburg

17 (a) Removal to (Burial, cremation, or removal) (b) Date thereof 4-24-1940 (month) (day) (year)
(c) Cemetery or crematory South Boston Va
Location

18 (a) Funeral director Mrs. R. A. Elliott Daughter
(b) Address 1426 N. Carolina St

APR 22 1940 (Date rec'd by registrar) (b) Hampton Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1940, at 9:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (I) (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
1. Traumatic perforation of terminal ileum	
2. Generalized fibrinopurulent peritonitis	
3. Intestinal obstruction	
4. Subarachnoid hemorrhage of ruptured ob?	
5. Cerebral edema	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Perforations

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/12/40 - 7:30 P
(c) Where did injury occur? In front 1238 Edmondson St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Perforation - struck by autocar

23. Signature H. W. Vandersluis M.D. Medical Examiner.
Date signed 4/20/40

F 68587

F6431 / 107

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 68587
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 764 W. Franklin
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 764 W. Franklin
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Brown Jr.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1940

8. AGE: Years | Months: 1 | Days: 20 19 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Brown Sr.
13. Birthplace Virginia

MOTHER
14. Maiden Name Annie Montague
15. Birthplace N. C.

16 (a) Informant Annie Brown
(b) Address 764 W. Franklin St

17 (a) Burial (b) Date thereof Sept. 22 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. County Md.

18 (a) Funeral director Mrs R. A. Elliott Daughter
(b) Address 112 J St. Carlin St.

19 (a) Sept 20 1940 (b) [illegible]
(Filed by registrar) (Registrar)

APR 20 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21 1940, at 2:30 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 18 1940, to Sept 21 1940, and that I last saw [illegible] alive on Sept 21 1940.

Immediate cause of death	Duration
Broncho Pneumonia (Primary)	7 hrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address 1538 Eutaw Date signed 9-22-40

68588 F 68588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-0

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3922 Eastern Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Mrs. Minnie W. Schneider

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Wm Schneider

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 31-1864

8. AGE: Years 64 76 | Months 0 | Days 21 20 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER
12. Name John Martin
13. Birthplace Ger.

MOTHER
14. Maiden Name — Horstman
15. Birthplace Ger.

16 (a) Informant Mrs. Emma Miller
(b) Address 3922 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 24 40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto.

18 (a) Funeral director Philip Herwig Sons
(b) Address 2016 Eutaw Pl

19 (a) APR 22 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-21 1940, at 1:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10 1940 to 4-21 1940 and that I last saw her alive on 4-21 1940.

Immediate cause of death: Hypertension Cardio Vascular Disease - Chronic Myocarditis — Duration

Due to: Chronic Diffuse Nephritis

Due to:

Other Conditions: Acute Suppression of Urine - Uremia
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. C. Rat M. D.
Address Maryland Gen. Hosp. Date signed 4-21-40

Life

Revell

F 68589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 185

Registered No. F 68589

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 45 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2227 N. Fremont St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice Revell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1916

8. AGE: Years	Months	Days	If less than one day
24	2		hr. min.

9. Birthplace Harford Co. Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name William Bradley

13. Birthplace Harford Co. Md.

MOTHER 14. Maiden Name Dixie Revell

15. Birthplace Harford Co. Md.

16 (a) Informant Mrs Alice Revell

(b) Address 2304 Guilford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-40 (month) (day) (year)

(c) Cemetery or crematory Dabernagle Cem.

Location Harford Co. Md

18 (a) Funeral director Mrs Frances E. Hensley

(b) Address 576 N. Fremont Ave. Baltimore, Md.

19 (a) Date received by registrar R 22 1940 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1940, at 5 05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Shot wound L. chest	
Partial section L. rt	
Femoral artery	
Exsanguination	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/19/40
(c) Where did injury occur? 1100 Block Bolton St. Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Shot himself while fighting

23. Signature Wm Wardenfrift M.D. Medical Examiner.

Date signed 4/20/40

F 68590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 68590

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1574 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 Mosher St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Roe Hunter Hundley

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-3728

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	C.	Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
46	7	—	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name —
13. Birthplace Halifax Co. Va

MOTHER
14. Maiden Name Nannie
15. Birthplace Halifax Co. Va.

16 (a) Informant Eleanora Campbell
(b) Address 911 N. Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-40 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) Apr 23 1940 (b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-19-40 19 , at 2.43 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-9-1940 to 4-19-1940 and that I last saw him alive on 4-19-1940

Immediate cause of death Cerebral Hemorrhage with
Due to Left Side Hemiplegia — 11 days

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Gross + clinical

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. F. Maloney M. D.
Address Provident Date signed 4/24/40

F 68591 F 68591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 56 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City, Town or Township Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1011 W. Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME William Drinkwater

3 (b) If veteran, name war Spanish-American

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: W Widowed

6 (b) Name of husband or wife: ~~Widowed~~

(c) If alive, give age ____ years

Agnes Drinkwater

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 72 | Months — | Days — | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER
12. Name Wm. H. Drinkwater
13. Birthplace Va.

MOTHER
14. Maiden Name Bettie
15. Birthplace Va.

16 (a) Informant George Howard
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-40 (month) (day) (year)
(c) Cemetery or crematory National U.S.
Location Lexington — Md.

18 (a) Funeral director Miss Peter R. Williams
(b) Address 322 N. Schroeder St.

19 (a) Registrar's signature for Williams
(b) Date received APR 23 1940

VS F

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-18-40 19 at 10.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-23-1940 to 4-18-1940 and that I last saw ~~him~~ alive on 4-18-1940

Immediate cause of death: Arteriosclerosis — Duration 1 ?
Due to: Mitral Insufficiency ?
Due to:
Other Conditions: Hypertrophied Prostate, and Retention, Pulmonary Congestion
(Include pregnancy within 3 months of death)

Major findings:
Of operations None.
Of autopsy Gross & clinical

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. F. Maloney M. D.
Address Provident Hospital Date signed 4/19/40

Sadler

F 68592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (46)

Registered No. E 68592

1. PLACE OF DEATH: Church Home & Inf.
(a) Baltimore City, Maryland
(b) Street address 1 N. Broadway
(c) Hospital or institution: Church Home & Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balt. (If outside city or town limits, write RURAL and give town)
(d) Street No. 508 N. Kenwood. Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W. Sadler

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	wh.	married

6 (b) Name of husband or wife Mamie Lee Sadler
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Jan 22, 1859

8. AGE: Years	Months	Days	If less than one day
81	2	24	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Retired Engineer
11. Industry or business Shipping

FATHER
12. Name Howard Sadler
13. Birthplace Virginia

MOTHER
14. Maiden Name Ellen Diggs
15. Birthplace Virginia

16 (a) Informant Mrs. Howard A. Sadler
(b) Address 601 Chumleigh Rd

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof April 23-1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.

19 (a) 4-22-1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-20-40 19 , at 6 32 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-16 1940, to 4-20 1940, and that I last saw him alive on 4-20 1940.

Immediate cause of death Ca of Rectum.

	Duration
Due to	8 mos
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Ca of Rectum.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Logue G Warden M. D.
Address Church Home & Inf. Date signed 4-22 1940

VS 3

F 68593

68593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 804 Venable Ave
(c) Hospital or institution:

9-3

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 804 Venable Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura Virginia Zacharias

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: James M
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11, 1858

8. AGE: Years 81 | Months 10 | Days 9 | If less than one day hr. min.

9. Birthplace Wintonminster Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Jeremiah Reinhart
13. Birthplace Harney Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Bessie F Dohl
(b) Address 804 Venable Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22 1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Kilgour & Duker & Son
(b) Address Mich & Pedro Ave.

19 (a) 4-20-40 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1940, at 4:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 18 1940 to April 20 1940, and that I last saw her alive on April 19, 1940.

Immediate cause of death — Duration
Uremia
Due to Arteriosclerosis
Due to Senility

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. B. Sybert M. D.
Address 1107 Harford Ave Date signed 4-20-40

VS 2

68594 F 68594

BALTIMORE CITY HEALTH DEPARTMENT 93a Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3120 Ferndale Avenue.
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) -- 28 12
(e) Length of stay in Baltimore (yrs., mos., or days) 80-7-11

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3120 Ferndale Avenue. (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME Elizabeth E. Hughes

3 (b) If veteran, name war: ---
3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William S. Hughes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 9-1859

8. AGE: Years	Months	Days	If less than one day
80	7	11	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Henry Clay Manning
FATHER 13. Birthplace Virginia

MOTHER 14. Maiden Name Elizabeth Essex
MOTHER 15. Birthplace Maryland

16 (a) Informant Mr. Harry Woodall
(b) Address 3307 Ferndale Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23-1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.

19 (a) --- (Date rec'd by registrar) (b) Huntington Williams M.D. (Signature of registrar)

Apr 23 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20th 1940, at 3.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1939 to Apr 20 1940 and that I last saw h Er alive on Apr 20 1940.

Immediate cause of death	Duration
Acute Myocarditis	2 weeks
Due to Chronic Arthritis Arteriosclerosis	
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wallace F. Sowers M. D.
Address 4012 Edmondson Ave Date signed 4/23/40

68595 HEALTH DEPARTMENT—CITY OF BALTIMORE 68595

CERTIFICATE OF DEATH 131B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3213 Juneau Place St. 9-8 Ward)

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Kohlhepp

If U. S. Veteran specify WAR

(a) Residence: No. 2243 Cecil Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Meinschein

6. DATE OF BIRTH (month, day, year) Nov. 15, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supply Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Hall

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Kohlepp

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie Zeller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Margaret Kohlhepp

(Address) 2243 Cecil Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul's Date Apr. 22, 1940

19. UNDERTAKER H. Sander & Son Inc.

(Address) Baltimore & Broadway

Thurlow Williams, M.D.

Registrar.

FILED APR 22 1940 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1939 to April 18, 1940

I last saw him alive on April 18, 1940 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of death
Myocardial degeneration	
Other contributory causes of importance: Uremic Nephritis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 1515 N. Bentalou St.

M. D. B. 1268-0

68596 HEALTH DEPARTMENT—CITY OF BALTIMORE F 68596

CERTIFICATE OF DEATH ✓ 131a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 Boyd St. St., 18-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Annie Gunther

(a) Residence: No. 910 Boyd St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col.	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John T. Gunther

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Aroma Co. Va.

FATHER

13. NAME Irvin Shields

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Minnie Moore Grimes

(Address) 910 Boyd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4/23 40 19

19. UNDERTAKER Thos. E. Kelson

(Address) 1304 Preston St.

Filed APR 22 1940 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-19-40 19

22. I HEREBY CERTIFY, That I attended deceased from 4-13- 40 to 4-19- 40

I last saw him alive on 4-19- 3 40 Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal-Vascular Disease	10-37

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George C. Page M. D.

(Address) 1516 N. McCulloh St.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

68597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

7 138

F 68597

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary 6 E 5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 80 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Glendale (If outside city or town limits, write RURAL and give town)
(d) Street No. 1906 Tolson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** ANGELO FRANK MURARO ✓

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-8835

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-29-20

8. AGE: Years	Months	Days	If less than one day
19	4	23	2 hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Welder

11. Industry or business

MOTHER / FATHER

12. Name Mr John Muraro

13. Birthplace Italy

14. Maiden Name Mary Menen

15. Birthplace Italy

16 (a) Informant John Muraro (Father)

(b) Address 1906 TOLSON AVE

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24-40 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart

Location Gerrugan Hill Rd.

18 (a) Funeral director Frank Della Rose

(b) Address 52 N. Morley St.

19 (a) 4-22-1940 (Date filed by registrar) (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1940, at 8:40 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3 1940, to April 21 1940, and that I last saw him alive on April 21 1940.

Immediate cause of death Miliary Tuberculosis — Duration Jan 1940

Due to — 2 wks

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John F. Cochrane M. D.

Address Church Home & Inf. Date signed 4-21-40

8598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92B

F 68598 Registered No.

1. PLACE OF DEATH: 1511
(a) Baltimore City, Maryland
(b) Street address 1511 Locust St.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 33

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1511 Locust St (If rural give location)
(e) If foreign born, how long in U. S. A.? 33 years

3 (a) FULL NAME Maria Budahazy

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not known

8. AGE: Years about 60 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Charles Budahazy
(b) Address 1511 Locust St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross R.R. Co. Location Annapolis Bld.

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 2007 Eastern Ave

19 (a) 52 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 21 1940 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 30 1940 to Apr 21 1940 and that I last saw her alive on Apr 21 1940.

Immediate cause of death: Acute dilatation of heart — Duration 1 day

Due to: Arteriosclerosis and

Due to: Mitral Regurgitation — Duration 2 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. C. Campbell M. D.
Address 164 Hanover St Date signed 4/23/40

VS 3

F 68599

68599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

194a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1253 E. Fayette St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 d
(e) Length of stay in Baltimore (yrs., mos., or days) Born here

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1255 E. Fayette St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Trinie Cox

3 (b) If veteran, name war: no
3 (c) Social Security Account No.:
4. Sex: M
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: M
6 (b) Name of husband or wife: Beatrice Cox
6 (c) If alive, give age: 48 years
7. Birth date of deceased (mo., day, yr.): 1888
8. AGE: Years: 52 | Months: | Days: | If less than one day: hr. min.
9. Birthplace: North Carolina (Town, county, and state)
10. Usual Occupation: W. P. A.
11. Industry or business: Laborer

FATHER
12. Name: Unknown
13. Birthplace:

MOTHER
14. Maiden Name: Unknown
15. Birthplace:

16 (a) Informant: Beatrice Cox
(b) Address: 1253 E Fayette St

17 (a) (Burial, cremation, or removal) (b) Date thereof April 29 1940 (month) (day) (year)
(c) Cemetery or crematory: Albans cemetery
Location: west pat

18 (a) Funeral director: Edward Bryan
(b) Address: 1241 orleans st

19 (a) 4-22-1940 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION Eclam

20. DATE OF DEATH April 22 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. M. Vandegrift M.D.
Medical Examiner.
Date signed 4/22/40

68600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130 E File 68600

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1004 Bennett Place
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 Bennett Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LARRY TINSEL or TINSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-4313

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	Col	S Widowed

6 (b) Name of husband or wife Helen Tinsel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1896

8. AGE: Years	Months	Days	If less than one day
53	10	9	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Laborer - abattoir
11. Industry or business Henry Wiesenberger

FATHER
12. Name Charles Tinsel
13. Birthplace Md

MOTHER
14. Maiden Name Mary Gilbert
15. Birthplace Md

16 (a) Informant Baltimore city Health Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22 1940 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Westport Baltimore City

18 (a) Funeral director Joseph A. Luzby
(b) Address 409 N Mount Street

19 (a) 4-19-40 (Date) Huntington Williams (Signature of registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1940, at 2 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquest) thereon and from the evidence obtained by said inquest (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death Syphilis, cardiovascular — Duration Unknown
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 4-19-40

68601 54857 F 68601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 133

Registered No. ...

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 - 2
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ...
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1735 E. Lombard St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Joseph Sobus ✓

3 (b) If veteran, name war	3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mary
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) March 19, 1888

8. AGE: Years	Months	Days	If less than one day
52	1	1	... hr. ... min.

9. Birthplace Poland
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

MOTHER / FATHER
12. Name Edward
13. Birthplace Poland
14. Maiden Name Julia ?
15. Birthplace Poland

16 (a) Informant Records
(b) Address Baltimore City Hospitals
17 (a) Burial (b) Date thereof April 23 - 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore
18 (a) Funeral director Fred W. Ozarowski
(b) Address 1930 Eastern Ave
19 (a) 4-22-40 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3-40

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/20 1940 at 3:40 AM
21. I certify that death occurred on the date above stated; that I attended deceased from 4/19 1940 to 4/20 1940, and that I last saw h~~e~~ alive on 4/20 1940.

Immediate cause of death	Duration
Tuberculosis of the larynx	January 1940
Due to	
Due to	
Other Conditions Arteriosclerotic heart disease. Old fracture radius & ulnar left (include pregnancy within 3 months of death)	

Major findings:
Of operations ...
Of autopsy ...

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ...
(c) Where did injury occur? ... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... (Specify type of place) While at work? ...
(e) Means of injury ...
23. Signature [signature] B.H.
Address ... Date signed 4/20/40 D

68602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 93-P

F 68602 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton aves.
(c) Hospital or institution: St Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 47 Edmondson Ridge Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs. Emma Bloom

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Wm. D. Bloom
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
58			hr. ..... min.

9. Birthplace Howard County, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jesse W. Rhine
13. Birthplace Howard County, Md.

MOTHER
14. Maiden Name Carrie C. Berry
15. Birthplace Howard County, Md.

16 (a) Informant Hospital Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-40 (month) (day) (year)
(c) Cemetery or crematory St Johns
Location Ellicott City Md

18 (a) Funeral director Guy A Stanley
(b) Address Fulton + Fayette Sts

19 (a) ..... (Date rec'd by registrar) (b) .....

APR 22 1940 Hunter for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21, 1940, at 4:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from ..... 19..., to ..... 19...,
and that I last saw her alive on Apr. 21 1940.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arteriosclerotic cardiac disease.	
Due to	
Other Conditions —	
(Include pregnancy within 3 months of death)	
Major findings:	
Of operations	
Of autopsy —	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Lucif
Address St Agnes' Hosp. Date signed 4/22/40

50151 - MB

F 68603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 68603

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos., 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1812 W. Lexington St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

2061

3 (a) FULL NAME Mary Helwig

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1862

8. AGE: Years	Months	Days	If less than one day
78	2	5	hr. min.

9. Birthplace Washington, D.C. (Town, county, and state)
10. Usual Occupation House W.
11. Industry or business

FATHER
12. Name John Brounstead
13. Birthplace ?

MOTHER
14. Maiden Name Mary Myers
15. Birthplace Balto.

16 (a) Informant Records
(b) Address B.C.H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-40 (month) (day) (year)
(c) Cemetery or crematory Melville
Location Elkridge Md

18 (a) Funeral director Guy A. Imler
(b) Address Fulton Ave. Fayette

19 (a) (Date rec'd by registrar) (b) Registrar

APR 22 1940 Hamilton Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1940, at 10:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 14 1939, to April 20 1940, and that I last saw her alive on April 20 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	6 days.
Due to	
Due to Hypertensive cardiovascular disease	unknown.
Other Conditions Diabetes mellitus	unknown.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emmaghelstein M. D.
Address Balto City Hosp. Date signed 4-21-40.

F 68604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 68604 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hour
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 522 Orford Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ? years

3 (a) FULL NAME Edward Jenifer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. ?

6 (b) Name of husband or wife Lucia Jenifer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC 15 - 1880

8. AGE: Years ?59 | Months 4 | Days 2 | If less than one day ... hr. ... min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER 12. Name John Jenifer
13. Birthplace Md.

MOTHER 14. Maiden Name Caroline Collins
15. Birthplace Md.

16 (a) Informant Undertaker - Archie Bitter
(b) Address 1024 Druid Hill Avenue

17 (a) Oakenhall Md. (Burial, cremation, or removal) (b) Date thereof Apr 24-40 (month) (day) (year)

(c) Cemetery or crematory
Location

18 (a) Funeral director Thos. H. Chase & Son
(b) Address 638 N. Eutaw

APR 22 1940 Registered by Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1940, at 11 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1940, to April 17 1940, and that I last saw him alive on April 17 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration ?
Due to: Hypertrophic Cardio Vascular Disease
Due to:
Other Conditions: Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (specify type of place) While at work?
(e) Means of injury

23. Signature Walter F. Polk M. D.
Address Mercy Hospital Date signed 4-17-40

H L Wallenmeier 1 md assisted Dr

50977 - MB

68605

BALTIMORE CITY HEALTH DEPARTMENT 48-a

CERTIFICATE OF DEATH

Registered No. F 68605

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4240 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1714 Druid Hill Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Agnes Wood

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Clarence

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 25, 1891

8. AGE: Years	Months	Days	If less than one day
48	7	20	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business Unknown

FATHER
12. Name Augusta Sherwood (dead)
13. Birthplace Maryland

MOTHER
14. Maiden Name Julia Tilman or Clark (dead)
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Westport - Md

18 (a) Funeral director William A. Jackson
(b) Address 718 Park Ave.

19 APR 22 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-15 1940, at 9 50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-13 1939, to 4-15 1940, and that I last saw her alive on 4-15 1940.

Immediate cause of death Carcinoma Cervix — Duration over 4 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Sherwood Jr. M. D.
Address Balto City Hosp. Date signed 4-15-40

VS 3

F 68606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89B Registered No. F 68606

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3 Bird and Calvert.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Linton
(If outside city or town limits, write RURAL and give town)
Street No. Treatment
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Frank Theodore Rudasille

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mrs. Frank Rudasille
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 21.

8. AGE: Years	Months	Days	If less than one day
61	6	1	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Mr. William Rudasille
13. Birthplace Va.

MOTHER
14. Maiden Name Lucy Jennings
15. Birthplace Va.

16 (a) Informant Mrs. Frank Rudasille
(b) Address Front Royal Va.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/22/40 (month) (day) (year)

(c) Cemetery or crematory
Location Front Royal Va.

18 (a) Funeral director J. H. Emerly
(b) Address Alexandria Va.

19 (a) 4-23-1940 (Registered by registrar) (b) Registrar

Thos. J. Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1940, at 5:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 13, 1940, to April 22, 1940, and that I last saw him alive on April 22, 1940.

Immediate cause of death Pneumococcal meningitis

Duration of interval 5 days

Due to Extension from chronic middle ear and mastoid infection.

Duration of interval 3 months.

Due to

Other Conditions Diabetes mellitus.

(Include pregnancy within 3 months of death)

Major findings: Of operation Mastoiditis, inflammatory (4-15-40)

Of autopsy Meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Murray L. Johnson, M.D.
M. D.
Address Union Memorial Hospital Date signed 4-22-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68607

CERTIFICATE OF DEATH

52-B

F 68607

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Asa F Beckett

If U. S. Veteran specify WAR

(a) Residence: No. Ellicott City Md St., Ward. Howard Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amaca Beckett

6. DATE OF BIRTH (month, day, year) Apr. 15, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	0	75	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Calvin Beckett
(Address) Ellicott City.

18. BURIAL, CREMATION, OR REMOVAL
Place St Johns Date 4-24 1940

19. UNDERTAKER J. Hug Silverstone Jr.
(Address) Ellicott City Md

APR 22 1940 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1940 to April 20, 1940

I last saw him alive on April 26, 1940 Death is said to have occurred on the date stated above, at 10:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydronephrosis with uremia & acidosis	?
Other contributory causes of importance: Carcinoma of Bladder ovr?	
Benign Prostatic Hypertrophy	?

Was an operation performed? Yes Date of April 12, 1940

For what disease or injury? Carcinoma of Bladder

Name of operation Cystotomy & Radium drugel.

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. B. Nuttall M. D.
(Address) University Hospital

4/20/40

54448--FD

F 68608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 68608

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 107 N. Eaton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nathan Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	widowed

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-26-1882

8. AGE: Years	Months	Days	If less than one day
57	6	19	hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation odd jobs
11. Industry or business

FATHER
12. Name John
13. Birthplace N.C.

MOTHER
14. Maiden Name Lucy Easterfield
15. Birthplace N.C.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 21 1940
Commissioner of Health
18 (a) Funeral director Per H. A. Moore
(b) Address
19 APR 22 1940 (Date rec'd by registrar) Thurlington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1940, at 10:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1940, to April 15 1940, and that I last saw him alive on April 15 1940.

Immediate cause of death Bronchopneumonia — Duration (interval between onset and death)

Due to

Due to

Other Conditions Generalized arteriosclerosis — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Monaghel Lakeis M. D.
Address Balto City Hosp. Date signed 4-20-40.

VS 2

5561

F 68609 ?
LB 24551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-E Registered No. F 68609

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mth. 25 days 2 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 44 S. Bond St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Luther Palmer

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Brown	Widowed

6 (b) Name of husband or wife Lillie (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/20/1872

8. AGE: Years	Months	Days	If less than one day
67	3	25	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business WPA

FATHER
12. Name Fletcher (d)
13. Birthplace Md.

MOTHER
14. Maiden Name Sallie Garrison (d)
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory UNIVERSITY MEDICAL SCHOOL APR 21 1940
Location
18 (a) Funeral director Commissioner of Health
(b) Address APR 22 1940 Per H. A. Moore
19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1940, at 8:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1937, to April 15 1940, and that I last saw h. alive on April 15 1940.

Immediate cause of death	Duration unknown
Luetic Heart Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Milton Hechstein M. D.
Address Balto. City Hosp. Date signed 4-20-40

VS 3

5362

F 68610 39591 - RB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. F 68610

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr., 4 mo., 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 233 Myrtle Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice Pitts

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ?

8. AGE: Years 70?-80 ? | Months ? | Days ? | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Allen Pontleroy ?
15. Birthplace Virginia

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 21 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore
APR 22 1940 (b) Huntington, W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1940, at 6 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2 1939 to April 16 1940, and that I last saw h alive on April 16 1940.

Immediate cause of death: Generalized metastasis

Due to

Due to

Other Conditions Terminal bronchopneumonia

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

Duration (Interval between onset and death)
3 days.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 4-20-40.

VS 3

5563

F 68611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-C Registered No. F 68611

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 220 S. Bethel Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nelson Shelton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-27-1897

8. AGE: Years 42 | Months 7 | Days 17 | If less than one day hr. min.

9. Birthplace N.C.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Henry Shelton
13. Birthplace Winston-Salem, N.C.

MOTHER
14. Maiden Name Martha Whitmire
15. Birthplace High Point, N.C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory UNIVERSITY MEDICAL SCHOOL APR 21 1940
Location

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

APR 22 1940 (b)
(Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1940, at 7:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1940 to April 14 1940, and that I last saw h[illegible] alive on April 14 1940.

Immediate cause of death: Cerebral hemorrhage — Duration: 20 hours

Due to:

Due to:

Other Conditions: Cerebrospinal Syphilis — unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Hutchinson M. D.
Address Balto City Hosp Date signed 4-20-40

VS 3

5564

F 68612

OK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-a

22047 Registered No. F 68612

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1930

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 656 W. George St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Walker

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	widowed

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-27-1879

8. AGE: Years	Months	Days	If less than one day
60	11	11	hr. min.

9. Birthplace Texas (Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business

FATHER
12. Name Elijah Walker
13. Birthplace Texas

MOTHER
14. Maiden Name Marie Tucker
15. Birthplace Texas

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

UNIVERSITY MEDICAL SCHOOL APR 21 1940
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 APR 22 1940 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1940, at 10:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1937, to April 8 1940, and that I last saw h[illegible] alive on April 8 1940.

Immediate cause of death	Duration
Cardiac failure	
Due to Hypertensive cardiovascular disease	unknown.
Due to	
Other Conditions Tabes dorsalis	unknown.

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Neuwahe[illegible]
Address Balto City Hosp. M. D. Date signed 4-11-40

VS 3

5565

68613 54648--FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-E

F 68613 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 Orleans St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Parsh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married-separated

6 (b) Name of husband or wife Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-1-1874

8. AGE: Years	Months	Days	If less than one day
66	0	19 20	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation barber
11. Industry or business

FATHER
12. Name George
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Wright
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (b) Date thereof 4 25 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Brooklyn, Md.

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

APR 22 1940
(Date received by Registrar)

(b) Hunter for Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1940, at 7:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1940, to April 21 1940, and that I last saw h alive on April 21 1940.

Immediate cause of death Syphilitic Heart Disease — Duration (mo., day, or hr.)

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. McVaughey Lee M. D.
Address Balto City Hosp. Date signed 4-21-40

F 377921
F 68614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-E

Registered No. F 68614

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Wicomico
(c) City or town Salisbury
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? yrs.

3 (a) FULL NAME Annie Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Married

6 (b) Name of husband or wife Roy

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) 8-25-93

8. AGE: Years	Months	Days	If less than one day
46	7	26	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Jimmie Hall
13. Birthplace Md

MOTHER
14. Maiden Name Leah Ellen Taylor
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/40 (month) (day) (year)
(c) Cemetery or crematory Mardela Cem.
Location Mardela, Md.

18 (a) Funeral director Mrs. C. Messick Kane
(b) Address Mardela Springs, Md.

19 (a) APR 22 1940 (b) Huntington Williams, M.D.
(Delivered by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH APR. 21 1940, at 7:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from APR 2 1940, to APR 21 1940, and that I last saw her alive on APR 21 1940.

Immediate cause of death	Duration
(a) ? following op. on 4/12/40	8 days
Due to	
Due to	over
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John H. Ridley M. D.
Address J. H. Hosp Date signed 4/21/40

F 68615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 68615

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 213 E. Cross Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 213 E. Cross Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Raymond J. Hymon

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 14 - 1939

8. AGE: Years	Months	Days	If less than one day
	6	6	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Thomas M. Hymon
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Henrietta Waters
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Henrietta Hymon
(b) Address 213 E. Cross St.

17 (a) Burial (b) Date thereof 4/23/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cedar Hill
Location A. A. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 E. Lombard St.

19 (a) APR 22 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 20 - 1940, at 10:45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Malden M.D.
Medical Examiner.
Date signed 4 - 20 - 40

F 68646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 68616

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 55 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town RAYNOR Hgts
(If outside city or town limits, write RURAL and give town)
(d) Street No. HAMMONDS FERRY Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SARAH JORY

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
N	NONE	Female	White	MARRIED

6 (b) Name of husband or wife WILLIAM
6 (c) If alive, give age 65 years
7. Birth date of deceased (mo., day, yr.) 8-14-84

8. AGE: Years	Months	Days	If less than one day
55	8	6	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name GEORGE GROSSMAN
13. Birthplace GERMANY

MOTHER
14. Maiden Name ANNA WALTON
15. Birthplace Md

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/40 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge Cem
Location

18 (a) Funeral director
(b) Address

19 (a) APR 22 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH APR 20 1940, at 8:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from APR 19 1940, to APR 20 1940, and that I last saw her alive on APR 20 1940.

Immediate cause of death: Agranulocytic angina — Duration: 6 days
Due to: Ingestion of amidopyrine
Due to:
Other Conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: Confirmatory

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. B. Magruder Jr M. D.
Address Date signed

F 68617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. F 68617

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 709 N. Milton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 709 N. Milton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W. Jones

3 (b) If veteran, name war: W

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of ~~husband~~ wife: Estelle Jones

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 26 1862

8. AGE: Years 77 | Months 3 | Days 25 | If less than one day: hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Carpenter

12. Name Myer Jones

13. Birthplace Md

14. Maiden Name

15. Birthplace

16 (a) Informant Minnie Rohmen

(b) Address 709 N. Milton Ave

17 (a) Burial (b) Date thereof 4/24/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cedar Hill
Location Annearundel Co Md

18 (a) Funeral director Mc[illegible]

(b) Address 129 [illegible]

APR 22 1940 (c) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21st 1940, at 3:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1940, to April 21 1940, and that I last saw h[illegible] alive on April 21 1940.

Immediate cause of death
Cerebrovascular -
Severe left hemiplegia
Due to Degeneration
Arterio-sclerosis
Due to
Cataracts
Other Conditions Laceration on nose
(Include pregnancy within 3 months of death)

Duration
7 yr.
7 yr.
2 days
7 yr.
3 days

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis F. Klemm M.D.
Address 2623 E. Monument St Date signed 4/24/40

68618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-F ✓ F 68618 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 431 S. Millington Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 76

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 431 S. Millington ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Henry H. Steinacker

3 (b) If veteran, name war No. No.....
3 (c) Social Security Account No. No.....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary M. Steinacker
6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) May. 8. 1864

8. AGE: Years	Months	Days	If less than one day
75	11	11	..... hr. ..... min.

9. Birthplace Baltimore City (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Frederick C. Steinacker
13. Birthplace Germany

MOTHER
14. Maiden Name Agnes Toomey
15. Birthplace Baltimore, City

16 (a) Informant Mrs. Mary M. Steinacker
(b) Address 431 S. Millington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director C. B. Wisbert & Son
(b) Address 1400 Eutaw Place
(c) Filed (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19, 1940, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 24 Mar 1940 to 19 Apr 1940, and that I last saw him alive on 19 Apr 1940.

Immediate cause of death Carcinoma; Duration
Due to Of the Spleen? Duration
Due to Intestinal obstruction Duration
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Steinacker M. D.
Address 2565 Frederick Ave Date signed 20/4/40

VS 5c 10-40

Dr. Vance Hooper

F 68619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-C

Registered No. F 68619

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1040 N. Walke st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1040 N. Walke st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Hill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single (married) widowed, or divorced.

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1885

8. AGE: Years 55 | Months 3 | Days 7 | If less than one day hr. min.

9. Birthplace Somerset Co., Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Levin Horsey

13. Birthplace Somerset Co Md

MOTHER 14. Maiden Name Jane ?

15. Birthplace unknown

16 (a) Informant Mrs Irene Horsey

(b) Address 1942 N. 22nd St, Phila Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/1940 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cemetery

Location Pt Norris, Md

18 (a) Funeral director Mrs Ida Bailey

(b) Address 1421 Jefferson St

APR 22 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1940, at 8:54 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to h... death on the day stated above.

Immediate cause of death Cardiovascular renal disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Vandegrift M.D. Medical Examiner.

Date signed 4/20/40

VS 6

68620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 68620

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 23rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days.
(e) Length of stay in Baltimore (yrs., mos., or days) [illegible]

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. R. F. D. #6, Lutyn Hill Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clementine N. Adams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	

6 (b) Name of husband or wife. John M. Adams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18, 1872

8. AGE: Years	Months	Days	If less than one day
67	9	4	hr. min.

9. Birthplace Winchester, Va.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Samuel Warfield
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Hood Owens
15. Birthplace Maryland

16 (a) Informant Mr John M. Adams Jr.
(b) Address R F D 6 - Towson Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-40 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Baltimore, Md.

18 (a) Funeral director Jos. J. Didden & Son
(b) Address North & Pennsylvania Ave, Baltimore, Md.

19 (a) (Inscribed by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1940 at 1 37 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1940 to Apr 22 1940 and that I last saw h[illegible] alive on Apr 22 1940.

Immediate cause of death: Cardiac failure — Duration: 3 wks.

Due to Arterio sclerotic Heart disease & hypertension — Duration: many years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. F. Pearce M. D.
Address Union Mem. Hosp. Date signed 4/22

Grave #3

F 68621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. F 68621

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Found in harbor foot of Standard Oil pier, Clinton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. County:
(c) City or town: (If outside city or town limits, write RURAL and give town)
(d) [illegible] No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SVERRE JAHSEN (?)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 40? | Months | Days | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant: Unknown
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory: PUBLIC CEMETERY
Location: APR 22 1940

18 (a) Funeral director: Commissioner of Health
(b) Address: Per H. A. Mohr

19 APR 22 1940 Huntington Williams, M.D.
Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8, 1940, at 4:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said autopsy (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death: drowning — Duration: Unk.

Due to:

Due to:

Other Conditions: none

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: probably accident
(b) Date of occurrence: Unknown (1-2 wks ago)
(c) Where did injury occur? harbor, ft of Clinton St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury: drowning — unknown

23. Signature: H. Z. Wallbaum Jr. M.D. Medical Examiner.

Date signed: 4-9-40

68622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 128

F 68622

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address BROADWAY & DAINHOUNT
(c) Hospital or institution:
CHURCH HOME & INFIRMARY
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3910 E. PRATT ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** MRS. IDA FISHER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife CHARLES FISHER
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) OCT. 30, 1874

8. AGE: Years	Months	Days	If less than one day
65	5	20	hr. min.

9. Birthplace BALTIMORE, MD
(Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business OWN HOME

MOTHER'S MAIDEN NAME
12. Name JAMES ENSOR
13. Birthplace MD
14. Maiden Name ESTHER COLE
15. Birthplace MD.

16 (a) Informant MR. PARRISH
(b) Address 3602 ROBERTS PLACE

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Apr. 23, 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Parkville, Md.

18 (a) Funeral director John Ulysses
(b) Address 2008 Orleans St.

PR (Signature of registrar) (b) Walter Williams M.D. Registrar
VS 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 20 1940, at 2.40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from APRIL 11 1940, to APRIL 20 1940, and that I last saw HER alive on APRIL 19 1940.

Immediate cause of death	Duration
POST-OPERATIVE SHOCK	24 HRS.
Due to ACUTE PANCREATITIS ?	24 HRS.
Due to DUODENAL obstruction, PARALYTIC ?	-
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations NONE
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isabella Harrison M. D.
Address Church Home & Infirmary Date signed 4-20-40

68623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-3 F 68623 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 2809 Pinewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Helen M. Percival

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Jake C. Percival

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/28/00

8. AGE: Years 39 | Months 8 | Days 23 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name Jesse O. Carter
13. Birthplace Md

MOTHER
14. Maiden Name Evelyn Shriver
15. Birthplace Md

16. (a) Informant Jake Creighton Percival
(b) Address 2809 Pinewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-40 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location
(a) Funeral director Leonard J. Lupfer
(b) Address 5305 Harford Rd

19 (a) 4/24/40 (Date received by registrar) (b) Huntington Williams Hyatt

VS 3

MEDICAL CERTIFICATION

28. DATE OF DEATH April 21 1940, at 7:47 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-18 1940 to 4-21 1940 and that I last saw her alive on 4-21 1940

Immediate cause of death: Streptococcal Peritonitis following
Due to: Pan-hysterectomy
Due to:
Other Conditions: Sarcoma of uterus
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Peritonitis

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard J. Lebherz
Address St Joseph's Hosp Date signed 4-31-40

F 68624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-a

F 68624 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver
(c) Hospital or institution: St Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 739 - Dover St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Grant X

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-25-1891

8. AGE: Years	Months	Days	If less than one day
48 49	9	25	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Helper on Truck
11. Industry or business

FATHER
12. Name Samuel Grant
13. Birthplace Va.

MOTHER
14. Maiden Name Emilie Derrick
15. Birthplace Va.

16 (a) Informant Mrs. Bertha Keene Sister
(b) Address 531 Asquith St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Mt. Winans Md.

18 (a) Funeral director Elroy O. Wilson
(b) Address 1909 Brantley Huntington Williams Apts.

APR 23 1940 (Local Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-20 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-16 1940 to 4-17 1940 and that I last saw h/his alive on 4-17 1940

Immediate cause of death
Ca of esophagus & metastasis to
Due to the neck
Hypostatic
Due to Congestion
General Arteriosclerosis &
Other Conditions Cardiac hypertrophy
Syphilis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Ca & metastasis

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Fellmann M. D.
Address St. Joseph's Hosp. Date signed 4-18-40

VS 3

F 68625

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68625

CERTIFICATE OF DEATH V 33-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 Fessier St. 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theresa Adams

If U. S. Veteran specify WAR .....

(a) Residence: No. 811 Fessier St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Benj. Adams

6. DATE OF BIRTH (month, day, year): March 6/73

7. AGE: Years 67 | Months 1 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Benj. Johnson

14. BIRTHPLACE (city or town) (State or country): unk.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Rosetta Johnson

(Address) 811 Fessier St.

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: April 23rd 1940

19. UNDERTAKER: Elroy O'Waken

(Address) 1000 Brantley Ave

FILED APR 23 1940 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 20th 1940

22. I HEREBY CERTIFY, That I attended deceased from 4/17/40 to 4/20/40

I last saw her alive on 4/30/40 Death is said to have occurred on the date stated above at 5:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	4/17/40
Due Bronchitis and Influenza	4/13/40

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) J. Gourley M. D.

(Address) 519 N. Caroline St.

F 68626

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-W F 68626
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 311 E. West St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 77 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 311 E. West St
(If rural give location)
(e) If foreign born, how long in U. S. A.) 77 yrs years

3 (a) FULL NAME Mary A. O'Neil

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Henry O'Neil

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30-1862

8. AGE: Years 78 | Months 0 | Days 22 21 | If less than one day hr. min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James O'Brien
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Margaret A. O'Neil
(b) Address 311 E. West St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 24-40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem
Location A. A. County Md

18 (a) Funeral director Pott & B. M. Halter
(b) Address Pott & Shirley Sts

APR 23 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1940, at 3:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/12/40 19 to 4/21 1940, and that I last saw h alive on 4/20 19 40

Immediate cause of death Hypertensive Cardio Vascular renal disease (Heart failure)

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Rubin M. D.
Address 203 Batapsco Ave Date signed

VS 3

68627

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

89-a F 68627
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo - 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Norris Lane
(If rural give location)
Catonsville.
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Betty Lou Carter

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F.

5. Color or race b

6 (a) Single, married, widowed, or divorced. child

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 4th 1936

8. AGE: Years 3 | Months 10 | Days 16 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER
12. Name Elwyn carter
13. Birthplace Md

MOTHER
14. Maiden Name Annie Lee Bell
15. Birthplace Wilson Co. N. C.

16 (a) Informant Annie Lee Carter
(b) Address 1509 E Chase St.

17 (a) Burial (b) Date thereof 4-24-1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location Brooklyn a. e. Col Md

18 (a) Funeral director Byrne & Jamison F. Knight
(b) Address 1218 Mc Elderry St.

19 (a) 10 Thos. Talbot Williams, M.D.
(Signature of registrar) Registrar
(Date rec'd by registrar)

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-20- 1940 at 11.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-31-1940 to 4-20-1940 and that I last saw her alive on 4-20-1940.

Immediate cause of death Chr Bronchitis (Suppurative)
Due to Otitis Media (Bilateral)
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Gross & clinical.

Duration
Few 2 months
9 wks.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. T. Maloney M. D.
Address Provident Hospital Date signed 4/23/40

F 68628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 a

F 68628 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1742 Llewelyn Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1742 Llewelyn Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest H Oban

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Hilda Mae Hoban
6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) Dec. 16th 1884

8. AGE: Years	Months	Days	If less than one day
55	4	10	hr. min.

9. Birthplace Washington D. C.
(Town, county, and state)
10. Usual Occupation Printer
11. Industry or business Job Printing

FATHER
12. Name William H. Hoban
13. Birthplace Westmoreland Co. Va

MOTHER
14. Maiden Name Sarah E Carter
15. Birthplace King George Co. Va

16 (a) Informant Hilda Mae Hoban
(b) Address 1742 Llewelyn Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-194 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location Brooklyn P. O. Balto. Md.

18 (a) Funeral director Bayworth & Knight
(b) Address 218 N. Eutaw St

R 23 1940 (Date filed by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1940, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1940 to April 20 1940, and that I last saw h alive on April 20 1940.

Immediate cause of death
Acute Cardiac Apoplexy
Due to —
Due to —
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy —

Duration
April
to
40

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo S Carr M. D.
Address 53 W Saratoga St Date signed 4-22-40

VE 8

Ailor

68629 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 68629

CERTIFICATE OF DEATH ✓ 172-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 Harlem Ave St. 16-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edward Ailor

If U. S. Veteran specify WAR

(a) Residence: No. 1410 Harlem Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .

6. DATE OF BIRTH (month, day, year) Aug 15/85

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1919

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Rose Taylor

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Nancy Ailor
(Address) 1410 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Relay Cemetery Apl 23 1940

19. UNDERTAKER Charles L. Glendenning
(Address) 2104 E Baltimore St

20. FILED APR 23 1940 19 Thos. J. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1940 to April 20 1940

I last saw him alive on April 20, 1940 Death is said to have occurred on the date stated above, at 2:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	3/4/40
Other contributory causes of importance:	
Intestinal Adhesions	

Was an operation performed? Yes Date of Feb 14 1940

For what disease or injury? Obstruction

Name of operation Celiotomy

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard Kelly Jr. M. D.

(Address) 1303 Madison Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

68630 F 7820 CERTIFICATE OF DEATH F 68630

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 5-1 Ward) Registered No. 107

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Margaret Amelia West ☐ U. S. Veteran specify WAR ...

(a) Residence: No. 1450 Parrish St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 18th 1940

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Clarence West

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Diggs

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Clarence West
(Address) 1450 N Parish St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 4/24 1940

19. UNDERTAKER Thos. E. Kelly
(Address) 1303 Riegelman

20. FILED ... 19... Thomas J. Llewellyn Registrar

APR 23 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21st, 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar. 18th, 1940, to April 21st, 1940

I last saw her alive on April 21st, 1940 Death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Confluent Broncho Pneumonia Rt	
Multiple pulmonary Abscesses	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. King B. E. Seegar, Jr. M. D.
(Address) University Hospital

F 68631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 68631 Registered No. 3698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1116 N. Carey St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 N. Carey St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16 V

3 (a) FULL NAME Richard Emory Evans

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Mrs Melma Evans
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Feb 12, 1884

8. AGE: Years	Months	Days	If less than one day
56	2	9	hr. min.

9. Birthplace Howard Co. Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Unemployed

FATHER
12. Name John Evans
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Maryland

16 (a) Informant Leonard Evans
(b) Address 613 Barre St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thos. E. Kelson
(b) Address 1303 Presstman

19 (a) Date received by registrar Apr 23 1940 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 — 21 — 1940, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4 — 8 — 1940, to 4-21 — 1940 and that I last saw him alive on 4 — 20 — 1940.

Immediate cause of death	Duration
Angina Pectoris	unknown
myocarditis	
Due to arteriosclerosis	unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 1029 N. Stricker St. Date signed 4-22-40

F 68632

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1170-C F 68632

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eastern Ave at Pulaski St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street 1924 Eutaw St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Banks

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years	Months	Days	If less than one day
38.			hr. min.

9. Birthplace Lunksford Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name George Banks Sr
13. Birthplace Va

MOTHER
14. Maiden Name Lucy Fisher
15. Birthplace Va

16 (a) Informant Obelia Smith
(b) Address 530 Robert St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-24-40 (month) (day) (year)
(c) Cemetery or crematory Lincoln Park Va
Location Frederick Rd

18 (a) Funeral director Jesse W. Riddle
(b) Address 434 W. Biddle St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

5a

20. DATE OF DEATH April 20 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Crushing injury of chest
Rupture of heart
Due to Struck by Automobile

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/20/40
(c) Where did injury occur? 5 Block North Ave & E of Pulaski (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Struck by Auto, White Chevrolet

23. Signature [illegible] Medical Examiner. M.D.
Date signed 4/21/40

APR 23 1940

8633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F 285 Herbert Rd

F 68633

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611-E-29th St. 9-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME John Schuchlein

(a) Residence: No. 1611-E-29th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Gaylon

6. DATE OF BIRTH (month, day, year): Sept 17th 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Packing House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired - 6 yrs

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md

FATHER

13. NAME: Do not Know

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Do not Know

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs Mary Schuchlein 1611-E-29th St

18. BURIAL, CREMATION, OR REMOVAL. Place: Garlan Date: 4/24/40

19. UNDERTAKER (Address): Geo. Weber & Son 3503 Edmondson Ave

20. FILED: Huntington Williams M.D.

APR 23 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 22nd 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 6th 1939 to April 22 1940

I last saw him alive on April 21 1940. Death is said to have occurred on the date stated above, at 7.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Liver	Jan 1939
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, when? —

(Signed) Geo. Schumerman M.D.

(Address) 9358 Garland Rd

F 68634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68634 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 30 North Bullwood
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 30 North Bullwood (If rural give location)
(e) If foreign born, how long in U. S. A.? years

70 W

3 (a) FULL NAME LOUIS ERMOLD

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: m | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: m.

6 (b) Name of husband or wife: Agusta C Ermold
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Sept 17, 1865

8. AGE: Years 74 | Months 7 | Days 4 | If less than one day: hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Pattern Maker
11. Industry or business

FATHER
12. Name John C Ermold
13. Birthplace Germany

MOTHER
14. Maiden Name Maria Meyer
15. Birthplace Germany

16 (a) Informant Wife Agusta C Ermold
(b) Address above

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 24. 1940 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto City

18 (a) Funeral director Mr & Mrs. John N. Penfelton
(b) Address 801 W. Fayette St

19 (a) 23 1940 (Date received by registrar) (b) Thomas J. Williams M.D. (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1940, at 9 25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration: mths

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmaier M.D. Medical Examiner.
Date signed 4-21-40

8635 F 68635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 36-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 14 N. Pulaski Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Calvin DISMUKE

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anne DeMarco
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8, 1889

8. AGE: Years	Months	Days	If less than one day
51	1	12	hr. min.

9. Birthplace Scottsburg, Virginia
(Town, county, and state)
10. Usual Occupation ENGINEER-SS MARGARET
11. Industry or business Seafaring

12. Name Charles Henry Dismuke,
13. Birthplace Scottsburg, Va.

14. Maiden Name Lydia Moon,
15. Birthplace Scottsburg, Va.

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/40 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden
18 Funeral director A. Perry Slade
(b) Address 4907 York Road
19 (a) (Date received by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20, 1940, at 8:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 17, 1940, to April 20, 1940, and that I last saw h alive on 19.

Immediate cause of death Cardiac dilatation — Duration: Unknown

Due to Aortic regurgitation — Duration: Unknown

Due to Luetic aortitis — Duration: Unknown

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. M. Ik a dern M. D.
Address U.S. Marine Hospital Baltimore, Maryland. Date signed 4/22/40

F 68636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

F 68636 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address VM Hosp.
(c) Hospital or institution: 33 & Calvert
(d) Length of stay in hospital or inst. (~~yrs., mos.,~~ or days) 10
(e) Length of stay in Baltimore (~~yrs., mos.,~~ or days) 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or town Winchester (If outside city or town limits, write RURAL and give town)
(d) Street No. 122 Boyton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clark M. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
M	W	Married

6 (b) Name of husband or wife Mrs Katherine Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4, 1875

8. AGE: Years	Months	Days	If less than one day
64	11	19	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Clerk of court —
11. Industry or business

FATHER
12. Name James A Smith
13. Birthplace Va

MOTHER
14. Maiden Name Mary Evans
15. Birthplace Va

16 (a) Informant Hospital Record.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Hebron
Location Winchester, Va.

18 (a) Funeral director Bernard C. Harlow
(b) Address 121 E. Weat St
(b) Huntington, Williamson W. Va.

19 (a) Date received (Registrar) APR 23 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/23 1940, at 5 00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/13 1940, to 4/23 1940 and that I last saw h~~er~~ alive on 4/23 1940.

Immediate cause of death Peripheral Circulatory collapse. — Duration 48 hr.

Due to Suprapubic prostatectomy — 96 hr.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hammond Bryan M. D.
Address Winch. Memorial Date signed 9/24/40

68637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77-9

Registered No. F 68637

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Found in bed 107 Union Stock Yards
(b) Street address
(c) Hospital or institution: Franklyn Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 212 S. Carey St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM [redacted] AYDLETT

3 (b) If veteran, name war — —

3 (c) Social Security Account No. 215-01-8940

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 20 1907

8. AGE: Years	Months	Days	If less than one day
32	9	2	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Iron Moulder

11. Industry or business Bartlett Hayward Co

FATHER
12. Name Julian Aydlett
13. Birthplace N. C.

MOTHER
14. Maiden Name Mattie Riggs
15. Birthplace N. C.

16 (a) Informant Mrs Mattie Cline
(b) Address 129 E. Cross St

17 (a) Removal (b) Date thereof 4/23/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or Crematory Riverside Memorial Park
Location Berkley Va.

18 (a) Funeral director William Cook
(b) Address 127 S. Paul St

19 (a) APR 23 1940 (b) Huntington Williams
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1940, at 9a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Chronic alcoholism (wood alcohol)

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23 Signature H. E. Wallenmeyer M.D.
Medical Examiner.

Date signed 4-22-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68638

CERTIFICATE OF DEATH

93-D F 68638

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2824 E. Baltimore St. 1-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME MARY C. KOPP

If U. S. Veteran specify WAR

(a) Residence: No. 2824 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Kopp

6. DATE OF BIRTH (month, day, year) July 31.1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	8 9	19 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Mahr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Arthur F. Reinheimer

(Address) Bruton Rd. Towson Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Apr. 23. 1940

19. UNDERTAKER HENRY SANDER & SONS. INC. Leo J. Sander.

(Address) Baltimore & Bronxville, N.Y.

20. APR 23 1940 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 20. 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar. 15-40 19... to April 20-40 19...

I last saw h. alive on April 20-40 19... Death is said to have occurred on the date stated above, at 2.15P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	1938
Other contributory causes of importance:	
none	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. H. Herrman M. D.

(Address) 7913 E. Balto St.

(J. Calvin.)

F 68639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 68639 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3003 Hanwick Road.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3003 Hanwick Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John C. Ebaugh.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower.

6 (b) Name of husband or wife Married. 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2, 1869

8. AGE: Years	Months	Days	If less than one day
70	7	19	hr. min.

9. Birthplace Carroll Co. Md. (Town, county, and state)
10. Usual Occupation Carpenter.
11. Industry or Business

12. Name John T. Ebaugh.
13. Birthplace Carroll Co. Md.

14. Maiden Name Caroline Burns.
15. Birthplace Carroll Co. md.

16 (a) Informant Lysanda C. Krebs.
(b) Address 3003 Hanwick Road

17 (a) Burial (b) Date thereof April 24, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Manchester
Location Carroll Co. Md.

18 (a) Funeral director Bankert & Donovan
(b) Address 2405-17 Eastern Ave

APR 23 1940
(Date rec'd by registrar)

(b) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1940. at 2.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1939 to April 21 1940. and that I last saw h[illegible] alive on April 20 1940.

Immediate cause of death Carcinoma of STOMACH — Duration From 12-5-39

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur J. Davies. M. D.
Address 800 W 33rd Date signed 4-21-40

VS 3

F 68640

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1937

F 68640 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert Sts
(c) Hospital or institution: Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 dys
(e) Length of stay in Baltimore (yrs., mos., or days) 68 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
Street No. 3517 Greenmount Ave
(If rural give location)
(d) If foreign born, how long in U. S. A.? 6 years

3 (a) FULL NAME Joshua Buckmaster — J. Joshua Buckmaster

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-10-0813

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Amelia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 5. 1872

8. AGE: Years 65 | Months 1 | Days 17 | If less than one day — hr. — min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Balto Transit Co

11. Industry or business Street Railways

FATHER
12. Name Joshua Buckmaster
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Rachel Brown
15. Birthplace Baltimore Maryland

16 (a) Informant Mrs Amelia Buckmaster
(b) Address 3512 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24-40 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore City

18 (a) Funeral director F. B. Wisbert & Son
(b) Address 1100 Eutaw Place

APR 23 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/22/40 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/21/40 19 , to 4/22/40 19 , and that I last saw h alive on 4/21/40 19 .

Immediate cause of death Cardiac decompensation — Duration 40 days

Due to Arteriosclerosis, cardiac vascular disease — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hubert F. Mannon M. D.
Address Mercy Hosp Date signed 4/23/40

68641

F 68641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1917 Fleet Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1917 Fleet Street
(If rural give location)
2-3
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Pauline Rykaczewska

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Cornelius
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Poland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Kryszkowicz
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Mrs. Isabelle Janocha
(b) Address 1917 Fleet Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24, 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location German Hill Road
(d) Funeral director M. J. Zaglowski & Sons
(e) Address 1808 Eastern Ave.

APR 23 1940

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1940, at 3:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 27 1940 to April 20 1940 and that I last saw h[illegible] alive on April 20 1940.

Immediate cause of death HYPERTENSIVE, ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE — Duration Sept. 1937

Due to

Due to

Other Conditions CEREBRAL HEMORRHAGE — SEPT. 1937

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jeff D. Wenger M. D.
Address 209 S. Chester St Date signed 4/22/40

VS 3

F 68642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 68642

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Lexington Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3015 Wylie Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Kidd

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 4, 1872

8. AGE: Years	Months	Days	If less than one day
67 68	5 21		hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Charles H. Kidd
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Eliza M. Hooks
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Howard Kidd
(b) Address 3219 Windsor Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 25, 40 (month) (day) (year)
(c) Cemetery or crematory St. Vincents
Location Clifton Park.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Aves

APR 23 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1940, at 12 25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1940 to April 22 1940, and that I last saw h[illegible] alive on April 22 1940.

Immediate cause of death Myocardial Failure

Due to Hypertension & Arteriosclerotic Heart Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Mercy Hospital Date signed 4/22/40 M. D.

VS 3

F 68643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 68643 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 604 N Pulaski St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 604 N Pulaski St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara Miller Mattoon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Charles A. Mattoon

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) April 21-1874

8. AGE: Years 66 | Months 0 | Days 0 | If less than one day: hr. min.

9. Birthplace Frederick Co Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name John Shawen

13. Birthplace Maryland

14. Maiden Name Unknown

15. Birthplace Maryland

16 (a) Informant Mrs Cuitt Shepard

(b) Address 117 S Catherine St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 24-1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

(a) Funeral director J H Justice & Bro Inc

(b) Address

APR 23 1940 Date received by registrar

Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1936 to April 21 1940, and that I last saw h[illegible] alive on April 21 1936.

Immediate cause of death	Duration
Coronary Thrombosis	—
Due to Hypertension & Arteriosclerotic Heart Disease	?
Due to Resulted Arteriosclerosis	?
Other Conditions Created Hypertension	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert J Shuster M. D.

Address 2302 Edmondson Ave Date signed 4/22/40

VS 2

F 68644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 158

Registered No. E 68644

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 426 S Chapel St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME RICHARD NEYESKI (MAYESKI)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11 1939

8. AGE: Years	Months	Days	If less than one day
	7	14	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Alexander Mayeski
13. Birthplace Biloxi Mississippi

MOTHER 14. Maiden Name Frances Macak
15. Birthplace Louisville Ky.

16 (a) Informant Alexander Mayeski
(b) Address 426 S. Chapel St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23-40 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Baltimore

18 (a) Funeral director Fred W Gaszewski
(b) Address 1930 Eastern Ave

19 (a) — (b) — Registrar

APR 23 1940

VS 6

Transcript for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 22 - 1940, at 12:20 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry + autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry + autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: malnutrition — Duration

Due to: insufficient nourishment

Due to: (Tuberculosis)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy an abstract

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Wollenweber M.D.
Medical Examiner.
Date signed 4-24-40

F 68645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 68645 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1911 Gough St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wk
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1911 Gough St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Gaca

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Felix Gaca
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1881

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace: Poland (Town, county, and state)
10. Usual Occupation: House work
11. Industry or business: at Home

12. Name: John Mlynarek
13. Birthplace: Poland

14. Maiden Name: Unk
15. Birthplace: Poland

16 (a) Informant: Frank Dzwonkowski
(b) Address: 1911 Gough St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24 40 (month) (day) (year)
(c) Cemetery or crematory: St Stanislaus
Location: Baltimore

18 (a) Funeral director: Fred W. Gragunski
(b) Address: 1930 Eastern Ave.

APR 23 1940 (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1940, at 11.a M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1939 to April 20 1940 and that I last saw h[illegible] alive on April 20 1940.

Immediate cause of death: Dilatation of Heart — Duration:
Due to: Chronic myocarditis
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature H. J. Jankowski M. D.
Address 119 Midtown Date signed 4/22/40

Karavidas

68646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91a

Registered No. F 68646

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Eaton Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 138 S. Fulton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Geo. Karavidas

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2 1917

8. AGE: Years	Months	Days	If less than one day
22	9	18	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Soft Drink Business owner

11. Industry or business

12. Name Kenzie

13. Birthplace Greece

14. Maiden Name Viola Teggara

15. Birthplace Greece

(a) Informant Dennis Karavidas

(b) Address 13 S Fulton Ave

(a) Burial (Burial, cremation, or removal) (b) Date thereof April 23-40 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn Md

(a) Funeral director Albert W Turnage

(b) Address 440 E North Ave

PD 23 1940 (Registered by Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-20 1940, at 1:20 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/14 1940, to 4/20 1940, and that I last saw h(im) alive on 4/20 1940.

Immediate cause of death Septicemia

Due to Acute bacterial endocarditis (staph. aureus)

Due to Rheumatic endocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles N. Levay M. D.

Address St Agnes Hospital Date signed 4-20-40

VS 3

CGK

54342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68647 58 E Registered No. F 68647

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 5
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1703 N. Brentwood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillian Hunt

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Richard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-11-1899

8. AGE: Years	Months	Days	If less than one day
40	6	9	hr. min.

9. Birthplace Va.
10. Usual Occupation H.W. (Town, county, and state)
11. Industry or business

12. Name Thomas Cook
13. Birthplace Va.
14. Maiden Name Betty Cook
15. Birthplace Va.

(a) Informant B.C.H. records
(b) Address

(a) Burial (Burial, cremation, or removal) (b) Date thereof April 20, 1940 (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest
Location Towson, Baltimore County
(a) Funeral director Joseph A. Grisby
(b) Address 419 N. Mount Street

APR 23 1940 (Date rec'd by registrar)
(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1940, at 12:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1940, to April 20 1940, and that I last saw h[illegible] alive on April 20 1940.

Immediate cause of death Acute Rheumatic Fever

Duration 3 weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 4-21-40

VS 3

F 68648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

F 68648 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 821 N. Brice St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-4
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 821 N. Brice St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Warren Jones Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-0440

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 3 - 1917

8. AGE: Years	Months	Days	If less than one day
22	7	19	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Laundry Checker
11. Industry or business Arrow Laundry

12. Name George Warren Jones Sr.
13. Birthplace Balto. Md.
14. Maiden Name Grace W. E Baugh
15. Birthplace Baltimore, Maryland

16 (a) Informant Grace W. Jones
(b) Address 821 N. Brice St.

17 (a) Burial (b) Date thereof April 25-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto. Md.

18 (a) Funeral director Manie Coale Sykes
(b) Address 1605 W. North Ave
(a) Baltimore Md
(Date) APR 23 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1940. 10.30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939. to April 22 1940. and that I last saw him alive on April 22 1940.

Immediate cause of death: Pulmonary Tuberculosis — Duration 7

Due to

Due to

Other Conditions Diabetes Mellitus — 7

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis T. Lowy M. D.
Address 1844 W. North Ave Date signed 4/23/40

VS 3

68649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a ✓

Registered No. F 68649

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1230 Mc Culloh St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) 20yo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1230 McCulloh St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charlotte A. Whiting

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	Widowed

6 (b) Name of husband or wife William Whiting
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 2, 1869

8. AGE: Years	Months	Days	If less than one day
70	7	18	hr. min.

9. Birthplace Chestertown Md
(Town, county, and state)

10. Usual Occupation Nurses wife

11. Industry or business

FATHER
12. Name John Boyer
13. Birthplace Chestertown Md

MOTHER
14. Maiden Name Matilda ?
15. Birthplace Chestertown Md

16 (a) Informant Gladys Hastings (Grand daughter)
(b) Address 1230 Mc Culloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto Md

18 (a) Funeral director Mrs. Ges H. Holland
(b) Address 426 Druid Hill Ave

APR 23 1940
(Date rec'd by registrar)
Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1940, at 7:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19 40 to April 20 1940, and that I last saw her alive on April 19 1940.

Immediate cause of death	Duration
Cerebral Hemmorrhage	4 hours
Due to Hypertension (Arteriosclerosis)	
Due to	
Other Conditions Chronic Nephritis Chronic Myocarditis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, in industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. J. Young M. D.
Address 1424 E Monument St Date signed 4/21/40

VS 3

F 68650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. F 68650

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Light St.
(c) Hospital or institution: So. Balt. Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Marshall (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herman H. Colein

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-7777

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
Abt. 61			hr. min.

9. Birthplace Baltimore Md. (Town, county and state)

10. Usual Occupation Metal Worker (Retired)

11. Industry or business

12. Name William Colein

13. Birthplace Baltimore Md.

14. Maiden Name Mary H. Baumgartner

15. Birthplace Baltimore Md.

16 (a) Informant Edward J. Baumgartner

(b) Address 715 Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/40 (month) (day) (year)

(c) Cemetery or crematory Holy Cross Cem.

Location A A Co. Md.

18 (a) Funeral director Joseph J. Gilbert Sons

(b) Address 1318 Light St.

19 APR 23 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1940 at 5:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1940 to April 21 1940, and that I last saw h[illegible] alive on April 21 1940.

Immediate cause of death	Duration
Pneumococcic Meningitis	?
Due to Pneumococcal Organism	?
Due to	
Other Conditions Lobar Pneumonia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Williams M. D.
Address South Balto Gen. Date signed 4-21-40

VS 3

F 68651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

120-B Registered No. F 68651

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Bay Village
(If outside city or town limits, write RURAL and give town)
(d) Street No. 27103 Russell Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alfred L. Hohlfelder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Grace

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-22-98

8. AGE: Years	Months	Days	If less than one day
42	1	1	hr. min.

9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation Vice Pres.
11. Industry or business Hohlfelder, Inc. Mfg.
12. Name Frederick Hohlfelder
13. Birthplace Ohio
14. Maiden Name Julia Myer
15. Birthplace Ohio
16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 23 40 (month) (day) (year)
(c) Cemetery or crematory Cleveland
Location Ohio
(a) Funeral director John. O Mitchell
(b) Address 900 Eutaw St.

APR 23 1940 (Date rec'd by registrar)

(b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1948, at 8 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 15 1948 to Apr 23 1948, and that I last saw h[illegible] alive on Apr 23 1948.

Immediate cause of death: Peritonitis, Generalized — Duration: 24 Hrs

Due to: Multiple Perforations, Colon

Due to: Ulcerative Colitis

Other Conditions: Cerebral Atrophy
(Include pregnancy within 3 months of death)

Major findings:
Of operation: Cerebral Atrophy Multiple Perforations, Colon
Of autopsy: Ulcerative Colitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wallace R. Gay M. D.

Address Johns Hopkins Hosp. Date signed 4-23-40

VS 3

F 68652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-C Registered No. F 68652

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 657 N. Kenwood ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 78 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 657 N. Kenwood ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine E. Amend

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Widowed

6 (b) Name of husband or wife Matthew Amend
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 15 th 1861

8. AGE: Years	Months	Days	If less than one day
78	6	6	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name John Kerber
13. Birthplace Germany

MOTHER
14. Maiden Name Dont know
15. Birthplace Germany

16 (a) Informant Mrs. Sophia Fink
(b) Address 657 N. Kenwood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 24/1940 (month) (day) (year)
(c) Cemetery or crematory Trinity
Location Baltimore Md.

18 (a) Funeral director John Uffinds
(b) Address Road Elkridge Md

19 (a) [illegible] Washington Williams M.D.
(Date rec'd by registrar) Registrar

APR 23 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 st 1940, at A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/18 1940 to 4/21 1940 and that I last saw h[illegible] alive on 4/20 1940

Immediate cause of death	Duration
Valvular heart disease	4 mos
Due to Rheumatism	
Due to	
Other Conditions Bronchitis	2 weeks

(Include pregnancy within 3 months of death)

Major findings:
Of operations X
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide X
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? X (Specify type of place) While at work? X
(e) Means of injury X

23. Signature J. C. Kearns M.D.
Address 1401 Garrison Blvd Date signed 4/24/1940

VS 8

F 68653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 68653

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3910 Eastern Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town 3918 Eastern (If outside city or town limits, write RURAL and give town)
(d) Street No. Balto (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Ralph Mc Cleary

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Minnie M Bond
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) 2/4/1879

8. AGE: Years 61. | Months 2 | Days 19 | If less than one day ... hr. ... min.

9. Birthplace Hagerstown Md (Town, county, and state)

10. Usual Occupation Examiner

11. Industry or business

12. Name Jacob Mc Cleary,
13. Birthplace Md

14. Maiden Name Florence Thomberg
15. Birthplace Md

16 (a) Informant Mrs Helen E Kiehl
(b) Address 2317 Jefferson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 25, 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Catonsville Md

18 (a) Funeral director John Ulrich
(b) Address 2004 Orleans St

19 (a) ... (b) ...

Apr 23 1940 ... for Registrar

Apr 23 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 23 1940 at 2 45 PM

21. I certify that death occurred on the date above stated, that I attended deceased from 11/7/38 19.. to 4/23 1940 and that I last saw h... alive on 4/20 1940.

Immediate cause of death: Pulmonary tuberculosis — Duration

Due to: ...

Due to: ...

Other Conditions Pulmonary hemorrhage.

(Include pregnancy within 3 months of death)

Major findings:
Of operations ...
Of autopsy ...

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ...
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury ...

23. Signature J. J. McCandlish M. D.
Address 633 N. Eutaw St Date signed 4/23/40

Dr. J. J. McCandlish

F 68654

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108 Registered No. F 68654

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Prince Geo.
(c) City or town Laurel, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 225 Talbot Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Mary A Cuff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day hr.	min.
53				

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business
12. Name Patrick F. Cooney
13. Birthplace Md, Montgomery Co
14. Maiden Name Sarah C. Thompson
15. Birthplace Md.
16 (a) Informant Hospital
(b) Address

(a) (Burial, cremation, or removal) (b) Date thereof 4, 26, 40 (month) (day) (year)
(c) Cemetery or crematory St Mary
Location Laurel Md
(a) Funeral director Floyd Kaiser
(b) Address Laurel Md
(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/22 1940, at 11:52 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-22 1940, to 4-23 1940, and that I last saw h[illegible] alive on 4/23 1940.

Immediate cause of death – Lobar pneumonia - left upper lobe.
Due to: Type 33 pneumococcus
Due to –
Other Conditions Asthma, bronchial. Cardiac hypertensive dis.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Pneumonia - L. lung.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles N. Sevitz M. D.
Address St Agnes H. Date signed

VS 3

68655 F 68655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland.
(b) Street address: 522 Normandy ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 522 Normandy ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Laura C. Hachtel

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Geo. G. Hachtel
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 12-1857

8. AGE: Years	Months	Days	If less than one day
82	6	9	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

12. Name Charles Brandt
13. Birthplace Germany
14. Maiden Name Sophia Berg.
15. Birthplace Germany.

(a) Informant Irene Hachtel
(b) Address 522 Normandy ave

(a) Burial (Burial, cremation, or removal) (b) Date thereof April 24-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md
(a) Funeral director Geo. L. Beyer Jr
(b) Address 1512 Hollins St

APR 24 1940 (Date Received by Registrar) (b) Huntington, West Virginia, U. S. A.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/21/1940, at 7 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1/1940, to 4/21/1940, and that I last saw her alive on 4/21/1940.

Immediate cause of death: Cerebral apoplexy

Due to: Hypertensive cardiovascular disease

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. T. Bathgate M. D.
Address 3921 Edmondson Date signed 4/24/40

VS 3

68656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68656
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or town Walkersville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Amanda Ellen Albaugh

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4 - 1871

8. AGE: Years	Months	Days	If less than one day
68 69	10	19	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER / FATHER
12. Name Abraham Albaugh
13. Birthplace Maryland
14. Maiden Name Agnes Foy
15. Birthplace Maryland

16 (a) Informant George Albaugh
(b) Address 4408 Ashland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 25, 1940 (month) (day) (year)
(c) Cemetery or crematory Union Chapel
Location West Liberty Towne Frd. Co.

18 (a) Funeral director G. L. Borton
(b) Address Walkersville Md.

Received this 24 day of APR 1940 Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1940 at 7 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940 to April 23 1940 and that I last saw her alive on April 23 1940.

Immediate cause of death Bronchopneumonia — Duration 3 days
Due to Post Operative Pulmonary Infection
Due to Carcinoma - Head of Pancreas
Other Conditions

(Include pregnancy within 3 months of death)
Major findings: Of operation Carcinoma - Head of Pancreas
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John T. Schaefer
Address Mercy Hospital Date signed 4/23/40

F 68657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 68657

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Ave
(c) Hospital or institution: Baltimore, Md Md Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5331 Reisterstown Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank H. Eckstine

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 14 - 1937

8. AGE: Years	Months	Days	If less than one day: hr.	min.
2	6	9		

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name Herbert A. Eckstine

13. Birthplace Balto, Md

14. Maiden Name Margaret Dufraisne

15. Birthplace Md

16 (a) Informant Herbert Eckstine

(b) Address 5331 Reisterstown Rd

17 (a) Burial (b) Date thereof 4/25/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Druid Ridge
Location Balt County Md.

(a) Funeral director Wm Cook

(b) Address 1217 St. Paul St

(a) [illegible] (b) [illegible] Registrar

R 24 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23 1940, at 5:47 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-22 1940 to 4-23 1940, and that I last saw HIM alive on 4-23 1940.

Immediate cause of death: Acute Cardiac Dilitation
Due to: Broncho pneumonia - Bilateral
Due to:
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. C. Post M. D.

Address Maryland Gen. Hosp. Date signed 4-23-40

F 68658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 68658 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1724 Patapsco St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1724 Patapsco St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Wesley Conn

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: NONE

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of ~~husband~~ wife: Minnie Conn
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): May 21st 1868

8. AGE: Years	Months	Days	If less than one day
71	11	2	hr. min.

9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual Occupation: Retired
11. Industry or business: Glass Blower
12. Name: John W. Conn
13. Birthplace: Balto. Md.
14. Maiden Name: Unknown
15. Birthplace:
(a) Informant: Minnie Conn
(b) Address: 1724 Patapsco St
(a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/26/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Glen Haven
Location: Annemessex, Md.
(a) Funeral director: Tillman (or)
(b) Address: 1314 Carlisle
(a) 4-24 1940 (b) Livingston Williams, M.D. Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23rd 1940, at 2:26 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20 1940, to 4-23 1940, and that I last saw him alive on 4-22 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	4-20-40
Due to Arteriosclerosis	1935
Due to Hypertension	1488
Other Conditions Myocarditis	1485

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Foley
Address 102 E Fort Ave Date signed 4-23-40

VS 2

68659

COK

54828 F 68659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 20-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 322 S. Smallwood St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charlotte Young

3 (b) If veteran, name war No
3 (c) Social Security Account No. ? None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1877

8. AGE: Years	Months	Days	If less than one day
62	5	11	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Unknown At Home
11. Industry or business Self

12. Name Karl Gaertner
13. Birthplace Balto. (Germany)
14. Maiden Name Johanna Mory
15. Birthplace Balto. Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals
17 (a) Burial (b) Date thereof 4/25/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md
(a) Funeral director William Cook
(b) Address 127 St. Paul St
(a) 4-24-1940 (b) Thomas J. Hite Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1940, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1940, to April 22 1940, and that I last saw h[illegible] alive on April 22 1940.

Immediate cause of death Hypertensive cardiovascular disease — Duration unknown

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. Lamar Dann M. D.
Address Balto City Hosp. Date signed 4-22-40

68660

HEALTH DEPARTMENT—CITY OF BALTIMORE

68660

CERTIFICATE OF DEATH

V 131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2305 E. Hoffman St. 8-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary Louise Kelly

If U. S. Veteran specify WAR NO

(a) Residence: No. 2305 E. Hoffman St., ... Ward. NO SEC NUMBER

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George J. Kelly

6. DATE OF BIRTH (month, day, year) January 5 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	3	17	

OCCUPATION

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland.

FATHER

13. NAME Augustus C. Guillou

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

MOTHER

15. MAIDEN NAME Eliza Cummings

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Mrs Maier C. Kelly

(Address) 2305 E. Hoffman St

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Cathedral Date 4/25, 1940

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

20. FILED APR 24 1940 Thomas Lloyd Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1940, to April 22, 1940

I last saw her alive on April 21, 1940. Death is said to have occurred on the date stated above, at 11 30 am m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Bronchopneumonia	3 d.
Marked Arteriosclerosis	21 d.
Dementia	14 d.

Other contributory causes of importance:

Chronic Interstitial Nephritis	21 d.

Was an operation performed? No. Date of

For what disease or injury? No

Name of operation None.

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Thos. F. A. Strouse, M. D.

(Address) 2878 Harford Rd.

F 68661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 1920

F 68681 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1266 Sargeant St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 wk.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Howard
(c) City or town Elkridge
(If outside city or town limits, write RURAL and give town)
2d Street No. Furnance Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elsie M. Lanahan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Luke J. Lanahan
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Sept. 1st. 1898

8. AGE: Years	Months	Days	If less than one day
41	7	21	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

12. Name Chas. Smith
13. Birthplace Balto. Md.
14. Maiden Name Catherine Seymour
15. Birthplace Balto., Md.

16 (a) Informant Mr. Luke J. Lanahan
(b) Address Elkridge, Howard Co. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/1940 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge Cem.
Location Washington Blvd. Howard Co. Md.

18 (a) Funeral director John J. Cowan & Son
(b) Address 901 Hollins St. Balto. Md.

19 (a) Thos. Jon Williams, M.D. (b)
Registrar

(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/22/1940 19 at 11.45. A.M. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1-40 19 to 4-22 1940. and that I last saw h[illegible] alive on 4-22 1940.

Immediate cause of death Myocarditis (Aortic stenosis & mitral stenosis) — Duration

Due to Rheumatic Fever (old)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Bowman M. D.
Address 206 S. Gilmor St. Date signed 4-23-40

K

68662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 68662 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1310 Valley St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1310 Valley St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary L Miller

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Late John Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 28 1881

8. AGE: Years	Months	Days	If less than one day
58	5	23	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

12. Name Patrick Hynes
13. Birthplace Ireland

14. Maiden Name
15. Birthplace Ireland

16 (a) Informant Mrs Anna Fallon
(b) Address 1310 Ensor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Harry H Wilhide
(b) Address 4111 Edmondson Ave
(a) (Date filed by registrar) 1940 Huntington Williams, Registrar 2114

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1940 to April 24 1940, and that I last saw h alive on April 24 1940.

Immediate cause of death Cerebral hemorrhage — Duration 19 days

Due to Hypertension & arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature Samuel Silverfine
Address 714 E. Preston Date signed 4/25/40

68663 F 68663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1135 Riverside Avenue) Ward 24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~Catherina~~ Catharina Anna Frank.

(a) Residence: No. 1135 Riverside Avenue, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Frank

6. DATE OF BIRTH (month, day, year) June 2-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Michael Blum

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mathilde Moyses

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John J. Frank (Address) 1135 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Date 4-25 1940

19. UNDERTAKER Howard J. Luck (Address) 5305 Harford Rd

20. FILED APR 24 1940 Harold Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from October 16, 1939 to April 22, 1940

I last saw her alive on April 22, 1940. Death is said to have occurred on the date stated above, at 7.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Nov.
Chronic arthritis	
Cardiac Hypertension	
Coronary Thrombosis	April 22 1940

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What was confirmed diagnosis? Autopsy? Clinical & Laboratory Examination

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

(Signed) J. Edward Norris M.D.

(Address) 107 East west st

F 68664
LB 54841

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
13-B

F 68664 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 629 W. Barre St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Waters

3 (b) If veteran, name war | 3 (c) Social Security Account No. ?

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Rosetta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 51 | Months ? | Days ? | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business

12. Name Irvin
13. Birthplace Md.

14. Maiden Name Maryliz Tingle
15. Birthplace Md.

(a) Informant Records
(b) Address Baltimore city Hospitals

(a) (Burial, cremation, or removal) (b) Date thereof 4/23/1940 (month) (day) (year)
(c) Cemetery or crematory Md. Caley Cemtery
Location Pearl,
(a) Funeral director Walter B. Spriggs
(b) Address 139 W. H. Amley St.
(c) 24 1940 (Date received by Registrar) Harrington Hill (Signature of Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1940, at 4 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1940, to April 19 1940, and that I last saw him alive on April 19 1940.

	Duration
Immediate cause of death Pulmonary Tuberculosis	1 year.
Due to	
Due to	
Other Conditions Diabetes mellitus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature D. James Dunn, M.D.
Address Balto City Hosp., Date signed

F 68665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 108

F 68665

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 days
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2736 Harford Road (If rural give location)
(e) If foreign born, how long in U. S. A.? 57 years

3 (a) FULL NAME Julius Meyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Emma E Meyer

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) May 7, 1867

8. AGE: Years 72 | Months 11 | Days 16 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired Salesman

11. Industry or business

12. Name Julius Otto Meyer

13. Birthplace Germany

14. Maiden Name Maria Louise Brandt

15. Birthplace Germany

(a) Informant Daughter (Miss Alma Meyer)

(b) Address 2736 Harford Rd

(a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 26 1940 (month) (day) (year)

(c) Cemetery or crematory Bethel Mount Ridge Cem Location Pikesville Md

(a) Funeral director Geo W Schilling

(b) Address 1124-1126 Monument St

(c) Apr 24 1940 (d) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1940, at 6:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 1940 to April 23 1940, and that I last saw h[illegible] alive on April 23 1940.

Immediate cause of death: Pneumococcal Meningitis - TYPE II — Duration: 10 days
Secondary Pneumonia (Lobar) TYPE IV — 40 days
Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John F. Coolahan M. D.
Address Church Home & Inf Date signed 4-23-40

F 68666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

147 Registered No. F 68666

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3627 Keystone Ave
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3627 Keystone Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Edward Johnson Carder

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.: None
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Ora E. Carder.
6 (c) If alive, give age 42 years
7. Birth date of deceased (mo., day, yr.): June 9, 1897
8. AGE: Years 42 | Months 10 | Days 17 | If less than one day: hr. min.
9. Birthplace: Va. (Town, county, and state)
10. Usual Occupation: Carpenter
11. Industry or business: Union Memorial Hosp.
12. Name: Edward W. Carder.
13. Birthplace: Va.
14. Maiden Name: Mary ?
15. Birthplace: Va
16 (a) Informant: Ora E. Carder.
(b) Address: 3627 Keystone Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 26 1940 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn Cemetery
Location
18 (a) Funeral director: Glenwood & Donovan.
(b) Address: 361-17 Pennsylvania Ave
19 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

APR 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1940, at 8 50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 23 1940 to April 23 1940, and that I last saw h/im alive on April 23 1940.

Immediate cause of death: Cardiac Failure — Duration: 4 hrs. or more

Due to: Bronchogenic - Squamous Cell Carcinoma

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings: Of operations: Thoracentesis: carcinoma cells in fluid

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature: Stuart D Sunday M. D.
Address: Union Memorial Date signed 4/25/40

8667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V/107

F 68667

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Catan Ave
(c) Hospital or institution:
St Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 704 N Catan Av
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. William A. Hamilton

3 (b) If veteran, name war No

3 (c) Social Security Account No. 214-01-7186

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1st 1877

8. AGE: Years 62 63 | Months 6 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Ink. Mixer

11. Industry or business National Color Co

12. Name George Hamilton

13. Birthplace Baltimore, Md.

14. Maiden Name Bridget Harkins

15. Birthplace Ireland

(a) Informant Agnes M. Jenkins
(b) Address 759 Brantley st

(a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/40 (month) (day) (year)

(c) Cemetery or crematory Cathedral
Location Balto Md

(a) Funeral director Wm Cook
(b) Address 127 St Paul St

(a) 4/24/1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1940 at 7:43 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-22 1940 to 4-23 1940 and that I last saw him alive on 4-23 1940.

Immediate cause of death Bronchopneumonia — **Duration**

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thaddeus V. Lucas M. D.

Address St Agnes Hospital Date signed 4-23-40

F 68668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 68668

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1418 Light St
(c) Hospital or institution: S. Balto. Gen Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1313 Glyndon Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 40 yrs. - years

3 (a) FULL NAME Joseph Ryskewich

3 (b) If veteran, name war: ✓

3 (c) Social Security Account No. 212-05-4563

4. Color: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: late Margaret Ryskewich

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Jan 1 1886

8. AGE: Years 54 | Months 5 | Days 22 | If less than one day: hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation Gas Maker

11. Industry or business Gas & Electric Co.

12. Name Unknown

13. Birthplace Austria

14. Maiden Name Unknown

15. Birthplace Austria

16. (a) Informant Miss Adella May Ryskewich
(b) Address 1313 Glyndon Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location 4430 Belair Rd. Balto. Md.
(a) Funeral director John J. Cowan & Son
(b) Address 901 Hollins St.

4-24-1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23 1940, at 3:18 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20 1940, to 4-23 1940, and that I last saw h/er alive on 4-23 1940.

Immediate cause of death Lobar pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip W. Kenter M. D.
Address Balto Gen Hosp Date signed 4-22-40

VS 1

F 68669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 106

Registered No. F 68669

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days. 12-6
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. or R. F. D. No. 2997 Pennington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Bobbie Bryant.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Infant.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months 3 | Days | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and State)

10. Usual Occupation Infant.
11. Industry or business

12. Name unknown
13. Birthplace

14. Maiden Name Eleanor Bryant.
15. Birthplace 2997 Pennington Ave

16 (a) Informant Eleanor Bryant
(b) Address 2997 Pennington Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-24-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn
18 (a) Funeral director A. Adelstead
(b) Address 916 Druid Hill Ave

19 (a) Received 1940 (year) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22-(22) 1940 at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-5- 1940 to 4-22-1940 and that I last saw h alive on 19.

Immediate cause of death Marasmus

Due to

Due to

Other Conditions Eczema & Acute Bronchitis (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

Duration: ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. F. Maloney M. D.
Address Provident Hospital Date signed 4/23/40

VS 3

68670 Stevans

Stevans Smith

BALTIMORE CITY HEALTH DEPARTMENT 46-G F 68670

CERTIFICATE OF DEATH

54360 SD Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days 22
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street 805 S. Fremont Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Steve, Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19, 1889

8. AGE: Years	Months	Days	If less than one day
50	10	2	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

12. Name Gus

13. Birthplace Maryland

14. Maiden Name Mattie ?

15. Birthplace Maryland

(a) Informant Records

(b) Address Baltimore City Hospitals

(a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location Balto Md

(a) Funeral director David L. Brown & Son

(b) Address 108 W Montgomery St

(a) APR 24 1940 (Date received by Registrar) (b) Hunter for Hilliard, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-21 1940 at 3:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3 1940 to 4-21 1940 and that I last saw him alive on 4-20 1940.

Immediate cause of death: Carcinoma Head of Pancreas with metastasis — Duration: 2

Due to — Duration: 1

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Kirkwood Jr. M. D.

Address Balto City Hosp. Date signed 4-21-40

VS 3

68671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 68671 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1741 Ashland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Leroy Fitzgerald.

3 (b) If veteran, name war No

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Married

6 (b) Name of husband or wife Lou

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 2/1916

8. AGE: Years	Months	Days	If less than one day
24	1	20	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

12. Name Robert Fitzgerald

13. Birthplace Unknown

14. Maiden Name Lou Fitzgerald

15. Birthplace Unknown

16 (a) Informant Lou Fitzgerald

(b) Address 1741 Ashland Ave

17 (a) Burial (b) Date thereof 4/26/40 (burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location B. & H. Co

(a) Funeral director Raynes Sanders

(b) Address 1412 E. Preston St

Huntington Williams Mill

(Embalmed by registrar)

VS 3-40

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22-1940 at 10.03 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-18-1940, to 4-22-1940 and that I last saw h— alive on 4-22-1940

Immediate cause of death Rheumatic Heart Disease — Duration ?

Due to Mitral Insufficiency

Due to Cardiac Failure

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same as clinical

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. F. Maloney

Address Provident Hosp Date signed 4/23/40

5672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81-6 F 68672 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7245 Baltimore Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

5-1

3 (a) FULL NAME Abraham Silver

3 (b) If veteran, name war ?

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation work

11. Industry or business

FATHER
12. Name Meyer Silver
13. Birthplace Russia

MOTHER
14. Maiden Name Anna.
15. Birthplace Russia

16 (a) Informant Jacob Silver
(b) Address 162 Blakeane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/40 (month) (day) (year)
(c) Cemetery or crematory Oheb Shalom
Location Odonnell St

18 (a) Funeral director Sol Levinson Bros
(b) Address 1124 W Fayette St

19 (a) 24 1940 (Date rec'd by Registrar) (Huntington Williams) ?

OKS

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23- 1940, at 2.20 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumococcic Meningitis - 4 days,

Due to Pneumonia ?

Due to

Other Conditions Chronic nephritis 5 yrs. (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Walden M.D. Medical Examiner.

Date signed 4-24-40

VS 6

68673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 68673

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) If foreign born, how long in U. S. A.? 38 years

3 (a) FULL NAME Egbert Boss

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/6/1856

8. AGE: Years	Months	Days	If less than one day
83	10	17	hr. min.

9. Birthplace Holland (Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name Dirk

13. Birthplace Holland

14. Maiden Name Mantae Stohboch

15. Birthplace Holland

(a) Informant Records

(b) Address Baltimore City Hospitals

(a) Burial (Burial, cremation, or removal) (b) Date thereof April 24 1940 (month) (day) (year)

(c) Cemetery or crematory St Matthews Cemetery
Location O'Donnell St Extended

(a) Funeral director William Cook

(b) Address 1217 St Paul Street

(a) 10 Washington Ave Towson Md (Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1940, at 3:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1933, to April 23 1940, and that I last saw him alive on April 23 1940.

Immediate cause of death: Coronary thrombosis — Duration: 30 min.

Due to:

Due to:

Other Conditions generalized arteriosclerosis — Duration: unknown.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Muraghan Eaton M. D.
Address Balto City Hosp. Date signed 4-23-40

VS 3

68674 X ✓ ₩ 68674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address or location 3322 4 CALVERT STS
(c) Hospital or institution: WALCH MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town WASHINGTON D.C.
(If outside city or town limits, write RURAL and give town)
(d) Street No. LIBRARY of CONGRESS, ANNEX
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM GATES

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NONE	MALE	WHITE	SINGLE

6 (b) Name of husband or wife ✓
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 8, 1862

8. AGE: Years	Months	Days	If less than one day
76	4	16	hr. min.

9. Birthplace GEORGIA (Town, county, and state)
10. Usual Occupation PUBLISHER
11. Industry or business

12. Name WILLIAM HENRY GATES
13. Birthplace NEW YORK
14. Maiden Name KATHERINE EPPLEY
15. Birthplace MARYLAND

16 (a) Informant MRS. W. H. GATES
(b) Address 32d Hawthorne Rd
17 (a) Interment (b) Date thereof 4/27/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md
(a) Funeral director [illegible]
(b) Address 1219 N Charles St
(a) 10 (Date received by registrar) (b) [illegible] (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4.24 1940 at 9:57 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4.23 1940, to 4.24 1940, and that I last saw h.m alive on 4.24 1940.

Immediate cause of death: PULMONARY EDEMA — Duration: 1 DAY
ARTERIOSCLEROTIC HEART — 10 YEARS
Due to AURICULAR FIBRILLATION

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. D. Sunday, M. D.
Address [illegible] Date signed 4/29/40

F 68675

BALTIMORE CITY HEALTH DEPARTMENT 59-D Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Caton Avenue
(c) Hospital or institution: Jenkins Memorial Hospt.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 77 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Jenkins Memorial Hospital (If rural give location)
(e) If foreign born, how long in U. S. A.? ------- years

3 (a) FULL NAME Joseph V. McLaughlin
3 (b) If veteran, write war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Margaret O'Neill
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) --------

8. AGE: Years	Months	Days	If less than one day
About 77	---	---	-- hr. --- min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business -----

12. Name James McLaughlin
13. Birthplace Maryland
14. Maiden Name Ann Bryany
15. Birthplace Ireland

16 (a) Informant Jenkins Memorial Hospt
(b) Address 1000 Caton Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Road & Augusta Ave.

18 (a) Funeral director H. B. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) (Date rec'd by registrar) (b) Huntington Millington

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1940 at 10:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1939 to April 23 1940 and that I last saw h[im] alive on April 21 1940.

Immediate cause of death Arteriosclerosis — Duration

Due to — —

Due to — —

Other Conditions Hypertrophied prostate. —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Sewell M. D.
Address Jenkins Memorial Hosp Date signed 4-23-40

VS 3

F 68676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122B

F 68676 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto Jew'l Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town (Rural) Glen Burnie, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Glen Burnie Md.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Lee Nevin

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 4-16-40

8. AGE: Years	Months	Days	If less than one day hr.	min.
0	0	7		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business —
12. Name Robert Nevin
13. Birthplace ~~Baltimore Glen Burnie~~ Boston Mass
14. Maiden Name Mckinney (Mercy Hospital)
15. Birthplace Monkmason (Balto., Md.)
16 (a) Informant Records West Balto Hosp
(b) Address
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 23, 1940 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glen Burnie Md
18 (a) Funeral director Thomas W. Singleton
(b) Address Glen Burnie Md.
19 (a) Filed by (b) Address Hunter, Ford Williams, N.Y.

APR 24 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23, 1940, at 7:55 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from April 17, 1940, to April 23, 1940 and that I last saw him alive on April 23, 1940.

Immediate cause of death: Post-Operative death following release of abdominal adhesions. Bowel obstruction — Duration: since birth

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings of operations: Multiple abdominal adhesions - Bowel obstruction

Of autopsy No autopsy obtained

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard Wallenstein, M.D.
Address West Balto. Glen. Hosp. Date signed 4/23/40

F 68677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. F 68677

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1917 Druid Hill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1917 Druid Hill Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME L. Jerome Wilson, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	widower

6 (b) Name of husband or wife Mary A. Wilson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1853

8. AGE: Years	Months	Days	If less than one day
86	9	24	hr. min

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation none
11. Industry or business

FATHER
12. Name James A. D. Wilson
13. Birthplace Baltimore

MOTHER
14. Maiden Name Sallie A. Reeder
15. Birthplace Hagerstown, Maryland

16 (a) Informant Mrs. Alice T. Chambers
(b) Address 2021 McCulloh St.

17 (a) burial (b) Date thereof 4-25-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location Balto. Co., Md.

18 (a) Funeral director Mrs. Geo. E. Holland
(b) Address 1631 Druid Hill Ave.

APR 24 1940 (c) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22nd 1940, at 9 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Cardiovascular Renal Failure	
Due to Coronary Occlusion	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner
Date signed 4/23/40

F 68678

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

63a Registered No. F 68678

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1902 McCulloh St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1902 McCulloh St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME ~~Jamesia Locklear~~ JANEY LOCKLEAR

3 (b) If veteran, give war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	married

6 (b) Name of husband or wife Joseph Locklear
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1887

8. AGE: Years	Months	Days	If less than one day
52	4	15	hr. ..... min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation domestic
11. Industry or business

12. Name Presley L. Baskerville
13. Birthplace Tarboro, N. C.

14. Maiden Name Maria Foreman
15. Birthplace Tarboro, N.D.

16 (a) Informant Joseph Locklear, son
(b) Address 1902 McCulloh St.

17 (a) Burial (b) Date thereof 4/26/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mount Calvary
Location Baltimore County

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) Hunting for Williams, MD
(Date received by registrar) (b) Registrar

APR 24 1940

MEDICAL CERTIFICATION

124

20. DATE OF DEATH April 23 1940, at — M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said I find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Asphyxia due to Compression of trachea by blood	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 4/23/40

F 68679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92a

Registered No. F 68679

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 520 S Oldham St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 7

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ~
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 520 S Oldham St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ~ years

3 (a) FULL NAME Thomas J. Nugent

3 (b) If veteran, name war ~

3 (c) Social Security Account No. 219-05-3694

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1 - 1872

8. AGE: Years 68 | Months 3 | Days 27 | If less than one day hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation Time Keeper

11. Industry or business Southern Hotel

12. Name Thomas J. Nugent

13. Birthplace England

14. Maiden Name don't know

15. Birthplace ~

16 (a) Informant Blake J. Nugent

(b) Address 5015 Belair Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 25-40 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Taylor Ave.

18 (a) Funeral director John A. Moran

(b) Address 3000 E. Balto St.

APR 24 1940 Filed (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/23 1940, at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/15 1940 to 4/19 1940, and that I last saw him alive on 4/19 1940.

Immediate cause of death: Aortic Insufficiency & stenosis Chr.

Due to: Myocarditis & hypertrophy & dilat. & decompensation

Due to: Myocardial Failure

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations /
Of autopsy /

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address 601 E Eutaw Date signed 4/24/40

V8 8

68680 Stitley

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46a

F 68680 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: W. Baltimore Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Rural - Mt. Airy Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Mary Stitley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-29-1889

8. AGE: Years 50 Months 4 Days If less than one day hr. min.

9. Birthplace Mt. Airy Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER

12. Name Thurman Fritz

13. Birthplace Md

MOTHER

14. Maiden Name Betsy Shaver

15. Birthplace Maryland

16 (a) Informant Harry A. Stitley

(b) Address Mt. Airy, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof August 27 1940 (month) (day) (year)

(c) Cemetery or crematory Locust Grove

Location Mt. Mt. Airy, Md

(a) Funeral director C. M. Waltz

(b) Address Newfield, Md.

APR 24 1940 (Date rec'd by registrar) (b) Huntington Mills, N.Y.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-24 1940. 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-9 1940. to 4-24 1940. and that I last saw her alive on 4-24 1940.

Immediate cause of death Carcinoma of appendix — Duration 10 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isadore Scher M. D.

Address West Balto. Gen. Hosp. Date signed 4-24-40

VS 3

F 68681

50111--BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-C

F 68681 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5mo13das
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 416 22nd ½ St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

2-4

3 (a) FULL NAME Jesse ward

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married-seperated

6 (b) Name of husband or wife Grace
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-14-1876

8. AGE: Years	Months	Days	If less than one day
64	1	2	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

12. Name Andy
13. Birthplace Md.

14. Maiden Name Sarah Green
15. Birthplace Md.

(a) Informant B.C.M. records
(b) Address

(a) (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 24 1940
(a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

(a) (b)
(Date rec'd by registrar)

APR 24 1940 3570

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-16 1940, at 1A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-13 1939 to 4-16 1940 and that I last saw h/her alive on 4-15 1940.

Immediate cause of death Carcinoma mouth with metastasis — Duration over 5 months

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 4-16-40

M=PARIAN

BALTIMORE CITY HEALTH DEPARTMENT

F 68682 CERTIFICATE OF DEATH 164-c Registered No. F 68682

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3231 Ravenwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James F Mc Parlan

3 (b) If veteran of what war: World
3 (c) Social Security Account No. 215-10-5064

4. Sex: M | 5. Color or race: Wh | 6 (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife: None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7-1893

8. AGE: Years 46 | Months 11 | Days 16 | If less than one day: hrs. min.

9. Birthplace Philadelphia Pa (Town, county, and state)

10. Usual Occupation None

11. Industry or business

12. Name John Mc Parlan
13. Birthplace Phila Pa

14. Maiden Name Mary
15. Birthplace Phila Pa

16 (a) Informant Mrs Julia Zehner
(b) Address 3231 Ravenwood Ave

17 (a) Burial (b) Date thereof April 26-1940 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md
(a) Funeral director Patterson & Hoke
(b) Address 6[illegible] Fort Avenue, Baltimore, Md.

APR 24 1940
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1940 at 9½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said ✓ find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Bullet wound of head

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 4/23/40
(c) Where did injury occur? 3231 Ravenwood Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? D
(e) Means of injury Pistol Cal.

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 4/23/40

VS 6

68683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B Registered No. 68683

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 811 Madison Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 811 Madison Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A. Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Andrew Mitchell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 31-1853

8. AGE: Years 87 | Months 2 | Days 23 | If less than one day hr. min.

9. Birthplace Pennsylvania
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

12. Name Butler

13. Birthplace Penn.

14. Maiden Name Don't know

15. Birthplace " "

16 (a) Informant Mrs M. O'Neill

(b) Address 811 Madison Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-26-40 (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location Baltimore Md

(a) Funeral director Chas E. Franck

(b) Address 807 Madison Ave

(a) (Date rec'd by registrar) (b) Hunter's Lane Baltimore, Md.

APR 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1940, at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 11 1940 to April 23 1940, and that I last saw h[illegible] alive on April 23 1940.

Immediate cause of death: Chronic Nephritis — Duration: about 6 years

Due to ~ ~ ~

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Pelletier M. D.

Address 807 Hamilton Ave Date signed

F 68684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-2

Registered No. F 68684

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2521 Lanetta Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2521 Lanetta Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theresa R. Fisher

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Robert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1887

8. AGE: Years	Months	Days	If less than one day
53	2	20	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation — H.W.
11. Industry or business —

12. Name John F. O'Brien
13. Birthplace Ireland
14. Maiden Name Peggie Hamilton
15. Birthplace Ireland

16 (a) Informant Robert Fisher
(b) Address 2521 Lanetta Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 25, 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave Balto.
(a) Funeral director Wagner Eschen
(b) Address 2301 Edmondson Ave
(a) APR 24 1940 (Registrar's signature) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1940, at 1 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 3 1940 to April 22 1940, and that I last saw h[illegible] alive on April 22 1940.

Immediate cause of death: Chronic Nephritis & Uremia — Duration: 2

Due to

Due to

Other Conditions Secondary Anemia — 2

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert J. Stinchcomb
Address 2302 Edmondson Ave Date signed 4/22/40 M. D.

DR. Schechet

VS 3

F 68685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 68685

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 602 Springfield Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 602 Springfield Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Regina Hulshoff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widow

6 (b) Name of husband or wife Herman R.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 20-1873

8. AGE: Years	Months	Days	If less than one day
67	0	1	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

12. Name Frederick Kerchner

13. Birthplace Germany

14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Mrs Gonce

(b) Address 602 Springfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location

(a) Funeral director Leonard J. Rucks

(b) Address 5305 Harford Rd.

APR 24 1940

Date received by registrar Livingston Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-21 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-7-1936 to 4-21-1940 and that I last saw h alive on 4-21-1940

Immediate cause of death

Lobar pneumonia — Duration 5 days

Due to

Due to

Other Conditions Cardio-vascular renal disease, Hypertrophic arthritis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Geo. B. Sybert M. D.

Address 5302 Harford Ave Date signed 4-22-40

F 68686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a

Registered No. F 68686

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Raymond Ave
(c) Hospital or institution: West Balto Gen Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. 16
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Clarence Cole

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Margorie Sullivan
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) 6/28/1868

8. AGE: Years	Months	Days	If less than one day
71	10	26	hr. ____ min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

12. Name Charles Cole
13. Birthplace Maryland
14. Maiden Name Rebecca Scott
15. Birthplace Maryland
16 (a) Informant Clarence Cole
(b) Address

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof 4/26/40 (month) (day) (year)
(c) Cemetery or crematory Kriders Cem.
Location Westminster
(a) Funeral director N. Bankard & Son
(b) Address Westminster
(a) Huntington Williams M.D.
(Date received) APR 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1940, at 5:40 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1940 to April 24 1940 and that I last saw h[illegible] alive on April 24 1940.

Immediate cause of death: Coronary artery occlusion — Duration: April 24
Coronary Sclerosis
Due to Gen. Arteriosclerosis
Due to Perforated Peptic ulcer.
Other Conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations Perf. peptic ulcer closed at operation
Of autopsy Coronary artery occlusion

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. Walbert Stem M. D.
Address 16 Bell St Date signed 4/25/40

68687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68687

Registered No. 9420

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 917 Washington Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 917 Washington Blvd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Dietz

3 (b) If veteran, name war: no
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Frederick Dietz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 24th 1878

8. AGE: Years	Months	Days	If less than one day
61	3	29	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

12. Name William Fankholt
13. Birthplace Va.
14. Maiden Name Elizabeth Fach
15. Birthplace Unknown

(a) Informant Frederick Dietz
(b) Address 917 Washington Blvd

(a) Burial (b) Date thereof April 26 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Friendship
Location G. A. Co.
(a) Funeral director William Cook
(b) Address 1214 E Cont St
Registered April 25 1940 (d) Signature for William Cook Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23rd 1940, at 5:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1940, to April 23 1940, and that I last saw him alive on April 21 1940.

Immediate cause of death: Coronary Sclerosis — Duration 2 years

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Kennedy
Address 1934 Wilkens Ave Date signed 4/24/40 M. D.

VS 3

68688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 68688 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1711 LAFAYETTE. AVE.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town BALTIMORE.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 W. LAFAYETTE. AVE.
(If rural give location)
(e) If foreign born, how long in U. S. A.? —. years

3 (a) FULL NAME MARY CURTIS.

3 (b) If veteran, name war —

3 (c) Social Security Account No. NONE.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	COL.	WIDOWED.

6 (b) Name of husband or wife UNKNOWN.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 3-7-1861

8. AGE Years	Months	Days	If less than one day
79	7 1	16 15	hr. min.

9. Birthplace BALTIMORE Md.
(Town, county, and state)
10. Usual Occupation HOUSE WIFE.
11. Industry or business —

12. Name ROBERT OLSUP.
13. Birthplace Md.
14. Maiden Name GEORGIANA JONES
15. Birthplace Md.

(a) Informant HELEN CURTIS
(b) Address 1711. W. LAFAYETTE. AVE.

(a) BURIAL (b) Date thereof 4. 25. 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory MT. AUBURN CEM
Location WEST. PORT. Md.
(a) Funeral director William A. Jackson
(b) Address 916 Pleasant, ave
(c) Date received APR 25 1940 (b) [illegible] Williams Undertaking

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1940, at 69. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/20 1940, to 4/22 1940, and that I last saw [illegible] alive on 4/22 1940.

Immediate cause of death
Cardio-renal-vascular disease

Duration ?

Due to —

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature C. N. Pigott. M. D.
Address 1536 N. Lanvale St. Date signed 4/24/40

VS 8

F 68689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 68689 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6603 Park Heights Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 6603 Park Heights Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME PAULINE WEBER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife DANIEL

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1856

8. AGE: Years	Months	Days	If less than one day
84			hr. min.

9. Birthplace BALTIMORE MD (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

12. Name JACOB JACOBY

13. Birthplace BARVARIA

14. Maiden Name CELIA ?

15. Birthplace BARVARIA

16 (a) Informant MR. MICHAEL SIEGEL

(b) Address 6603 PARK HEIGHTS

17 (a) BURIAL (b) Date thereof 4-25-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory OHEB SHALOM
Location O'DONNEL ST

(a) Funeral director Jack Louis Inc.

(b) Address 2100 Eutaw Place

(c) 4-25 1940 (Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23-40 19 , at 2.30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 1938 to April 23 1940, and that I last saw her alive on April 21st 1940.

Immediate cause of death	Duration
Acute Cardiac Dilatation	4 hrs
Due to Coronary Thrombosis	4 hrs
Due to Chronic Cardio Vascular Disease	2 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Michael A. Abrams M. D.

Address 2340 Eutaw Place Date signed 4/25/40

VS 2

F 68690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 5424a

F 68690

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3802 PK. Hgts. Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3802 PK. Hgts. Ave (If rural drive location)
(e) If foreign born, how long in U. S. A.? 40 yrs. years

3 (a) FULL NAME Louis Stulman

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Jeannette Stulman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-10-1878

8. AGE: Years	Months	Days	If less than one day
62 ~~65~~	2	13	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Woolen Merchant
11. Industry or business
12. Name Jacob Stulman
13. Birthplace Russia
14. Maiden Name Etta —
15. Birthplace Russia
16 (a) Informant Jeannette Stulman
(b) Address 3802 PK. Hgts. Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Friendship
Location Old Fayette St
(a) Funeral director Jack Kevra Inc
(b) Address 1439 E. Balto. St
(a) Date of registration 4-25-1940 (b) Registrar's signature Howard W. Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1940 at 11:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from [illegible] 19 6-44 to 4-23 1940, and that I last saw him alive on 4-23 1940.

Immediate cause of death	Duration
Coronary Thrombosis	Feb 1940
Due to	
Due to	
Other Conditions Hypertension	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature M. W. Jacobson M. D.
Address 1800 N. Charles St Date signed 4-24-40

(over)

F 68691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B

F 68691 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2470 Haywood Ave
(c) Hospital or institution: W. Balt. Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) 37

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2470 Haywood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 37 years

3 (a) FULL NAME Mr. Hyman Honikberg (HONIKBERG)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Esther Honikberg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Collector.

11. Industry or business

FATHER
12. Name ?
13. Birthplace Russia

MOTHER
14. Maiden Name ?
15. Birthplace Russia

16 (a) Informant Harry Honikberg
(b) Address 2022 Linden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt. Carmel
Location Mount Rd

(a) Funeral director Jack Lewis Inc
(b) Address 1739 E. Baltimore St
(a) Huntington Williams, M.D. (Registrar) Registrar

4-25 1940

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-24 1940, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-31 1940 to 4-24 1940, and that I last saw him alive on 4-24 1940.

Immediate cause of death: Cerebral thrombosis — Duration: 3 wks.
Due to: Hemiplegia — 10 yrs.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isadore Secher M. D.
Address West Balto Gen. Hosp Date signed 4-24-40

68692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

Registered No. [illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 529 S Potomac St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 529 S Potomac (If rural give location)
(e) If foreign born, how long in U. S. A.? 37 years

3 (a) FULL NAME George A Ebersbergen

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married 67

6 (b) Name of husband or wife Mate Ebersbergen
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Apr 28, 1878

8. AGE: Years	Months	Days	If less than one day
61	11	25+	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Manager.
11. Industry or business Store Fixtures
12. Name Michael Ebersbergen
13. Birthplace Germany
14. Maiden Name Helen DeLaFeld
15. Birthplace Germany
(a) Informant Mate Ebersbergen
(b) Address 529 S Potomac
(a) Burial (Burial, cremation, or removal) (b) Date thereof April 26 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore
(a) Funeral director John Ellis
(b) Address 800 Aliceanna
(a) [illegible] (Date received by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1940, at 7:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1940, to April 23 1940, and that I last saw h. alive on April 23 1940.

Immediate cause of death	Duration
Hypostat. pneumonia	4/21/40
Due to	
Due to Carcinoma of prostate	1/1/40
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J Rydonick M.D.
Address 801 N Broadway Date signed 4/24/40

VS 2

68693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 68693 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2106 E Madison St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-5
(e) Length of stay in Baltimore (yrs., mos., or days) 42

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2106 E Madison (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME John F. Hudson

3 (b) If veteran, name war —
3 (c) Social Security Account No. 218-03-5818

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	W.

6 (b) Name of husband or wife Barbara Hudson
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 07-1877

8. AGE: Years 62 | Months 9 10 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Blacksmith
11. Industry or business

12. Name Frank Hudson
13. Birthplace Czeco Slovak
14. Maiden Name Dont know
15. Birthplace Czeco Slovak

16 (a) Informant Frank J Hudson
(b) Address 2642 Ellerslie Ave 26

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore
(a) Funeral director John Ulges
(b) Address 2008 Aliceanna St
(a) ____ (b) Huntington Ave

APR 25 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1940, at 4-9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1939, to April 24 1940, and that I last saw him alive on April 24 1940.

Immediate cause of death	Duration
Coronary thrombosis	Abt.
myocardial failure	— 4 mos.
Due to arterio sclerosis	5 yrs.
Due to	
Other Conditions chron Bronchitis	4 mos.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Louis F. Krumm M. D.
Address 722 N. Glenwood Ave Date signed 4/27/40

F 68694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-E

F 68694 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 E. Fort Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Langville

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-6830

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Madelon Patkinton

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Aug 24, 1896

8. AGE: Years	Months	Days	If less than one day
43	8	0	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Chemical Worker
11. Industry or business
12. Name George W. Langville
13. Birthplace Balto.
14. Maiden Name Sadie E. Abbey
15. Birthplace Balto.
(a) Informant Mrs. George C. Langville
(b) Address 106 E. Fort Ave.
(a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Frederick Rd.
(a) Funeral director G. F. McCully
(b) Address 130 E. Fort Ave.
(c) Huntington Williams, M.D. (Local Registrar) Registrar

Rec'd Dec 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/24/40 19 , at 3 55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/21/40 19 to 4/24/40 19 , and that I last saw h[illegible] alive on 4/24/40 19 .

Immediate cause of death: Carcinoma Epidermoid Flexura — Duration: 3 days
Due to Chronic Myocarditis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operation Carcinoma Epidermoid Flexura 4/23/40
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Frederick Johnston Jr. M. D.
Address Md General Hosp. Date signed 4/24/40

68695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B

F 68695 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4204 Underwood Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Sidney Buchanan MORISON

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 14 1887

8. AGE: Years 52 | Months 7 | Days 10 | If less than one day: hr. ..... min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Dr. Robert Brown Morison
13. Birthplace ?

MOTHER
14. Maiden Name Elizabeth H. Williamson
15. Birthplace Balto Md.

16 (a) Informant Hosp. Record
(b) Address

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Apr 25 1940 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md
(a) Funeral director Henry W Jenkins
(b) Address McCulloh-Orchard
(a) 4-25 1940 (Date rec'd by registrar) (Huntington Williams M.D.)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1940 at 8 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-23 1940 to 4-24 1940, and that I last saw h e r alive on 4-23 1940.

Immediate cause of death Cardiac Failure

Due to Toxemia and

Due to Hypo Tension

Other Conditions Atelectasis Abdominal abscesses Adhesions
(Include pregnancy within 3 months of death)

Major findings: Of operations Intestinal obstruction 4-24-40 - 2-20-29-40

Of autopsy .....

Duration 2½ months Complete illness 1 Day in U.M.H.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Philip L. Simoak M.D.
Address U.M.H. Date signed 4-29-40

68696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

F 68696 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 5

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore.
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 811 N. Bentalow. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MR. GEORGE KEIL

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M. | 5. Color or race White | 6 (a) ~~Single, married~~ widowed, or divorced. Widower

6 (b) Name of ~~husband or wife~~ The late anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 5, 1856.

8. AGE: Years 83. | Months 7 | Days 19 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation None retired
11. Industry or business

MOTHER'S FAMILY NAME
12. Name John Keil
13. Birthplace Germany
14. Maiden Name Mary Kramer
15. Birthplace Germany

16 (a) Informant Christina Keil
(b) Address 811 N. Bentalow St

17 (a) (Burial, cremation, or removal) (b) Date thereof 4/27/40 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave
(a) Funeral director Leo F. Loemlein
(b) Address 745 N. Lyndhurst St

APR 25 1940 (Date received by Registrar) Thomas J. Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-24-1940 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20-1940 to 4-24-1940. and that I last saw him alive on 4-24 1940.

Immediate cause of death: Gangrene of left leg — Duration 4 da.
Due to: Obliterating arteritis (L. femoral art.)
Due to: Generalized arteriosclerosis.
Other Conditions: Prostatic hyperplasia
(Include pregnancy within 3 months of death) ~~or~~

Major findings:
Of operations None.
Of autopsy None.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isadore Scher M. D.
Address West Balto. Gen Hosp Date signed 4-24-40

VS 3

68697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 68697 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 117 Norbert Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME WILLIAM JENKINS

3 (b) If veteran, name war

3 (c) Social Security Account No. - -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Clara J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1867

8. AGE: Years	Months	Days	If less than one day
72	4	27 26	hr. min.

9. Birthplace Bryantown, Maryland.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Francis Jenkins
13. Birthplace Maryland.

MOTHER
14. Maiden Name Elizabeth A. Knott
15. Birthplace Unknown

16 (a) Informant Dept. of Welfare
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof 4/26/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Peters
Location Ellicott City Md
18 (a) Funeral director Geo A Embry
(b) Address Ellicott City Md

APR 25 1940 (b)
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1940, at 2:25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerotic heart disease — Duration unknown
Due to
Due to
Other Conditions none
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 4-22-40

68698 87
3 78 87

F 68698

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH √126 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County BALTIMORE
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2308 Cambridge ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Mc CORD

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: THOMAS McCORD
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 5-5-63

8. AGE: Years 76 | Months 11 9 | Days 7 17 | If less than one day: hr. min.

9. Birthplace: Md (Town, county, and state)
10. Usual Occupation: NONE
11. Industry or business

12. Name: JOHN FUNK
13. Birthplace: MD.
14. Maiden Name: UNKOWN
15. Birthplace: MD.

(a) Informant: RECORDS
(b) Address: JOHNS HOPKINS HOSPITAL

(a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 25/40 (month) (day) (year)
(c) Cemetery or crematory: MT. CARMEL
Location: ODONNEL ST.
(d) Funeral director: Lilly & Feiler INC.
Address: 403 S. WOLFE ST.
(a) (Date) Rec'd by registrar: Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: APR-22 1940, at 4:35 P M
21. I certify that death occurred on the date above stated; that I attended deceased from APR-17 1940 to APR-22 1940, and that I last saw her alive on APR 22 1940.

Immediate cause of death: Myocardial failure — Duration:
Due to: Extreme Coronary Sclerosis
Due to:
Other Conditions: POST-OPERATIVE CHOLOCYSTECTOMY
(Include pregnancy within 3 months of death)
Major findings: Of operations: CHRONIC CHOLOCYST-ITIS & CHOLOLITHIASIS
Of autopsy: CORONART SCLEROSIS

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature
Address: Russell B. [illegible] M. D. Date signed 4-22-40
The Johns Hopkins Hospital

VS 3

68690 F 68690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 723 Sterling St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 723 Sterling St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura Walker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F. | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/15/73

8. AGE: Years	Months	Days	If less than one day
64	1	7	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ?
13. Birthplace Va

MOTHER
14. Maiden Name Laura Lewis
15. Birthplace Va.

16 (a) Informant George Walker
(b) Address 723 Sterling St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/40 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore County
(a) Funeral director Joseph D. Locke Jr
(b) Address 1364 N. Central Ave

(a) 25 (Date rec'd by registrar) (b) Huntington Williamsville

VS 3 40

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1940, at 11:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 11 1940 to April 23 1940, and that I last saw h alive on April 23 1940.

Immediate cause of death	Duration
Bronchopneumonia	3 days
Due to Acute Bronchitis	4/4/40
Due to Acute Cardiac Dilatation	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert L. Lafevert M. D.
Address 811 N. Bond St Date signed 4/24/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68700 — CERTIFICATE OF DEATH — 108 — F 68700

1. PLACE OF DEATH Home for Incurables — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St. ____ Ward) 13th

Length of residence in city or town where death occurred 50 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? 2 yrs. ____ mos. ____ ds.

2. FULL NAME Emma Cummings — If U. S. Veteran specify WAR ✓

(a) Residence: No. Home for Incurables St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thos. Tyler Cummings

6. DATE OF BIRTH (month, day, year) Aug. 2, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
68	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) ____ | 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME John Comotherley

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Beasley

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Home for Incurable Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Apr 26, 1940

19. UNDERTAKER J. M. Tickle & Bro.
(Address) 1900 Pratt St.

20. APR 25 1940, 19__ Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feby 1st, 1938 to April 24th, 1940

I last saw h[illegible] alive on April 20th, 1940 Death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	(7-4-40)
Other contributory causes of importance:	
Arteriosclerosis Pulmonary Edema	1930
Arteriosclerotic Heart Disease	Unkn.

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) I. Dw. Gl M. D.

(Address) 11 E. Chase St. Baltimore Md.

F 68701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68701 Registered No. 164.W

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4018 Bonner Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4018 Bonner Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Estella Frederica Eschbach

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Chas. Wm Eschbach
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1888

8. AGE: Years	Months	Days	If less than one day
51	7	17	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jacob Henry Effler
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Frederica Catherine Compton
15. Birthplace Ohio. O3

16 (a) Informant Freda Ella Eichelman
(b) Address 1223 Linden ave

17 (a) Burial (b) Date thereof April 26 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.
(a) Funeral director Wm J. Dickney & Sons
(b) Address Mayfield & Pulaski
(c) APR 25 1940 (b) Huntingtown Prince Georges, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23-1940, at 4 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Autopsy & Inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Asphyxiation
Due to Hanging
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 4-23-40
(c) Where did injury occur? Cellar - above coalman
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Suspended from beam by rope around neck

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 4-24-40.

VS 6

F 68702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No.

F 68702

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Madison & Linden Ave

(c) Hospital or Institution: Maryland General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-1-12

(e) Length of stay in Baltimore (yrs., mos., or days) 73-0-12

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 6332 E. 33rd St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. George T. Wells

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Susan Wells

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11 - 1867

8. AGE: Years 73 | Months 0 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore - Md (Town, county, and state)

10. Usual Occupation Miner

11. Industry or business

12. Name of father John Wells

13. Birthplace of father Md

14. Maiden Name of mother Sarah Mason

15. Birthplace of mother Md

(a) Informant Susan Wells

(b) Address 6332 E. 33rd St.

(a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 26-1940 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location

(a) Funeral director Wm. J. Lieberman & Sons

(b) Address North Ave

APR 25 1940 (Date rec'd by registrar) (b) Huntington Williams, M. D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23 1940 at 6:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/12 1940 to 4/23 1940 and that I last saw him alive on 4-23 1940

Immediate cause of death: Chronic Myocarditis

Due to: Cardiac Hypertrophy

Due to: Arterio Sclerosis Nephritis

Other Conditions: Ascites, Oedema

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. C. Fook M. D.

Address Maryland Gen. Hosp. Date signed 4-23-40

VS 8

68703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 180

F 68703

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 104 Eutaw St. E. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herman W. Jackson

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bertha M. Jackson
6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) Mar. 25 - 1903

8. AGE: Years	Months	Days	If less than one day
37		28	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Fireman - B. P.
11. Industry or business

FATHER
12. Name Darius K. Jackson
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Nellie M. Benny
15. Birthplace Kent Co. - Galena, Maryland

16 (a) Informant Bertha M. Jackson
(b) Address 104 E. Eutaw St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26, 1940 (month) (day) (year)
(c) Cemetery or crematory Leden Hall
Location A. A. Co. Md.
(a) Funeral director A. Howard Evans
(b) Address 1400-02 Huntington Ave Huntington Williams, W.Va.
(a) 25 (Date received by registrar) (b) 1940 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23- 1940, at 4 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection - Autopsy thereon and from the evidence obtained by said Inspection - Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Ruptured Colon - Fecal Peritonitis	
Due to Shock: Contusions & Lacerations.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4-23-40
(c) Where did injury occur? 423-25 N. Eutaw St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? Yes
(e) Means of injury Fell on floor, wall collapsed & debris
23. Signature Howard J. Mullen M.D. Medical Examiner.
Date signed 4-24-40

68704

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68704

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Hr
(e) Length of stay in Baltimore (yrs., mos., or days) 40 41-5

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. City
(c) City or town Edgemere, Sparrows Pt.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2109 Sparrow Point Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Amos

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Married

6 (b) Name of husband or wife Granville L
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22 1871

8. AGE: Years	Months	Days	If less than one day
69	2	1	hr. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Fleming Teay
13. Birthplace Va

MOTHER
14. Maiden Name Amanda Shipps
15. Birthplace Va

16 (a) Informant Granville L Amos
(b) Address 2109 Sparrow Pt Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 26/40 (month) (day) (year)
(c) Cemetery or crematory Ebenezer Church Cem
Location Chase Md.

18 (a) Funeral director William M Marech
(b) Address 715 Light St
19 (a) 1940 (Filed by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1940 at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/23 1940 to 4/23 1940 and that I last saw her alive on 4/23 1940.

Immediate cause of death Myocardial failure

Due to Hypertensive C-V disease

Due to

Other Conditions Diabetics

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy findings as above

Duration
16 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. D. Kunmann, Jr.
Address Mercy Hosp Date signed 4/21/40 M. D.

VS 3

Spec.—4-10-21—MAT—1500 Blks.

F 68705 HEALTH DEPARTMENT—CITY OF BALTIMORE F 68705

CERTIFICATE OF DEATH. V 131-A

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 Robert St St. 14-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Clarence Edward Spence

(a) RESIDENCE NO. 517 Robert St ST., S. S. No/ 213-03-2390 WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mollie Spence

6 DATE OF BIRTH (month, day, and year) Oct 17, 1888

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	6	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Porter

(b) General nature of industry, business, or establishment in which employed (or employer) -

(c) Name of employer Balto. Sun Paper

9 BIRTHPLACE (city or town) Balto (State or country) Md

PARENTS

10 NAME OF FATHER Chas Spence

11 BIRTHPLACE OF FATHER (city or town) Balto (State or country) Md

12 MAIDEN NAME OF MOTHER Sophia Evans

13 BIRTHPLACE OF MOTHER (city or town) Balto (State or country) Md

14 Informant Mollie Spence (Address) 517 Robert St.

15 Filed APR 25 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 22 1940

17 I HEREBY CERTIFY, That I attended deceased from April 18, 1940, to Apr 22, 1940, that I last saw him alive on Apr 21, 1940, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular-Renal Disease

(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 4½ da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam etc

(Signed) H. B. Stughes M. D.

4/24 1940 (Address) 875 N. Fremont Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem. DATE OF BURIAL 4/25/1940

UNDERTAKER Mrs. Eva M. Holland ADDRESS 1631 E. H. St.

68706

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

F 68706
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2527 Erdman Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Peddicord (B)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			3 hr. 5 min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name Robert C. Peddicord

13. Birthplace Oakland, Md.

14. Maiden Name Catherine Neal

15. Birthplace Baltimore

16 (a) Informant Mother

(b) Address 2527 Erdman Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location UNIVERSITY MEDICAL SCHOOL APR 25 1940

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

APR 25 1940 (b) (Registrar)

Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1940, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1940, to April 19 1940, and that I last saw her alive on April 19 1940.

Immediate cause of death	Duration
Abortion.	
Due to Unknown.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Dorman Jr. M. D.
Address University Hospital Date signed 4/24/40

F 68707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 68707 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2827 Erdman Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Peddicord (A)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			2 hr. 50 min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name Robert C. Peddicord

13. Birthplace Oakland Md.

14. Maiden Name Catherine Neal

15. Birthplace Baltimore

16 (a) Informant mother

(b) Address 2827 Erdman Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory UNIVERSITY MEDICAL SCHOOL APR 25 1940

Location Commissioner of Health

(a) Funeral director Per H. A. Moore

(b) Address

APR 25 1940 (b) Registrar

(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1940, at 6.45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1940 to April 19 1940, and that I last saw him alive on April 19 1940.

Immediate cause of death	Duration
Abortion	
Due to Unknown	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Dorman Jr.

Address University Hospital Date signed 4/24/40 (M. D.)

F 68708

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 154

F 68708
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10¼ hr
(e) Length of stay in Baltimore (yrs., mos., or days) 10¼ hr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Tompkins "B"
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			10 hr. 15 min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James Barnes
13. Birthplace ?

MOTHER
14. Maiden Name Pauline Tompkins
15. Birthplace Camden N.J.

16 (a) Informant Mother
(b) Address 1712 Druid Hill Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 25 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) Date received by Registrar APR 25 1940 (b) 15572 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24th 1940, at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1940, to April 24 1940, and that I last saw him alive on April 24 1940.

Immediate cause of death Atelectasis — Duration
Due to 28 wk premature baby
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. King B.E., Surgeon, Jr. M. D.
Address Univ. Hospital Date signed 4-24-40

F 68709

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

Registered No. F 68709

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1712 Druid Hill Ave
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10da.
(e) Length of stay in Baltimore (yrs., mos., or days) 10da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Tompkins "A"

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23rd 1940

8. AGE: Years	Months	Days	If less than one day
			10 hr. 45 min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James Barnes
13. Birthplace ?

MOTHER
14. Maiden Name Pauline Tompkins
15. Birthplace Camden N.J.

16 (a) Informant Mother
(b) Address 1712 Druid Hill Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location

(a) Funeral director Per H. A. Moore
(b) Address

(a) (b) Registrar

(Date rec'd by registrar)

UNIVERSITY MEDICAL SCHOOL APR 25 1940
Commissioner of Health

APR 25 1940

5571

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24th 1940, at 7:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1940, to April 24 1940, and that I last saw him alive on April 24 1940.

Immediate cause of death	Duration
Atelectasis	
Due to 28wk pramature baby	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Tom B.E. Logan, Jr. M. D.
Address University Hospital Date signed 4-24-40

VS 3

68710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 68710

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1201 N. Linwood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1201 N. Linwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 27 yrs years

3 (a) FULL NAME SAMUEL. WISE

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Pearl
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Grocery Store
11. Industry or business

FATHER
12. Name —
13. Birthplace Russia

MOTHER
14. Maiden Name Mollie
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Hamilton Cem & Phil. Rd.

18 (a) Funeral director Louis Levin Inc.
(b) Address 1439 E. Baltimore St.

APR 25 1940 (Date rec'd by registrar)
Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1940, at 10½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration: 2 days
Due to
Due to
Other Conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Wollenweber M.D.
Co. Medical Examiner.
Date signed 4-24-40

VS 6

68711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68711

Registered No. 9442

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1251 William St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1251 William St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter F. Horton

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-1114

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary A. Murphy
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) March 13 1876

8. AGE: Years	Months	Days	If less than one day
64	1	11	hr. min.

9. Birthplace Virginia (town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Provident Savings Bank

FATHER
12. Name ? Horton
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Tolson
15. Birthplace Virginia

16 (a) Informant Mrs. Mary A. Horton
(b) Address 1251 William St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Brooklyn A.A. Co. Md.

18 (a) Funeral director John J. Fahey & Sons
(b) Address 1318 Light St.

19 (a) (Date received by registrar) (b) [illegible]

R 25 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1940, at 5:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1940, to April 24 1940 19 , and that I last saw h[illegible] alive on April 24 1940 19 .

Immediate cause of death
Coronary Thrombosis

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden, M.D. per B. Lutz
Address 1 W. Eight Date signed April 25 1940

Howard J. Madden, M.D.
Chief Medical Examiner

HEALTH DEPARTMENT—CITY OF BALTIMORE

68712

CERTIFICATE OF DEATH

159 F 68712

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St. 27-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 11/2 da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Infant Rae Kraus

If U. S. Veteran specify WAR

(a) Residence: No. 2000 E. Belvedere Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 20-1940

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	2½	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) 2000 E. Belvedere Ave. City

FATHER

13. NAME Joseph Kraus

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Myrtle Naomi Stewart

16. BIRTHPLACE (city or town) (State or country) Rochester Co.

17. INFORMANT Joseph Kraus
(Address) 2000 E. Belvedere Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Carnegie Cem. Date Apr. 23 1940

19. UNDERTAKER —
(Address)

20. FILED APR 25 1940 Hunt Worthington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/23/40, 19

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1940, to April 23, 1940

I last saw her alive on April 23, 1940 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tracheal Obstruction	
	Cyan

Other contributory causes of importance:

Prematurity

Was an operation performed? Yes Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) Richard W. Worthington M. D.

(Address) Woman's Hospital

F 68713

BALTIMORE CITY HEALTH DEPARTMENT 51-C

CERTIFICATE OF DEATH 54845 SD

Registered No. F 68713

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimorecity Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 812 N. Port Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Sadilek

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 28, 1912

8. AGE: Years 27 | Months 6 | Days 24 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Underpresser

11. Industry or business Unemployed

12. Name Andrew Sadilek

13. Birthplace Checkoslovakia

14. Maiden Name Tina Maroucek

15. Birthplace Maryland

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd

(a) Funeral director Chas. E. Schimunek

(b) Address 2601 03 E. MadisonSt.

(a) (b) Registrar

Apr 25 1940 Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22 1940, at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-18 1939, to 4-22 1940, and that I last saw h[illegible] alive on 4-21 1940.

Immediate cause of death	Duration
Testicular Malignancy with metastasis	over 1 year
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy see above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.

Address Balto City Hosp. Date signed 4-22-40

B 78397
68714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

135-B Registered No. F 68714

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 707 N. Glover (If rural give location)
(e) If foreign born, how long in U. S. A.? years

7-2

3 (a) FULL NAME George Kaiser

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Catherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-21-77

8. AGE: Years	Months	Days	If less than one day
63	—	1	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Sheet Metal Worker

11. Industry or business

FATHER

12. Name Conrad Kaiser

13. Birthplace Germany

MOTHER

14. Maiden Name Julia Sitner

15. Birthplace Germany

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/40 (month) (day) (year)

(c) Cemetery or crematory Moreland Memorial

Location Taylor Ave.

(a) Funeral director Chas. E. Schimunek

(b) Address 2601 03 E. Madison St.

18 (a) (Date received by registrar) APR 25 1940 (b) Huntington Wire Engineer, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 22 1940, at 957 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 12 1940, to Apr 22 1940, and that I last saw h alive on Apr 22 1940.

Immediate cause of death	Duration
Acute Edema of the lungs.	1 day.
Due to Chronic myocarditis and myocardial Degeneration	—
Due to —	
Other Conditions Perforation of Bladder & Pelvic Peritonitis.	3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations Perforation of the Bladder & Pelvic Peritonitis.
Of autopsy Acute Edema of the Lungs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Hamans M. D.
Address Johns Hopkins Hosp Date signed 7-23-40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68715

CERTIFICATE OF DEATH

93-D F 68715

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 421 N. Clinton St. 26-10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Henry Slitzer

If U. S. Veteran specify WAR

(a) Residence: No. 421 N Clinton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced HUSBAND (or) WIFE of Margaret Meersanders

6. DATE OF BIRTH (month, day, year) Sept 13 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Louis Slitzer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT wife

(Address) 421 N. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 4/27 40

19. UNDERTAKER C. B. Schuppert

(Address) 2601-03 E. Fayette St.

APR 25 1940 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from August, 1938, to April 23, 1940

I last saw alive on 4-23, 1940. Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-23-40.
Hypertension	
Hypertensive Heart disease	

Other contributory causes of importance:

arteriosclerosis

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John J Gould M. D.

(Address) 14 N Eastern ave

F 68716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 68716

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yr. 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 823 N Rose St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Soul

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife Louis Soul
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 13 1884

8. AGE: Years	Months	Days	If less than one day
56	-	12 11	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Blazek Sr.
13. Birthplace Czekoslovkia

MOTHER
14. Maiden Name Unknown
15. Birthplace Czekoslovkia

16 (a) Informant Louis Soul
(b) Address 823 N. Rose St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Chas. E. Schimunek
(b) Address 1525 E. Madison St.

19 (a) (Date rec'd by registrar) APR 25 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1940, at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 1940, to April 24 1940, and that I last saw h[illegible] alive on April 24 1940.

Immediate cause of death Cardiac Decompensation — Duration 4 days
Due to Arteriosclerosis C. V. disease
Due to
Other Conditions Diabetes Mellitus uncontrolled — 7 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Lester M. D.
Address Mercy Hosp. Date signed 4/24/40

VS 3

68717 Wolter

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B F 68717 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 419 S. Paca St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Mrs. Palagia Walter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 1885

8. AGE: Years 54 | Months 5 | Days | If less than one day ..... hr. ..... min.

9. Birthplace: Poland (Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business

FATHER
12. Name Andrew Kawalewski
13. Birthplace Poland

MOTHER
14. Maiden Name Agnes Pawlak
15. Birthplace Poland

16 (a) Informant: Mercy Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Sherman Hill Road

(a) Funeral director M. F. Sadowski & Sons
(b) Address 1808 Eastern Ave

(a) 1940 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

28. DATE OF DEATH April 23 1940, at 7:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1940, to April 23 1940, and that I last saw h.r alive on April 23 1940.

	Duration
Immediate cause of death: Intestinal obstruction	2 weeks
Due to: Intestinal adhesions	—
Due to:	
Other Conditions: Diabetes Mellitus	1 year

(Include pregnancy within 3 months of death)

Major findings:
Of operation: Intestinal obstruction due to Intestinal adhesions
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. J. Schaefer, M.D.
Address Mercy Hospital Date signed 4/23/40

68718

HEALTH DEPARTMENT—CITY OF BALTIMORE

68718

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 E. Biddle St. St. 10-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Eva Bantz

If U. S. Veteran specify WAR .....

(a) Residence: No. 1311 E. Biddle St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Not known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 59 Yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Bantz

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sarah Devlin

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Ela Devlin

(Address) 1311 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Cem. April-26-1940

Place Date 19

19. UNDERTAKER Henry Hoeck & Sons Inc.

(Address) 1301 E. Eager St.

20. FILED APR 25 1940 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April-24-1940

22. I HEREBY CERTIFY, That I attended deceased from 4/18 19 40 to 4/24 19 40.

I last saw him alive on 4/23 19 40. Death is said to have occurred on the date stated above, at 5.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4/24/40
Other contributory causes of importance: Epilepsy	1895

Was an operation performed? no Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) J. C. Littman M. D.

(Address) 1304 E. Oliver St.

F 68719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 68719 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W. Lexington Street.
(c) Hospital or institution: Home For Aged Men & Women
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Talbot
(c) City or town Easton
(If outside city or town limits, write RURAL and give town)
(d) Street No. 19 2
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME M. Tilghman Johnston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Julia Goldsborough
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 18-1869
8. AGE: Years 71 | Months 3 | Days 7 | If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired Lawyer
11. Industry or business

FATHER
12. Name Francis Henry Johnston
13. Birthplace Belfast Ireland

MOTHER
14. Maiden Name Anna Elizabeth Goldsborough
15. Birthplace Easton Md

16 (a) Informant Mrs Julia G. Johnston
(b) Address 1436 Johnson Rd Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Easton Springhill
Location Easton Maryland
(a) Funeral director William Cook
(b) Address 217 St Paul Street

25 1940 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1940 at 8 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1, 1939 to April 25 1940 and that I last saw him alive on April 24 1940

Immediate cause of death: Acute myocardial failure — Duration: Sudden
Due to: Chronic myocarditis — ? yrs.
Due to:
Other Conditions: Chronic infectious arthritis — ? yrs.
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward B. Janney
Address 1115 St. Paul St., Date signed 4/25/40

VS 3

F 68720

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-B F 68720 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1726-N. Wolfe Street
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1726-N. Wolfe Street (If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME Austin Berry

3 (b) If veteran, name war --

3 (c) Social Security Account No. 216-03-5547

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Minnie E. (Widerman)
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1878

8. AGE: Years	Months	Days	If less than one day
62	2	8	hr. ---- min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Bartender-Lord
11. Industry or business Baltimore Hotel

12. Name Nimrod Berry.
13. Birthplace Baltimore Md.
14. Maiden Name Unknown.
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Minnie Berry
(b) Address 1726-N. Wolfe Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olive-Randalstown
Location Balto. Co. Md.
(a) Funeral director George D. Ruth, Inc.
(b) Address 1735-Harford Ave.
(a) (b) Filed (Date received by Registrar) Registrar

APR 25 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 23 1940, at 2:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1940 to Apr 23 1940, and that I last saw h alive on Apr 23 1940.

Immediate cause of death: Carcinoma Epiglottis
Due to Ca Stomach
Due to
Other Conditions Metastases into Liver
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jerrold Fisher M. D.
Address 1628 N Wolfe St. Date signed 4/27/40

68721

BALTIMORE CITY HEALTH DEPARTMENT X L 170-a

CERTIFICATE OF DEATH

F 68721
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 24 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Linthicum Heights
(If outside city or town limits, write RURAL and give town)
(d) Street No. Madonna & Blevins Aves. 3
(If rural give location)
(e) If foreign born, how long in U. S. A.? V years

3 (a) FULL NAME Mary Muscelman

3 (b) If veteran, name war	3 (c) Social Security Account No. None
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Roland Muscelman
6 (c) If alive, give age 19 years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1922

8. AGE: Years	Months	Days	If less than one day
18	2	20	hr. min.

9. Birthplace Linthicum Heights A. A. Co. Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Chas. F. Kues
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Anna B. Kramer
15. Birthplace Baltimore, Md.

16 (a) Informant Chas. F. Kues
(b) Address Linthicum Heights Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26 1940 (month) (day) (year)
(c) Cemetery or crematory Friendship Cem. Co.
Location Anne Arundel Co

(a) Funeral director Homer W Singleton
(b) Address Glen Burnie, Md.

(a) [illegible] (b) Huntington Williams, M.D. Registrar

APR 25 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-24- 1940, at 10:00 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Autopsy & Inquiry find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Multiple bruises abrasions & lacerations	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4-23-40
(c) Where did injury occur? Md, Anne Arundel Co
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Highway - Linthicum Heights R.R. Crossing While at work? —
(Specify type of place) at above crossing
(e) Means of injury Mr. D. A train struck Auto
Signature Howard J. Worden M.D.
Medical Examiner.
Date signed 4-24-40

68722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. 68722

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3624 Old York Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
Street No. 3624 Old York Rd.
(If rural give location)
(d) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stewart S. McCarty

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Married

6 (b) Name of husband or wife Elvira Larson
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) June 7, 1882

8. AGE: Years	Months	Days	If less than one day
57	10	17	hr. min.

9. Birthplace Winchester, Va. (Town, county, and state)
10. Usual Occupation Rail Roader
11. Industry or business Retired

FATHER
12. Name Charles McCarty
13. Birthplace Va.

MOTHER
14. Maiden Name Alice Anderson
15. Birthplace Va.

16 (a) Informant Mrs. S. S. McCarty
(b) Address 3624 Old York Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Rd.

18 (a) Funeral director J. F. McCully
(b) Address 130 E. Fort Ave.

19 (Date received by registrar) APR 25 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1940 at 4:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 29, 1939 to April 24 1940, and that I last saw W/M alive on April 22, 1940.

	Duration
Immediate cause of death: Myocardial failure	2 days.
Due to: Hypertension, Cardio-vascular, renal disease	1 yr. 6 mo.
Due to:	
Other Conditions: Cerebral Hemorrhage 1 yr. 6 mo. with hemiplegia (rt.)	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lloyd E. Taylor M. D.
Address 3902 Glenmore Ave. Date signed April 25

VS 3

68723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 68723

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & Saratoga Sts

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Overlea (If outside city or town limits, write RURAL and give town)

(d) Street No. Belair Rd & Overton Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME allan Kingsley Riebe [allan Kingsley Riebe]

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27 1939

8. AGE: Years	Months	Days	If less than one day
	9	28	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Archur allan Riebe

13. Birthplace Providence RI

MOTHER

14. Maiden Name Mildred Harper

15. Birthplace Crescent City Fla.

16 (a) Informant Mr Archur Allan Riebe

(b) Address Belair Rd & Overton Ave Overlea

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof April 25 1940 (month) (day) (year)

(c) Cemetery or crematory

Location Crescent City Florida

(a) Funeral director Williams & Dukes & Sons

(b) Address Mich & Annapolis Aves.

(a) 4-25 1940 (Date rec'd by registrar) (b) Hunter Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/25/40 19 . at 5:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/23/40 19 , to 4/25/40 19 , and that I last saw h alive on 4/25/40 19 .

Immediate cause of death Lobar Pneumonia — Duration 1 wk

Due to

Due to

Other Conditions Congenital heart disease (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Philip J. Monaco

Address Mercy Hospital Date signed 4/25/40 M. D.

F 68724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

139-a

Registered No. F 68724

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Liberty Road
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Woodlawn Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. -
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs. Pearl V. Webster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Burdie Webster

6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Sept. 3, 1891

8. AGE: Years 48 | Months 7 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business -

12. Name George Foos.

13. Birthplace ?

14. Maiden Name Jena Bennigar

15. Birthplace Pennsylvania.

16 (a) Informant Burdie Webster

(b) Address Liberty Rd. Woodlawn.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27-40 (month) (day) (year)

(c) Cemetery or crematory Woodlawn:
Location Balto. Md.

(a) Funeral director Manus Cook & Seyfert

(b) Address 1600 West North Ave:

(c) Signature Huntington Williams, M.D.

APR 25 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1940, at 12:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1940, to April 25 1940, and that I last saw h-er alive on April 25 1940.

Immediate cause of death: Pelvic inflammatory disease

Due to .....

Due to .....

Other Conditions Pulmonary embolism

(Include pregnancy within 3 months of death)

Major findings: Of operations Pelvic inflammatory disease.

Of autopsy .....

Duration: 10-14 days; 2 to 3 hrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Lutman Shields M.D.

Address Md Gen Hosp Date signed .....

VS 3

F. 68725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 68725

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33RD & CALVERT STS
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 DAY
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town CANTONSVILLE (If outside city or town limits, write RURAL and give town)
(d) Street No. PARK GROVE AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME CHARLES PITT RADCLIFFE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife Pattie Sadie Shipley Radcliffe

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) JUNE 12, 1864

8. AGE: Years	Months	Days	If less than one day
75	10	12	..... hr. ..... min.

9. Birthplace MARYLAND (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER 12. Name SAMUEL RADCLIFFE

13. Birthplace ENGLAND

MOTHER 14. Maiden Name MARTHA GOSNELL

15. Birthplace MARYLAND

16 (a) Informant HOSP RECORDS

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof APR 27, 1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem. Location Ellicott City, Md.

18 (a) Funeral director Eakins Bros

(b) Address Ellicott City, Md.

19 (a) APR 25 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-24 1940, at 8:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-23 1940, to 4-24 1940, and that I last saw him alive on 4-24 1940.

	Duration
Immediate cause of death PULMONARY EDEMA.	2 DAYS
Due to AURICULAR FIBRILLATION	2 DAYS
Due to ARTERIO SCLEROTIC HEART DISEASE	YEARS
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. D. Sunday, M. D.

Address 1012 Maryland Date signed 4/26/40

VS 3

68726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 93-D LF 68726

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Rd
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 yrs 8 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State N. H. (b) County
(c) City or town Manchester
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sister M. Blanche Howard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 6 - 1870

8. AGE: Years	Months	Days	If less than one day
69	7	19	hr. min.

9. Birthplace East Boston Mass
(Town, county, and state)

10. Usual Occupation Teacher

11. Industry or business

FATHER
12. Name James A. Howard
13. Birthplace Cork Ireland

MOTHER
14. Maiden Name Elizabeth Carland
15. Birthplace Boston Mass

16 (a) Informant Relative
(b) Address [illegible]

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 25 40 (month) (day) (year)
(c) Cemetery or crematory Manchester
Location New Hampshire

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (R. F. MOWEN SUC.) 108 W. SOUTH AVENUE

19 Apr 25 1940 (b) Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1940, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1924 to Apr 25 1940, and that I last saw her alive on Apr 25 1940.

Immediate cause of death	Duration
Arteriosclerosis	7
Myocardial	
Due to Decompensation	8 wks
Due to Pre-senile Psychosis	26 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 3326 Fordham Rd Date signed

F 68727

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a

Registered No. F 68727

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 427 N. Madeira St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 427 N. Madeira St (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Anna M. Bradsby (nee Troch)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Frank Bradsby
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 21, 1874
8. AGE: Years 66 | Months 2 | Days 2 | If less than one day: hr. min.
9. Birthplace Velesice Bohemia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Joseph Troch
13. Birthplace Bohemia

MOTHER
14. Maiden Name Ant. Kovar
15. Birthplace Bohemia

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md.

18 (a) Funeral director Brantz, Lynch & Sons
(b) Address 1906 Ashland Ave.

19 (Date received) APR 25 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1940, at 0.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 14 1940, to Apr 23 1940, and that I last saw h[illegible] alive on Apr 23 1940.

Immediate cause of death	Duration
Apoplexy	
Due to Cerebral Arteriosclerosis	
Hemiplegia	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 1575 N Rutland Ave Date signed 4/28/40

VS 8

68728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 V a

Registered No. F 68728

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 414 N. Paysow st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 414 N. Paysow st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ellen R. Harris

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed or divorced: Widowed
6 (b) Name of husband or wife: John F. Harris
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 11-1858

8. AGE: Years 81 | Months 7 | Days 13 | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

12. Name of father Lauder Webb
13. Birthplace Not Known

14. Maiden Name of mother Roseanna Kilbreth
15. Birthplace Not Known

16 (a) Informant Mrs. Eva W. Jones
(b) Address 414 N. Paysow st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto Md

(a) Funeral director William Cook
(b) Address 1217 St. Paul St.

APR 25 1940 (c) Huntington Williams, M.D. Registrar
Date received

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1940, at 10: A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 15 1940, to Apl 24 1940, and that I last saw h[er] alive on Apl 24 1940.

	Duration
Immediate cause of death: Cardiac Dyspn	1 -
Due to: Cardiac Hemorrhage	2 hrs
Due to: Infirmities of Age	—
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Hobart Keech M. D.
Address 2502 Calvert [illegible] Date signed 4-24-40

VS 3

68729 OGK 54959 F 68729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 2
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1404 Jackson St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Artie Crowley (Gregory)

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-8168

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Albert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-23-1882

8. AGE: Years	Months	Days	If less than one day
57	4	1	hr. min.

9. Birthplace W. Va.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Hugh Keefe
13. Birthplace W. Va.

MOTHER
14. Maiden Name Margaret Welty
15. Birthplace W. Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof Apr. 26-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Martinsburg W. Va
Location
(a) Funeral director E. Richard Fleming
(b) Address 1426 Light St.

(a) 26 1940 (b) Huntington, West Va.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1940, at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1940 to April 24 1940, and that I last saw her alive on April 24 1940

Immediate cause of death: Cerebral hemorrhage — Duration 4 weeks
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy cerebral hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Gate City Hosp. Date signed 4-24-40

VS 3

F 68730

F 68730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V108

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 333 W. Biddle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-3
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 333 W. Biddle St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Estelle M Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female **5. Color or race** Col **6 (a) Single, married, widowed, or divorced.** single

6 (b) Name of husband or wife Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months 6 | Days | If less than one day ... hr. ... min.

9. Birthplace Maryland
(City, county and state)

10. Usual Occupation Waitress

11. Industry or business

12. Name Estelle Johnson

13. Birthplace Virginia

14. Maiden Name Frederick Johnson

15. Birthplace Pennsylvania

(a) Informant Mother

(b) Address 333 W. Biddle St

(a) ... (b) Date thereof 7-26-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cemetery
Location Baltimore, Md.

(a) Funeral director Archibald A. Gaddis

(b) Address 2101 McCulloh St.

(a) ... (b) Huntingtown, Calvert Co. Md.
(Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1940 at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 22, 1940, to Apr. 24 1940, and that I last saw her alive on Apr. 24 1940.

Immediate cause of death Bilateral Pneumonia — Duration 2 Days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. Grant Scott

Address 354 W. Biddle St Date signed 4-26-40

F 68731

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1/61

F 68731
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1415 Jefferson St
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 Jefferson St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harriett Cooper

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race C. | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife George. D. Cooper
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Dress Maker

11. Industry or business

FATHER
12. Name Thomas Johnson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary. E. Cooper
15. Birthplace Baltimore, Md.

16 (a) Informant Lydia, A, Thomas
(b) Address Turners Station Md.

17 (a) Burial (b) Date thereof 4 28 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Brooklyn Md.

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

(a) Registrar (b) [illegible] Registrar

APR 28 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1940, at 11 35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to April 23 1940, and that I last saw h[illegible] alive on April 23 1940.

Immediate cause of death Chronic Nephritis — Duration Couple yrs

Due to Uremia — 3 days

Due to

Other Conditions Diabetes Mellitus Arteria Sclerosis + Mitral Insufficiency — Couple years
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R J Young

Address 1424 E Monument Date signed 4/28/40

F 68732 54939 - RB

F 68732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

16-I

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 Edmondson Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Bertha Daniels (ROBERTA DANIELS)

X

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband ~~or wife~~ James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 31, 1876

8. AGE: Years	Months	Days	If less than one day
63	7	22	hr. min.

9. Birthplace Washington, D.C. (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Frank Johnson
13. Birthplace Va.

MOTHER
14. Maiden Name Lucy Buckner
15. Birthplace Va.

16 (a) Informant Records
(b) Address B.C.H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery Cemet
Location Brooklandy
18 (a) Funeral director C O Wilson
(b) Address 1000 Brantley Ave
19 (a) (Date received by registrar) Huntington Williams M.D.

R 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23 1940, at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-22 1940, to 4-23 1940, and that I last saw her alive on 4-23 1940.

Immediate cause of death	Duration
Bronchopneumonia	five days
Due to Carcinoma Breast with metastases	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L Krukenkrodh M. D.
Address Balto. City Hosp. Date signed 4-23-40

F 68733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 463

Registered No. F 68733

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) 28 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2235 Kentucky ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mrs. Benjamin E. Bell (Agatha)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Wh	Married

6 (b) Name of husband or wife Mr. Benjamin E. Bell.
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Apr. 13 1871

8. AGE: Years	Months	Days	If less than one day
69	0	10	____ hr. ____ min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Mr. George Spencer
13. Birthplace Maryland

MOTHER
14. Maiden Name Alicia Wittig
15. Birthplace Maryland

16 (a) Informant Mr. Benjamin Bell
(b) Address 2235 Kentucky Ave City
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood Mem.
Location Jayfory Ave.
18 (a) Funeral director John A. Miller
(b) Address 220 W. Lafayette Ave. Baltimore, Md.
19 (a) (Date received by Registrar) (b) Registrar

APR 26 1940

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 23 1940, at 9.05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 27. 1940. to April 23 1940. and that I last saw h.e alive on April 23 1940.

Immediate cause of death	Duration
Cardio - vascular Collapse	
Due to Post-operative - Gastric resection for Carcinoma	
Due to Stomach	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma - Stomach
Of autopsy None performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature Stuart D. Sunday M.D.
Address Union Memorial Date signed 4/25/40

F 68734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

Registration No. F 68734

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1812 Walbrook Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-4
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1812 Walbrook Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Jacob Furman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Fannie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Russia
(Town, county, and state)
10. Usual Occupation Cap Maker
11. Industry or business Retired

FATHER
12. Name Morris
13. Birthplace Russia

MOTHER
14. Maiden Name Ida
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (b) Date thereof 4-26-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Pinedale
Location Pikesville Rd & Hamilton Ave
18 (a) Funeral director Jack Louis Inc
(b) Address 1432 E. Balto St
(c) [illegible] Mitchell Baltimore

Date received APR 26 1940 Registrar of Vital Statistics

VS 3

MEDICAL CERTIFICATION 55

20. DATE OF DEATH 4/25/40 19 , at 11 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1940, to Apr 25 1940, and that I last saw him alive on Apr 25 1940.

Immediate cause of death Uremia — Duration 1 day

of Long.

Due to Hemiplegia (apoplexy) — 3 mos

Due to Enlargement of prostate (operation) — 4 mos

Other Conditions — 10

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Seymour Perch M. D.
Address 720 Cathedral Date signed April 26 1940

F 68735

68735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 443

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1310 N. Bentelou
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 16
(e) Length of stay in Baltimore (yrs., mos., or days) 26

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1310 N Bentelou Rt
(If rural give location)
(e) If foreign born, how long in U. S. A.? 26 years

3 (a) FULL NAME Annie Glick

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-26-1878

8. AGE: Years 61 | Months 11 | Days 29 | If less than one day: hr. min.

9. Birthplace London, England
(Town, county, and state)

10. Usual Occupation Nurse Maid

11. Industry or business

FATHER
12. Name Solomon Weinberg
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah –
15. Birthplace Russia

16 (a) Informant Husband
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto Md

18 (a) Funeral director Jos. Lewis Inc
(b) Address 1429 E. Baltimore St

(a) 4-26 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-25-40 19 at 9:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 29 1935 to 4.24 1940, and that I last saw h~ alive on April 24 1940.

Immediate cause of death: Hodgkin's disease

Duration: Oct. 1935

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Whitehorne M. D.
Address 1720 Eutaw St Date signed 4/25/40

VS 8

F 68736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D

F 68736 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day.
(e) Length of stay in Baltimore (yrs., mos., or days) 44

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1501 N. Payson St (If rural give location)
(e) If foreign born, how long in U. S. A.) 44 years

3 (a) FULL NAME Ruben E Sherman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mollie
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1877
8. AGE: Years 63 | Months | Days | If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Abr. M. Sherman
13. Birthplace Russia

MOTHER
14. Maiden Name Hannah Sherman
15. Birthplace Russia

16 (a) Informant Edward Sherman
(b) Address 2925 Norfolk ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Morgan Chapel
18 (a) Funeral director Jos. Levy Sons
(b) Address 1422 E. Balto St
19 (a) 6 1940 (b) Date rec'd by reg'r Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1940 at 4:30 P.M
21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 20 1939, to April 25 1940, and that I last saw h(im) alive on April 25 1940.

Immediate cause of death: Atelectatic Pneumonia
Due to: Uremia
Due to: Chronic Interstitial Pulmonary Tuberculosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W. E. Work, M. D.
Address 319 West North Ave Date signed 4/26/40

VS 3

F 68737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 68737 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 314 E. University Pkwy.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 or 2
(e) Length of stay in Baltimore (yrs., mos., or days) 1 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town.)
(d) Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Stephen John Parthree

3 (b) If veteran, name war none

3 (c) Social Security Account No. 213-07-8078

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Henrietta Parthree

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1871

8. AGE: Years 68 | Months 8 | Days 16 | If less than one day hr. min.

9. Birthplace Delaware (Town, county, and state)

10. Usual Occupation Sign writer

11. Industry or business Bethlehem Steel Co.

FATHER
12. Name Samuel Parthree
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Brennan
15. Birthplace Md.

16 (a) Informant Mrs. Helen C. Flounders
(b) Address 314 E. University Pkwy.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29, 40 (month) (day) (year)
(c) Cemetery or crematory Riverview Cem. Location Wilmington Delaware

18 (a) Funeral director Wm. J. Lickner & Sons
(b) Address Monte & Pa aves.

19 (a) (Date received by local registrar) Apr 26 1940 (b) Signature of Registrar Stanton Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1940, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 24 1940, to April 25 1940, and that I last saw h alive on April 25 1940.

Immediate cause of death: Gastro-Intestinal Carcinoma
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy

Duration: Hours or Min. from History only

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A Evans M. D.
Address 6 2 & 40 Date signed

F 68738 ✓F 68738

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3805 Clifton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3217 Windsor Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Shipley Brown

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	None	Male	White	Married

6 (b) Name of husband or wife Edna Mc Ginnis Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 7 1882

8. AGE: Years	Months	Days	If less than one day
57	4	14 17	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Broker Self
11. Industry or business

FATHER
12. Name John Hammond Brown
13. Birthplace A. A. Co. Md.

MOTHER
14. Maiden Name Georgia Childs Shipley
15. Birthplace Baltimore

16 (a) Informant Mrs. Edna Brown
(b) Address 3217 Windsor Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director William J. Tickner & Sons
(b) Address North & Pennsylvania Aves

19 (a) (Date rec'd by registrar) (b) [illegible] Mortuary

26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1940, at 11:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 24 1940, to Apr 24 1940, and that I last saw h in alive on Apr 24 1940.

Immediate cause of death	Duration
Cerebral hemorrhage and paralysis	1 day
Due to arteriosclerosis	?
Hypertension	
Due to Systolic 285 Diastolic 130	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter E. Talbot M. D.
Address 2 E. Pleasant Garrison Date signed 4/27/40

H. L. Wollenweber, M.D.
Assistant Medical Examiner

F 68739 Yard #4 X V

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

169

Registered No. E 68739

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Found on Curtis Bay yard Pennsylvania Railroad
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Independence (If outside city or town limits, write RURAL and give town)
(d) Street address 501 W Mills Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JOSEPH B. YARNALL

3 (b) If veteran, name war: ?
3 (c) Social Security Account No.: ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation — none — tramp
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory PUBLIC CEMETERY
Location APR 26 1940
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) APR 26 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3, 1940, at 2 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Crushing of chest with complete decapitation — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence April 3rd 1940
(c) Where did injury occur? Curtis Bay Yard Penn R.R. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place (Specify type of place) While at work? no
(e) Means of injury struck by Railroad Train

23. Signature H. L. Wollenweber, M.D. Medical Examiner.
Date signed 4-3-1940

VS 6

F 68740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 68740 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 205 N. Durham St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 205 N. Durham St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

6

3 (a) FULL NAME William Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Sarah Thomas
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) May 15, 1899

8. AGE: Years	Months	Days	If less than one day
40	11	8	..... hr. ..... min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Sarah Thomas
(b) Address 205 N. Durham St.

17 (a) Burial (b) Date thereof April 26, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cem.
Location A. A. County Md.

18 (a) Funeral director Mrs. R. A. Elliott & Daughter
(b) Address 1129 N. Caroline St.

19 (a) 4 26 1940 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/23 1940, at 7 15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3.28 1940 to 4.23 1940, and that I last saw him alive on 4.20 1940.

Immediate cause of death	Duration
Pulmonary Tuberculosis	6 wks (from history)
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Rayner Browne M. D.
Address 1500 E. Madison St Date signed 4/24/40

V8 3

Thomas J. Williams, M.D. Registrar

Rayner Browne

68741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-N

F 68741

Registered No. 51424 SD

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1060 Argyle Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Mayers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Married

6 (b) Name of husband or wife Arthur

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1882

8. AGE: Years	Months	Days	If less than one day
57	11	10	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laundry Work

11. Industry or business

FATHER
12. Name Louis Brown (d)
13. Birthplace Baltimore

MOTHER
14. Maiden Name Elizabeth Dorsey
15. Birthplace Baltimore

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn.
Location Mt Wilson
(a) Funeral director Leroy O Wilson
(b) Address 1505 Brantley Ave
(c) 4-26-1940 (Date received by registrar) Washington Nelidus, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1940, at 8.22 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 30 1939, to April 24 1940, and that I last saw h-r alive on April 24 1940.

Immediate cause of death	Duration unknown.
Arteriolar nephrosclerosis	
Due to	
Due to	
Other Conditions Myocardial infarction	3 months.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy nephrosclerosis, myocardial infarct

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J Murray Hofstein M. D.
Address Balto City Hosp. Date signed 4-26-40

H. P. Co.—1000 Blks.

F 68742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-c

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 S. Bethel St. 3-1 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy Atkinson

(a) RESIDENCE. No. 116 S. Bethel St., Ward.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	Blk.	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Atkinson

6 DATE OF BIRTH (month, day, and year) 1888

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Oyster Shucker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Not known

9 BIRTHPLACE (city or town) (State or country) Churchville Md.

PARENTS

10 NAME OF FATHER Rivardy Johnson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant George Atkinson

(Address) 116 S. Bethel St. Huntington Terminal, Md.

15 Filed APR 26 1940, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-24 1940

17

I HEREBY CERTIFY, That I attended deceased from Feb. 3d 1940, to April 23d 1940

that I last saw h[illegible] alive on [illegible] 1940

and that death occurred, on the date stated above, at 1.30 A. m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Jacob L. Schmeiser, M. D.

4-24-1940 (Address) 300 S. Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL Apr 26 1940

20 UNDERTAKER Elroy O Wilson

ADDRESS 1000 Broadway

CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

68743

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 48-D

F 68743
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2800 Reese St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 14yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2800 Reese St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Irene Elizabeth Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Married

6 (b) Name of husband or wife Albert L Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29/79

8. AGE: Years	Months	Days	If less than one day
60	3	24	hr. min.

9. Birthplace Glen Hill Md
(Town, county, and state)

10. Usual Occupation Domestic
11. Industry or business Domestic

FATHER
12. Name Samuel Berry
13. Birthplace Md

MOTHER
14. Maiden Name Ella Evans
15. Birthplace Va

16 (a) Informant Ella Cannton
(b) Address 2800 Reese St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto Co

18 (a) Funeral director Joyner Sanders
(b) Address 1412 E. Preston St

19 (a) (Date received by registrar) (b) Filed by Wm. Rogers M.D.

APR 26 1940

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 23, 1940, at 2 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 18, 1940, to Apr. 23 1940.
And that I last saw h[illegible] alive on Apr. 23 1940.

Immediate cause of death	Duration
Myocardial Failure	?
Due to Arteriosclerosis & Nephritis	about 4yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice Adams M. D.
Address 312 E 23rd St Date signed 4-24-40

PLEASE WRITE WITH UNFADING INK. Every item must be answered. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

68744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C Registered No. F 68744

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1110 Central Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1110 Central Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

10 N.

3 (a) FULL NAME Mary E. Elder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	married

6 (b) Name of husband or wife Philip M. Elder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12-1859

8. AGE: Years	Months	Days	If less than one day
80	10	12	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation
11. Industry or business at Home

FATHER
12. Name Michael Callahan
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Tobystrick
15. Birthplace Ireland

16 (a) Informant Philip M. Elder
(b) Address 1110 Central Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Leonard J. Kuhn

18 (a) Funeral director
(b) Address Halfway Md

APR 26 1940

19 (a) (Date rec'd by registrar) (b) Hunter G. Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-24 1940 at 5 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/3 1940 to 4/24 1940 and that I last saw h[illegible] alive on 4/22 1940.

Immediate cause of death Bronchial Pneumonia — Duration 3/3/40

Due to

Due to

Other Conditions Cardiac Decompensation (Include pregnancy within 3 months of death) — 3/24/40

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature H. C. Littman M. D.
Address 1304 Eutaw Place Date signed 4/25/40

VS 3

68745

F 68745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Give full name of deceased, and correct age if especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1017 Valley st
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1017 Valley st (If rural give location)
(e) If foreign born, how long in U. S. A.? 50? years

3 (a) FULL NAME Rose Anna Hepburn

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John H. Hepburn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29, 1860

8. AGE: Years	Months	Days	If less than one day
79	7	27	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at Home

FATHER
12. Name Arthur Mayne
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Mc Gale
15. Birthplace Ireland

16 (a) Informant Mrs. Francis E. Hepburn
(b) Address 1017 Valley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cemetery
Location 2100 Pulaski Highway and Belair Rd.

18 (a) Funeral director Edgar W. Conkle
(b) Address 924 E. Eager St

19 (a) Filing rec'd by registrar Apr 26 1940 Registrar

V 80

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1940 to April 27 1940; and that I last saw h[illegible] alive on April 26 1940.

Immediate cause of death: Cerebral Apoplexy.

Duration

Due to
Due to
Other Conditions: Arteriosclerosis
Hypertension
(Including pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J. Schrenck
Address 1337 S. Charles St Date signed 4/26/40. (M. D.)

F 68746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 68746

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Use "None" where necessary. If unknown, or if doubtful as to correctness, write "Unknown" or "Probably" as the case may be. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically. Give the correct age in all cases where it can be obtained, and in all cases at death of infants under one year of age. The space for "Usual Occupation" is to be filled in with the word which will show the trade, profession, or particular kind of work done during the greater part of life, even though the deceased may have been employed at some other occupation at the time of death. The entry "Housewife" is sufficient for married women who have been engaged in no occupation outside the home. Do not use the terms "Laborer," "Clerk," or "Manufacturer" without explanation of the nature of the business.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1428 E Oliver St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
9-9
(d) Street No. 1428 E Oliver St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 28 years

3 (a) FULL NAME BENEDICTA GUGLUIZZA OR GALUZZO

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years 79 | Months | Days | If less than one day: hr. min.

9. Birthplace ITALY
(Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name NICHOLAS SPINNATA
13. Birthplace ITALY

MOTHER
14. Maiden Name ROSE ?
15. Birthplace ITALY

16 (a) Informant THOMAS GUGLUIZZA SON
(b) Address 1428 E. OLIVER ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 29/40 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR RD.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) APR 26 1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1940, at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Coronary occlusion	
Due to Arteriosclerosis general	
Due to	
Other Conditions malnutrition	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. J. Wolfenmeier M.D.
Medical Examiner.
Date signed 4-25-40

F 68747

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

Registered No. F 68747

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6800 EASTERN AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6800 EASTERN AVE.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 65 YEARS years

3 (a) FULL NAME JUSTINA M. DORN

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: FRANCIS F.X. DORN

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 26-1864

8. AGE: Years 75 | Months 6 | Days 28 | If less than one day: hr. min.

9. Birthplace GERMANY (Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business

FATHER 12. Name FRANCIS WEIDEMANN

13. Birthplace GERMANY

MOTHER 14. Maiden Name UNKNOWN

15. Birthplace GERMANY

16 (a) Informant HARRY DORN (SON)

(b) Address 6800 EASTERN AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 27/40 (month) (day) (year)

(c) Cemetery or crematory SACRED HEART

Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Zeiler INC.

(b) Address 403 S. WOLFE ST.

19 (a) APR 26 1940 (Date received by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 24 1940 at 1A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 39 to April 24 1940, and that I last saw her alive on Apr. 24 1940

Immediate cause of death: Cerebral emboli one week — Duration

Due to: Secondary. Myocardial degeneration

Due to: 2 years duration

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations NONE
Of autopsy NONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence NONE
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. V. Kelly M.D. 1940 Coph. St.

Address 100 N. Linwood Ave. Date signed Apr 26 1940

VS 3

F 68748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 68748

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~2nd~~
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 31 S. Franklintown Road (If rural give location)
If foreign born, how long in U. S. A.? years

20 H

3 (a) FULL NAME Carolyn Chaney

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Wm J. Chaney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1895

8. AGE: Years	Months	Days	If less than one day hr.	min.
44	9	19	10	

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wm N. Meyer
13. Birthplace Balto. Co. Md

MOTHER
14. Maiden Name Mary A. Murphy
15. Birthplace Baltimore Md

16 (a) Informant Palmer Meyer
(b) Address 31 S Franklintown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27-1944 (month) (day) (year)
(c) Cemetery or crematory Balto
Location E Baltimore

18 (a) Funeral director Edward Foulenger
(b) Address 1359 Washington Blvd.

19 (a) APR 26 1944 (Date received by registrar) (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-24-1944, at 6 a. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Arteriosclerotic Heart — Duration

Due to arterio-sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Thomsen M.D. Medical Examiner.
Date signed 4-24-44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

54953 - MB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B

Registered No. E 68749

~~68749~~

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 726 Bruce St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Grant Brooks

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Widowed

6 (b) Name of husband ~~WIFE~~ Rosie (dead)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1869

8. AGE: Years	Months	Days	If less than one day
70	9	10	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Gardner
11. Industry or business James Carey, University Place

FATHER
12. Name George Brooks (dead)
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha Galloway (dead)
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-1940 (month) (day) (year)
(c) Cemetery or crematory John Wesley Cemetery
Location Waterbury & Co.

18 (a) Funeral director Mrs. F. G. Parker
(b) Address 747 Washington St. Annapolis, Md.

19 (a) [illegible] Date received APR 27 1940 (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26 1940, at 12 16 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-22 1940 to 4-26 1940, and that I last saw him alive on 4-25 1940.

Immediate cause of death Carcinoma of urinary bladder — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosps. Date signed 4-26-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 B

Registered No. F 68750

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd & CALVERT STS.

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 da.

(e) Length of stay in Baltimore (yrs., mos., or days) 9 da

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town PARIS, FRANCE (If outside city or town limits, write RURAL and give town)

(d) Street No. 16 PLACE Vendome (If rural give location)

(e) If foreign born, how long in U. S. A.? 5 mos. years

3 (a) FULL NAME MS. ARNOLD OSTERTAG

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Married

6 (b) Name of husband or wife .....

6 (c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
55			hr. ..... min.

9. Birthplace LUCERNE, SWITZERLAND (Town, county, and state)

10. Usual Occupation NONE - RETIRED

11. Industry or business

FATHER 12. Name NOT KNOWN

13. Birthplace Switzerland.

MOTHER 14. Maiden Name NOT KNOWN

15. Birthplace Switzerland.

16 (a) Informant Hospital Records.

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26/40 (month) (day) (year)

(c) Cemetery or crematory New York

Location .....

18 (a) Funeral director H. Jenkins Sons Co.

(b) Address Calvert & McCulloh Sts.

19 (a) APR 27 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1940, at 8:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1940, to Apr. 27 1940, and that I last saw h.im alive on Apr. 27 1940.

Immediate cause of death HEPATIC INSUFFICIENCY — Duration 3 mos.

Due to CIRRHOSIS of the LIVER

Due to STAPHYLOCOCCUS SEPTICEMIA

Other Conditions PNEUMONIA (Bilateral)

MYOCARDIAL DISEASE (Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy CIRRHOSIS OF LIVER

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature S. D. Sunday M. D.

Address Union Memorial Date signed 4/27/40

F 68751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-P Registered No. F 68751

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Give full name of deceased. If not in hospital or institution, give residence. Give full name of informant. Be sure to answer every question. Where there is no physician, inquire of someone who has knowledge of the facts. Give your best information about the cause of death. Do not guess. Do not state "Unknown" unless you have made every effort to obtain the information. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Md~~ Md. County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Arundel Hotel - Mt Royal & Chas st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William M. Cutcheon

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 579-01-3089

4. Sex: M
5. Color or race: Wh
6 (a) ~~Single, married, widowed, or~~ divorced: Divorced
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 18th 1891
8. AGE: Years 48 | Months 4 | Days 7 | If less than one day ..... hr. ..... min.
9. Birthplace Brantford Ontario (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Auto

FATHER
12. Name Wm M. McCutcheon
13. Birthplace Brantford Ont.

MOTHER
14. Maiden Name Helen Hill
15. Birthplace Brantford Ont

16 (a) Informant Lady
(b) Address Mercy Hosp

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1209 St. Paul St

19 APR 27 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1940, at 4:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said # (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bichloride Mercury Poisoning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 4/12/40
(c) Where did injury occur? Arundel Hotel Charles & Royal (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Hotel (Specify type of place) While at work? No
(e) Means of injury Ingested Bichloride Mercury tablets

23. Signature Arthur Andrews M.D.
Medical Examiner.
Date signed 4/20/40

F 68752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 68752

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Owens Mills (If outside city or town limits, write RURAL and give town)
(d) Street No. Rosewood Training School (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Mitchell

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 2 1908

8. AGE: Years 31 | Months 4 | Days 25 | If less than one day: 3 hr. min.

9. Birthplace Balto City (Town, county, and state)

10. Usual Occupation Inmate & School.

11. Industry or business

FATHER
12. Name John L. Mitchell
13. Birthplace Balto City

MOTHER
14. Maiden Name Edna Boblitz
15. Birthplace Balto City

16 (a) Informant Rosewood School
(b) Address Owings Mills

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27/40 (month) (day) (year)
(c) Cemetery or crematory Rosewood
Location Balto Co.

18 (a) Funeral director J. F. Glenn & Sons
(b) Address Reisterstown Md

APR 27 1940

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1940, at 11 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Subarachnoid and Subdural Hemorrhage
Epilepsy — Duration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/2/1940
(c) Where did injury occur? Rosewood Training Sch. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, or public place? Public (Specify type of place) While at work? no
(e) Means of injury Fell during epileptic seizure

23. Signature H. Williams Grey M.D. (Medical Examiner.)
Date signed 4/26/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made for each item. Do not use abbreviations. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

68753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B Registered No. F 68753

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 708 Harford Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 708 Harford Av (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin Phoenix

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 218-03-1377

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Marie Phoenix
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/15/1894

8. AGE: Years	Months	Days	If less than one day
45	10	11	hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Elevator operator
11. Industry or business

FATHER
12. Name Talafario Phoenix
13. Birthplace New York

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Marie Phoenix
(b) Address 708 Harford Av

17 (a) Shipment (Burial, cremation, or removal) (b) Date thereof 4/28/1940 (month) (day) (year)
(c) Cemetery or crematory Limestone Cemetery
Location Gaffney S.C.

18 (a) Funeral director Robert L. Young
(b) Address 804 N. Caroline St

19 (a) APR 27 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4·26 1940 at 8 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12·30 1939 to 4·26 1940 and that I last saw h/ Malive on 4·25 1940.

Immediate cause of death: Pulmonary Tuberculosis — Duration: 4 mos
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rayner Browne M. D.
Address 1500 E. Madison St Date signed 4/26/40

Rayner Browne

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68754

CERTIFICATE OF DEATH

46B F 68754

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 Dawson St. 14-2 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 1609 Dawson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Johnson

6. DATE OF BIRTH (month, day, year) June 24-88

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Monk Grant

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Hopkins

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT Emaline Johnson

(Address) 1609 Dawson St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date April 27, 1940

19. UNDERTAKER Mrs. Chas. H. Holland

(Address) 1631 Druid Hill Ave.

APR 27 1940 Harrington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 1940 to June 25 1940

I last saw h[illegible] alive on June 24 1940 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	6 mo
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) [illegible] M. D.

(Address) 1602 Pennsylvania Ave

VS 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Also state OCCUPATION in very important. See instructions on back of certificate.

68755 F8043 BALTIMORE CITY HEALTH DEPARTMENT X 64 F 68755

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or "unknown" inserted where it cannot be ascertained. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Winston Mill Road
(c) Hospital or institution: Herman Hospital 28-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore County (If outside city or town limits, write RURAL and give town)
(d) Street No. Dogwood Rd - Woodlawn (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charlotte Alberta Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12 - 1940

8. AGE: Years	Months	Days	If less than one day
	1	9	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Charles Albert Smith

13. Birthplace Baltimore, Md

MOTHER 14. Maiden Name Rose R. Bailey

15. Birthplace Baltimore Co. Md

16 (a) Informant Charles A. Smith

(b) Address Dogwood Rd - Woodlawn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 27 1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto. Md.

18 (a) Funeral director Wm. J. Tickner & Sons

(b) Address North & Pa. Aves

19 (a) APR 27 1940 (Date rec'd by Registrar) (b) Hunter for Williams, M.P. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 - 1940, at 11:15 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Status thymico-lymphaticus	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.

Date signed

68858222 ✓ F 68756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46G

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days) 17 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County
(c) City or town Central City (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph E. Lohr

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 175-18-9934

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Hilma

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18-1886

8. AGE: Years	Months	Days	If less than one day
54	1	8	hr. min.

9. Birthplace Kantner-PA (Town, county, and state)

10. Usual Occupation Coal Miner

11. Industry or business

FATHER 12. Name Pierson Lohr

13. Birthplace Penna

MOTHER 14. Maiden Name Esther Specht

15. Birthplace Pa

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 30 1940 (month) (day) (year)

(c) Cemetery or crematory Forest Lawn.

Location Shurtzton, Pa

18 (a) Funeral director Wm. J. Trefts & Son

(b) Address Forest Ave

(c) Apr 29 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr-26 1940, at 8:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 9 1940 to Apr 26 1940, and that I last saw him alive on Apr 26 1940.

Immediate cause of death	Duration
Carcinoma, Pancreas	2 years
Due to Carcinoma, Liver (Metastases)	6 mos
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma, Liver
Of autopsy Carcinoma Pancreas, Liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James R. Gay M. D.
Address Johns Hopkins Hosp Date signed 4/30/40

PLEASE WRITE PLAINLY. Fill in the causes of death clearly and legibly. Give correct age in each case. Physicians: please write the cause of death clearly and legibly. Correct age is especially important.

68757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

923

F 68757 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 644 Jasper st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 644 Jasper St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Gillman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12 1869

8. AGE: Years	Months	Days	If less than one day
70	10	13	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Not known
13. Birthplace

MOTHER
14. Maiden Name Not known.
15. Birthplace

16 (a) Informant Mrs Jessie Carter.
(b) Address 159 Clay St Annapolis Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-40 (month) (day) (year)
(c) Cemetery or crematory Md Memorial
Location Balto, Md

18 (a) Funeral director Mrs Frances A Hensley
(b) Address 576 St Paul St
Waiting for Baltimore

19 (Date rec'd by registrar) Registrar

APR 27 19

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Myocardial insufficiency
Hypertension

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Wade Gray M.D.
Medical Examiner.
Date signed 4/25/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry of the causes of death clearly and legibly. correct age is especially important. Physicians: please write the

F 68758 F 5889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-D

Registered No. F 68758

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Catons Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 N. Port. St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Howard Orlando Travers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2/15/40

8. AGE: Years	Months	Days	If less than one day
0	2	12	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Howard Warren
13. Birthplace Cal. Co., Md.

MOTHER
14. Maiden Name Catherine E. Knauer
15. Birthplace Balto.

16 (a) Informant Hospital Records
(b) Address St Agnes

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director John C. Miller Inc
(b) Address 2430 E. Denver St

(c) APR 27 1940 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1940 at 4 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 17 1940 to Apr 27 1940, and that I last saw him alive on Apr 26 1940.

Immediate cause of death Broncho-pneumonia — Duration

Due to

Due to

Other Conditions Congenital club foot, (R) inguinal hernia; myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Bronchiolar pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Servis M. D.
Address St Agnes Hosp Date signed 4-27-40

VS 8

Suggest age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68759

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68759

CERTIFICATE OF DEATH

131-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 N. Bentalou St. 165 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Philip Hammen

If U. S. Veteran specify WAR ...

(a) Residence: No. 830 N. Bentalou St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eunice Slyder Hammen

6. DATE OF BIRTH (month, day, year) Oct - 15th 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self - Retired

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Hammen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Sulcart

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT J. Henry Baker

(Address) 9-E-Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 4/29/40 19

19. UNDERTAKER Geo. Wilson & Son

(Address) 2503 Edmondson Ave

20. Filed APR 27 1940 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25th 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 29 19 39 to Apr. 25 19 40

that saw h[illegible] alive on April 25 19 40 Death is said to have occurred on the date stated above, at 10 40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis.	
Other contributory causes of importance: Chr. Nephritis.	

Was an operation performed? none Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) George E. Shannon M. D.

(Address) 7 0 0 N. Fulton Ave

VS 3

APR 27 1940

EPH 1

F 68760

F 68760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-W Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate the causes of death clearly and legibly. Give full name of deceased, and correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 115 E Hughes St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 115 E Hughes (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theresa Welsh

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F. M.	W.	Widow

6 (b) Name of husband or wife James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 28 1865

8. AGE: Years	Months	Days	If less than one day
84	5	27	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housework at home

11. Industry or business —

FATHER
12. Name Joseph Grimm
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Bkunick
15. Birthplace Germany

16 (a) Informant Mrs Annie Garvey
(b) Address 115 E Hughes St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd

18 (a) Funeral director William M Maraek
(b) Address 716 Light St

19 (a) APR 27 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 25 1940 at 8 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1938 to Apr 25 1940, and that I last saw h alive on Apr 25 1940

Immediate cause of death	Duration
Dilatation of Heart	
Due to Coronary Thrombosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Wallace Wales M. D.
Address 422 Mulberry Date signed Apr 29 40

Spec.-7-11-39—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68761

CERTIFICATE OF DEATH

83-A F 68761

REGISTERED NO.

1-PLACE OF DEATH 3306 Ferndale Ave

City of BALTIMORE: (No.) St. 24th Ward)

(If death occurre in a hospital or ins tion, give its NA instead of street number.)

2-FULL NAME Mrs. Eliz B. Butler

(a) RESIDENCE NO. 1620 Webster St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F'm

4 Color or Race: W

5 Single, Married, Widowed, or Divorced, (write the word): Widow

5a If married, widowed, or divorced (or) WIFE of: Franklin B

6 DATE OF BIRTH (month, day, and year): Sept 22 1871

7 AGE: Years 68 Months 7 Days 3 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework at home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Christian Eisenhardt

11 BIRTHPLACE OF FATHER (City or town):

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Barbara Shamer

13 BIRTHPLACE OF MOTHER (city or town):

(State or country): Germany

14 Informant: Mr. Robert Lee Butler (Son)

(Address) 1620 Webster St

15 APR 27 1940 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-25 1940

17 I HEREBY CERTIFY, That I attended deceased from 4-10- 1940 to 4-25- 19 40

that I last saw her alive on 4-24- 19 40

and that death occurred, on the date stated above, at 1.10 A

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos.

CONTRIBUTORY (Secondary) Arteriosclerosis Hypertension

(duration) 16 yrs. mos.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Clinical findings

(Signed) N. U. Harper M.D.

. 19 (Address) 5201 Gwynn Oak Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western — Date of Burial: April 27/40 19

20 UNDERTAKER: William M Mareck — ADDRESS: 715 Light St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 68762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

Registered No. F 68762

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 701 Brookwood Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 701 Brookwood Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charlotte Jevins Wood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~: George E. Wood

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 12, 1893

8. AGE: Years 47 | Months | Days 13 | If less than one day hr. min.

9. Birthplace: Maine (town, county, and state)

10. Usual Occupation: House wife

11. Industry or business

FATHER 12. Name: John P. Jevins

13. Birthplace: Maine

MOTHER 14. Maiden Name: Upham

15. Birthplace: Maine

16 (a) Informant: George E. Wood

(b) Address: 701 Brookwood Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 27, 1940 (month) (day) (year)

(c) Cemetery or crematory: Loudon Park

Location: 3901 Frederick Rd

18 (a) Funeral director: Harry A. Wilhelm

(b) Address: 410 Edmondson Ave

19 (a) Date received by (Registrar): Huntington Williams M.D. Registrar

APR 27 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1939, to April 25 1940, and that I last saw h~~e~~ E A alive on April 25 1940.

Immediate cause of death: Carcinoma of liver — Duration: 6 Months

Due to: ovn

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings: Of operations: Carcinoma of liver

Of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Arthur J Davis M. D.

Address: 800 W 39th Date signed: 4-26-40

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. Please see that the correct age is especially important.

M. D. F. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68763

CERTIFICATE OF DEATH

83 aF 68763

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Denison St. St. 15-L Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie Greifzu

(a) Residence: No. 2743 W. North Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis C. Greifzu

6. DATE OF BIRTH (month, day, year) Feb. 23, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	31	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H.W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James H. Hellyer

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME ------ Hetz

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Irma L. Greifzu

(Address) 2743 W. North Av.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Pk. Date April 27, 1940

19. UNDERTAKER Lang & Wythe

(Address) 410 Edmondson Ave

APR 27 1940 Thurlington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1940 to April 24, 1940

I last saw her alive on April 24, 1940 Death is said to have occurred on the date stated above, 9.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan. 16, 1940
Coma	April 23, 1940

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so,

H. H. Allen M. D.

2167 W. North Av.

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

S. 3

F 68764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 954 Forrest St. 10-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edward A. Flickinger

If U. S. Veteran specify WAR

(a) Residence: No. Maryland Penitentiary St., Ward Littlestown Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Margaret Halter

6. DATE OF BIRTH (month, day, year): March 30 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Adams County Pa

FATHER

13. NAME: David Flickinger

14. BIRTHPLACE (city or town) (State or country): Carroll County Md.

MOTHER

15. MAIDEN NAME: Savanah Mathias

16. BIRTHPLACE (city or town) (State or country): Carroll County Md

17. INFORMANT: Levi S. Flickinger

(Address) Littlestown R. F. D.

18. BURIAL, CREMATION, OR REMOVAL

Place Silver Run, Md. Date April 27 1940

19. UNDERTAKER: J. M. Little & Son

(Address) Littlestown R. F. D. No. 2

20. Filed April 27 1940 Harrington for Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 9th 1940 to April 26 1940

I last saw him alive on April 26 1940. Death is said to have occurred on the date stated above, at 1:31 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac failure	
with pulmonary edema	
	over

Other contributory causes of importance:

Was an operation performed? NO Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Lamberg M. D.

(Address) 344 W Guilford Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V2 5

F 68765 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 13-D F 68765

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5511 Summerfield Ave. Ward) 28-5

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Wm. L. Hoerr (Horr)

If U. S. Veteran specify WAR

(a) Residence: No. 1828 Rutland Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary A. Hoerr

6. DATE OF BIRTH (month, day, year) Feb. 23-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Telephone Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Hoerr

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Madeline Hartman

(Address) 1828 Rutland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date April 29-40 19

19. UNDERTAKER John G. Miller

(Address) 2334 Jefferson St.

20. APR 27 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from December, 1939 to April 26, 1940

I last saw him alive on April 25, 1940 Death is said to have occurred on the date stated above, at 7:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Failure	
Other contributory causes of importance: Arteriosclerosis	one

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) [illegible] M. D.

(Address) 1125 St Paul St

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

68766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 68766 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 807 W. Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martin F. King

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife Cecilia King
6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) Oct 31, 1872

8. AGE: Years	Months	Days	If less than one day
67	5	26	hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Watchman (retired)
11. Industry or business Wade Bakery Co.

FATHER
12. Name Valentine King
13. Birthplace Ireland.

MOTHER
14. Maiden Name Catherine Clarity
15. Birthplace Ireland

16 (a) Informant Mrs. Cecilia King
(b) Address 807 W. Lombard St

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 4/29/1940 (month) (day) (year)
(c) Cemetery or crematory St Peters
Location 1300 Moreland Ave

18 (a) Funeral director John Conway & Son
(b) Address 2 Hollins Street.

APR 27 1940

19 (a) (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26th 1940, at 12:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm B Vandegrift M.D.
Medical Examiner.
Date signed 4/27/40

Please write clearly and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68764 4762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A Registered No. F 68767

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 809 N. Calhoun St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16 2

3 (a) FULL NAME George King

3 (b) If veteran, name war | 3 (c) Social Security Account No. ?

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Martha (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1880 ?

8. AGE: Years 60 ? | Months ? | Days ? | If less than one day ____ hr. ____ min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business unemployed

FATHER
12. Name Prince King (d)
13. Birthplace Md.

MOTHER
14. Maiden Name Leitha ? (d)
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof April 27/40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location

18 (a) Funeral director Thomas C. Kelly
(b) Address 1303 Pressman St.

19 APR 27 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1940, at 8:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1940, to April 22 1940, and that I last saw him alive on April 22 1940.

Immediate cause of death: Arteriolar sclerosis with uremia — Duration unknown.

Due to:

Due to:

Other Conditions Hypertensive cardiovascular disease and bronchopneumonia (terminal) — unknown.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. Murray Labadie M. D.
Address Balto City Hosp. Date signed 4-25-40

correct age is especially important. Physicians: please write this cause of death plainly.

VS 3

F 68768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5-2 543 Registered No. F 68768

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 422 N. Exeter Street
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 29 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 422 N. Exeter Street (If rural give location)
(e) If foreign born, how long in U. S. A.) 29 years years

3 (a) FULL NAME Salvatrice Tanzella

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Vincent Tanzella
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1898

8. AGE: Years 41 | Months 5 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Anthony Tertitta
13. Birthplace Italy

MOTHER
14. Maiden Name Anzello Saie
15. Birthplace Italy

16 (a) Informant Vincent Tanzella
(b) Address 422 N. Exeter Street, Baltg.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 29, 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director John O'Mitchell Sons
(b) Address 1900 Eutaw Place, Baltimore

19 APR 27 1940 (Date rec'd by registrar) Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26-1940, at 8 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1940, to Apr 24 1940, and that I last saw her alive on Apr 1940.

Immediate cause of death	Duration
Brain tumor	
Due to Malignancy	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations Penetrating Tumor of brain
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature A. L. Hornstein M. D.
Address 733 Aisquith Street Date signed

PLEASE WRITE PLAINLY. Use ink. Do not use pencil. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 68769

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1003 N. Parish St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1003 N. Parish
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John L. Owens

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex male | 5. Color or race col | 6 (a) Single, married, widowed, or ~~divorced~~ Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 7, 1940

8. AGE: Years 0 | Months 0 | Days 18 | If less than one day hr. min.

9. Birthplace md (Town, County, and State)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name James Owens

13. Birthplace md

MOTHER 14. Maiden Name Marion Walker

15. Birthplace Md.

16 (a) Informant James Owens

(b) Address 1003 N. Parish St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Tha E. Kelson

(b) Address 130 3 Baltimore, Md.

19 (a) [illegible] (b)

APR 27 1940

Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1940, at 11 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/23 1940, to 4/25 1940 and that I last saw h— alive on 4/24 1940.

Immediate cause of death Bronchio-pneumonia — Duration 5 days

Due to Bronchitis — Duration few days

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —

(e) Means of injury —

23. Signature C. H. Pratt M. D.

Address 1536 W. Lanvale St Date signed 4/26/40

PLEASE WRITE PLAINLY. Please write the causes of death clearly and legibly. Physicians: please correct age is especially important.

F 68770 ✱ F 68770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison and Linden Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Liberty Grove Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 13
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dr. Ernest Rowland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lula P.
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Physician
11. Industry or business

FATHER
12. Name Robert L. Rowland
13. Birthplace Liberty Grove Md.

MOTHER
14. Maiden Name Emma H. Rowland
15. Birthplace Liberty Grove Md.

16 (a) Informant Lula P. Rowland
(b) Address Liberty Grove, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1 194 (month, day) (year)
(c) Cemetery or crematory West Patten Grove
Location Colora Md.

18 (a) Funeral director J. C. Tyson
(b) Address Bush Md.

19 (a) APR 28 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-27 1940, at 3:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-26 1940 to 4-27 1940 and that I last saw him alive on 4-27 1940.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to Diffuse nephritis	over
Due to	
Other Conditions Decompensation	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. E. Rowland M. D.
Address Maryland Gen. Hosp. Date signed 4-27-40

Correct age is especially important. If uncertain, please write "about."

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

68771

CERTIFICATE OF DEATH

80-D

F 68771

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Richard Pentony

(a) Residence: No. Martinsburg, West Virginia St., Chestnut Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan. 1936.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Grafton W.Va.
(State or country)

FATHER

13. NAME J. M. Pentony

14. BIRTHPLACE (city or town) Dunbelton W.Va.
(State or country)

MOTHER

15. MAIDEN NAME Arbuckle Smith

16. BIRTHPLACE (city or town) Charlestown
(State or country) W.Va.

17. INFORMANT Mother.
(Address) Martinsburg W.Va.

18. BURIAL, CREMATION, OR REMOVAL
Place Martinsburg W.Va. Date 4/28/1940

19. UNDERTAKER Kogelschatz & Coffman
(Address) Martinsburg W. Va.

20. FILED APR 28 1940 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27-40, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-21-40, 19, to 4-27-40, 19

I last saw him alive on 4-27-40, 19. Death is said to have occurred on the date stated above, at 11:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus, internal, secondary to	
Non-suppurative Encephalitis	2½ months

Other contributory causes of importance:

H. Shelby Barlow

Was an operation performed? Encephalogram Date of 4-25-40

For what disease or injury? Hydrocephalus

Name of operation Encephalogram

What test confirmed diagnosis? Encephalogram Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) L. N. Pisani, M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.
OCCUPATION is very important.

VS 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

68772 68772

CERTIFICATE OF DEATH

56-D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hospital St. H N Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Margaret Montgomery

If U. S. Veteran specify WAR

(a) Residence: No. 729 Bedford St, Cumberland, St., Maryland Ward. Treatment Allegany Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 23-1920

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
20	3	3 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Maryland (State or Country)

FATHER

13. NAME Wm F. Montgomery

14. BIRTHPLACE (city or town) Pa (State or country)

MOTHER

15. MAIDEN NAME Ida Jenkins

16. BIRTHPLACE (city or town) Va (State or country)

17. INFORMANT Mrs Ida Montgomery (Address) 729 Bedford St Cumberland Md

18. BURIAL, CREMATION, or REMOVAL Burial Place Removal Date 4-27-40

19. UNDERTAKER John D. Mitchell's Sons (Address) 1900 Eutaw Place

20. FILED APR 28 1940 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27-40, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-22-40, 19 to 4-27-40, 19

I last saw her alive on 4-27-40, 19 Death is said to have occurred on the date stated above, at 5:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Cerebellar Tumor, 4th ventricle with extension to rt. hemisphere	1 year ago

Other contributory causes of importance:

Was an operation performed? Yes Date of 4-22-40 4-27-40

For what disease or injury? cerebellar tumor

Name of operation 1st stage Cerebellar exploration 4-22-40 2nd stage Cerebellar exploration 4-27-40

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 68773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 68773 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Mc Keesport
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 Park Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ~~JOSEPH~~ James Mr. WILSON

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Unknown (Town, county, and state)
10. Usual Occupation None.
11. Industry or business

FATHER
12. Name James Wilson
13. Birthplace Penna

MOTHER
14. Maiden Name Harriett George
15. Birthplace Penna

16 (a) Informant Wife
(b) Address 1101 Centre St Wilkinsburg

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/40 (month) (day) (year)
(c) Cemetery or crematory Greensburg Cemetery
Location Greensburg, Penna

18 (a) Funeral director John C. Melly Inc
(b) Address 2433 E. Olive St.

19 (a) (Date received by local registrar) (b) Registrar

APR 28 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1940, at 7:40 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said ~~Inquest~~ (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Acute cardiac dilatation	
Due to Arteriosclerotic heart disease	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. F. Wallenmaier M.D.
Medical Examiner.
Date signed 4-27-40

(OVER)

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

F 68774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 68774

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DIA
(e) Length of stay in Baltimore (yrs., mos., or days) do

2. USUAL RESIDENCE OF DECEASED:
(a) State N. C. (b) County
(c) City or town Wilmington (If outside city or town limits, write RURAL and give town)
(d) Street No. 218 N 6th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? – years

3 (a) FULL NAME CLAYTON CLINTON MOORE SR

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None.

4. Sex: M
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Adula
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): July 1876
8. AGE: Years 63 | Months 9 | Days ? | If less than one day: hr. min.
9. Birthplace: Parkwl N C (Town, county, and state)
10. Usual Occupation: Dealer –
11. Industry or business: Notion Business

FATHER
12. Name: Emanuel Moore
13. Birthplace: Parkwl N C.

MOTHER
14. Maiden Name: Unknown
15. Birthplace: N C.

16 (a) Informant: Mr. John R. Moore
(b) Address: 420 N. 5th St Wilmington N C.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof: April 27 1940 (month) (day) (year)
(c) Cemetery or crematory
Location: Wilmington No C

18 (a) Funeral director: Williams & Tuckner & Ford
(b) Address: North & Pennsylvania Ave

19 (a) APR 28 1940 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1940, at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said inquiry find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death	Duration
Acute cardiac dilatation	sudden
Due to Arteriosclerotic heart disease.	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. T. Wallenmeyer M.D. Medical Examiner.
Date signed 4-27-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 68775 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2240 Brookfield Ave
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 38

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2240 Brookfield Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 38 years

3 (a) FULL NAME Samuel Kellert

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Rachael
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 7-14-1866
8. AGE: Years 73 | Months 9 | Days 23 | If less than one day hr. — min.
9. Birthplace: Russia (Town, county, and state)
10. Usual Occupation: Retired merchant
11. Industry or business

FATHER
12. Name: Joseph Hyman Kellert
13. Birthplace: Russia

MOTHER
14. Maiden Name: Freida Kellert
15. Birthplace: Russia

16 (a) Informant: Mary Kellert
(b) Address: 3914 Greenspring Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-40 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Friendship
Location: Balto Md

18 (a) Funeral director: Jack Levin Inc
(b) Address: 1439 E. Balto St

APR 28 1940
(Date rec'd by registrar) — Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27, 1940, at 8.54 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 1939 to April 27 1940, and that I last saw h alive on April 26, 1940.

Immediate cause of death: Pulmonary Tuberculosis — Duration ?
Due to: —
Due to: —
Other Conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature: Sidney D. Levy M. D.
Address 2324 Eutaw Place Date signed 4/27/40

VS 3

Please write plainly. Physicians: please write the causes of death clearly and legibly. Information correct age is especially important.

F 68776

Henry G Miller

F 68776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Carey Ave.,
(c) Hospital or institution:
St. Agnes' Hospital,
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 9 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 612 Wyanoke Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Henry G. Miller

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-5992

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Eva

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1881

8. AGE: Years	Months	Days	If less than one day
58	9 10	17	hr. min.

9. Birthplace Scranton Pa
(Town, county, and state)

10. Usual Occupation waiter
11. Industry or business Lord Baltimore Hotel

FATHER
12. Name Wm Miller
13. Birthplace Ger. Germany

MOTHER
14. Maiden Name Mary
15. Birthplace Pa Germany

16 (a) Informant Eva J. Miller
(b) Address 612 Wyanoke Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof April 28, 1940 (month) (day) (year)

(c) Cemetery or crematory
Location Scranton, Penna.

18 (a) Funeral director E. Leroy Stauffer, Inc.
(b) Address 1256 North Ave.

19 (a) Filed APR 28 1940 (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26- 1940, at 6.50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14 1940, to 4-26 1940, and that I last saw h[illegible] alive on 4-26 1940.

Immediate cause of death	Duration
Carcinoma of stomach with metastases to	
Due to the liver.	
Due to	
Secondary Anemia.	
Other Conditions Arteriosclerosis.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David W. Palmer M. D.
Address Date signed 4-26-40

CORRECT AGE IS especially important

68777

HEALTH DEPARTMENT—CITY OF BALTIMORE

68777

CERTIFICATE OF DEATH

74-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hospital St. 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. — mos. — da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Estella Wright

If U. S. Veteran specify WAR

(a) Residence: No. 564 Baker St. St., Ward. Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 15-1924

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
15	4	10.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbia S. C.

FATHER

13. NAME William F. Wright

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Gertrude Wise

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Gertrude Wright (Address) 564 Baker St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cemetery Date 4/28/1940

19. UNDERTAKER Asphalt & Rubber Co. (Address) 2104 Pennsylvania Ave.

20. FILED APR 28 1940 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 18th, 1940, to April 25th, 1940

I last saw him alive on April 25th, 1940 Death is said to have occurred on the date stated above, at 1:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute pleurisy complicated pneumonia	4/18/40
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes.

20. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. T. A. Ruell Jr. M. D.

(Address) Univ. Hosp.

State CAUSE OF DEATH in plain terms. If that is only a symptom, state OCCUPATION is very important. See instructions on back of certificate.

F 68778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 68778 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 353 S Fulton ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 353 S. Fulton ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mary E. Chaney.
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Dallas Chaney.
Late 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10-1853

8. AGE: Years	Months	Days	If less than one day
86	6	16	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business —

FATHER
12. Name Unknown Whitehead
13. Birthplace Md

MOTHER
14. Maiden Name Unknown Barry
15. Birthplace Md

16 (a) Informant Mrs. Edgar Martindale
(b) Address 353 S. Fulton ave

17 (a) Burial (b) Date thereof 4/29/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director Geo. L. Beyer Jr
(b) Address 1512 Hollins St

19 (a) APR 29 1940 (b) [illegible]
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1940, at 6 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940 to April 26 1940, and that I last saw her alive on April 24 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to cerebral arteriosclerosis	unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Rosen
Address 206 S. Gilmor St Date signed M. 4 D. 27 1940

Physicians: please write the cause of death very plainly. Be especially important. Be sure to correct age is especially important.

F 68779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B

F 68779 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 225 E. 33rd St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 225 E. 33rd St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louise Victoria Vizet

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Victor A. Vizet
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 5th 1862

8. AGE: Years	Months	Days	If less than one day
77	4	22	hr. min.

9. Birthplace Paris France (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Arthur Florest
13. Birthplace Paris France

MOTHER
14. Maiden Name Louise Horton
15. Birthplace Paris France

16 (a) Informant Mrs Lucy Henry
(b) Address 225 E. 23rd St

17 (a) Burial (Burial, ~~cremation, or removal~~) **(b) Date thereof** 4/30/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location New York N. Y.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) APR 28 1940 (Date rec'd by registrar) **(b)** Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27th 1940 at 4:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1940 to Apr 27 1940 and that I last saw h ~~er~~ alive on Apr 27 1940

Immediate cause of death	Duration
Cerebral Embolism	1
Due to Arteriosclerosis	—
Due to Bronchitis	2 years
Other Conditions Bronchiectasis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert H. Riggs
Address 2020 N. Charles Date signed 4/28/40

VS 3

68780

HEALTH DEPARTMENT—CITY OF BALTIMORE 68780

CERTIFICATE OF DEATH

51-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Adelbert E. Miller

If U. S. Veteran specify WAR

(a) Residence: No. 15 Somerset Rd St. Catonsville S.S. 2/2-1-42496

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary B. Miller

6. DATE OF BIRTH (month, day, year) Jan 1st 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Magazine Editor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bonani Temple

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Painesville Ohio

FATHER

13. NAME Loren T. Miller

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Rebecca Grover

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary B. Miller

(Address) 15 Somerset Rd. Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 4/29, 1940

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED 19 Registrar.

APR 28 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1940 to April 26, 1940

I last saw him alive on April 25, 1940 Death is said to have occurred on the date stated above, at 6:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate C	1 yrs
Liver & Pleural Metastases	days

Other contributory causes of importance:

Pyelonephritis

Secondary anaemia

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. B. Nuhall M. D.

(Address) University Hospital

4/26/40

State CAUSE OF DEATH in plain terms, so that any physician can understand it. OCCUPATION is very important. See instructions on back of certificate.

VGK

F 68781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

33 06 68781 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. No Home
(If rural give location)
(c) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Jackson

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	? None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-13-1855

8. AGE: Years	Months	Days	If less than one day
85	0	12	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Unknown House Painter
11. Industry or business

FATHER
12. Name William Jackson
13. Birthplace Md.

MOTHER
14. Maiden Name Leah Chalk
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.
18 (a) Funeral director Wilson & Co
(b) Address 1217 E. Pratt St

APR 28 1940 (b) [illegible] M.D.
(Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1940, at 7 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1938, to April 25 1940, and that I last saw h[illegible] alive on April 25 1940.

Immediate cause of death	Duration (Interval between onset and death)
Arteriosclerotic Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy General atrophy & coronary arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 4-27-40

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians:

F 68782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

F 68782 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2032 N Washington St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2032 N. Washington St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Margaret Leonard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Edward Leonard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 16 1870

8. AGE: Years	Months	Days	If less than one day
69	6	11	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Frederick Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Roemer
15. Birthplace Germany

16 (a) Informant Edna L Conrad
(b) Address 2032 N. Washington St.

17 (a) Burial (b) Date thereof April 30 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md.

18 (a) Funeral director Harry A. Comes
(b) Address 4204 Ridgewood Ave

19 (a) (Date rec'd by registrar) (b) Registrar

APR 30 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/27/40 19 , at 1.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1931 to April 27 1940
and that I last saw he alive on 4/27 1940

Immediate cause of death Cancer of Liver (Mets)
Due to Diabetes
Due to
Other Conditions Bright's Disease

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
10 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alf S Gage M. D.
Address 709 N Broadway Date signed

correct age is especially important. Physicians: please write

F 68783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-c Registered No. F 68783

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Cockeysville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Warren Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME WILLIS H FRANTZ

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-4975

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	w	m.

6 (b) Name of husband or wife Mary Frantz
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) June 17, 1903

8. AGE: Years	Months	Days	If less than one day
36	10	11	hr. min.

9. Birthplace Cockeysville Balto Co, Md
(Town, county, and state)
10. Usual Occupation Tool Designer
11. Industry or business Glenn L Martin

FATHER
12. Name Harry Frantz
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Bessie Cullen
15. Birthplace Balto. Co. Md

16 (a) Informant Emma Brooks
(b) Address Towson

17 (a) Burial (b) Date thereof Apr 30 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Poplar Church
Location Cockeysville, Md

18 (a) Funeral director Frank M. Brown
(b) Address Towson, Md

19 (a) Filed (Date received by Registrar) Hattie G. Williams, M.D. Registrar

APR 28 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1940, at 4:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquest) (Autopsy or Inquest)

Immediate cause of death	Duration
Hemorrhage, subdural	8 hrs
Due to Fracture of skull	
Due to	
Other Conditions Contusions multiple	

(Include pregnancy within 3 months of death)

Major findings:
Of operations hemorrhage
Of autopsy Yes as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 27th, 1940
(c) Where did injury occur? Sweet Air Rd Sweet Air, Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? ?
(Specify type of place)
(e) Means of injury struck by auto, auto to side collision

23. Signature H. H. Williams M.D. Medical Examiner
Date signed 4-28-40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

68784
378929

F 68784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1918 W. Lexington (If rural give location)
(e) If foreign born, how long in U. S. A.? 20 years

3 (a) FULL NAME MARY MASLAUSKAS (Nualusky)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife FRANK

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-14-93

8. AGE: Years 46 | Months 5 | Days 13 | If less than one day hr. min.

9. Birthplace Lith (Town, county, and state)

10. Usual Occupation H-Wife

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5-1-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Ridge Cem
Location Work Blvd

18 (a) Funeral director Joseph Kaminskas Jnr.
(b) Address 662 Wash Blvd. Hyattsville, Md.

19 (a) APR 28 1940 (Registrar's signature)
(b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 27 1940, at 9:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 11 1940, to Apr 27 1940, and that I last saw her alive on Apr 27 1940.

Immediate cause of death Adenocarc (Nom) ovary, left extensive extension and abd. metastases — Duration 4 wks

Due to

Due to

Other Conditions Uremia, ascites, Anaemia, emaciation (Include pregnancy within 3 months of death)

Major findings:
Of operations adeno-ca ovary c metast. To omentum
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Douglas D. Faik.
Address Johns Hopkins Hosp. Date signed 4-28-40

correct age is especially important, especially for persons under 5 years

68785
378899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54 13 F 68785 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County.....
(c) City or town WASHINGTON
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1374 Somerset Place NW
(If rural give location)
(e) If foreign born, how long in U. S. A.?..... years

3 (a) FULL NAME DAVID KIRJASSOFF

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife.....

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-20-27

8. AGE: Years	Months	Days	If less than one day
13	1	8	hr. min.

9. Birthplace N.Y.
(Town, county, and state)

10. Usual Occupation.....

11. Industry or business

FATHER 12. Name Louis KIRJASSOFF

13. Birthplace RUSSIA

MOTHER 14. Maiden Name Belle GORDON

15. Birthplace CONN

16 (a) Informant RECORDS

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/40 (month) (day) (year)

(c) Cemetery or crematory Arlington Nat'l Cem.

Location Arlington Co. Va.

18 (a) Funeral director B. Dansansky

(b) Address 3501 14th St NW

19 (a)..... (b) Filed APR 28 1940 (Date received by registrar) Harriet M. Williams Asst. Registrar

APR 28 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH APR 28 1940, at 1:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from APR 23 1940, to APR 28 1940, and that I last saw HIM alive on APR 28 1940.

Immediate cause of death	Duration
Pituitary Tumor	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Pituitary tumor (malignant)
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?..... While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature Kenneth L. Pickrell M. D.

Address J. H. H. Date signed 4-28-40

F 68786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8/a

F 68786 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 58
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Kingsville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Judith Ann Parker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/8/39

8. AGE: Years	Months	Days	If less than one day
	7	20	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Louis A. Parker
13. Birthplace Texas

MOTHER
14. Maiden Name Mary Stallknecht
15. Birthplace New York

16 (a) Informant Father
(b) Address Kingsville, Md.

17 (a) Removal (b) Date thereof 4/28/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director Clarence E. Arthur
(b) Address Fork Md.

APR 28 1940 (b) Huntingtor Williams, M.D.
(Registered by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1940, at 11:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/2 1940 to 4/28 1940, and that I last saw him alive on 4/28 1940.

Immediate cause of death	Duration
Pneumococcic Meningitis	3 mos
Due to	
Due to	
Other Conditions Hydrocephalus	2½ mos

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Mary Baum M. D.
Address Sydenham Hosp. Date signed 4/28/40

CORRECT AGE IS especially important

F 68787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 68787

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1321 Brandon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1321 Brandon Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Edward Miller

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4 Sex: Male | 5 Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Kate Miller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1883

8. AGE: Years 57 | Months 1 | Days 8 | If less than one day hr. min.

9. Birthplace Bostorfle Va (Town, county and state)

10. Usual Occupation Agent

11. Industry or business Insurance

FATHER
12. Name Not known
13. Birthplace Va

MOTHER
14. Maiden Name Mary
15. Birthplace Va

16 (a) Informant Elvira Miller
(b) Address 1321 Brandon Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof April 29, 1940 (month) (day) (year)
(c) Cemetery or crematory Laurel Cemetery
Location

18 (a) Funeral director Mrs Katie R. Williamson
(b) Address 322 N. Schroeder St Baltimore, Md.

APR 29 1940

19 (a) (Date rec'd by registrar) (b) Herbert J. Stiger for Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1940 at 4:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/16/1939 to 4/26/1940 and that I last saw h[illegible] alive on 4/26/1940.

Immediate cause of death. Hypertension Cardio. Vascular Renal Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Kaweski M.D.
Address 601 Carroll Ave Date signed 4/29/40

correct age is especially important. Typewriter preferred.

VS 3

M. D. F 1268-9

F 68788

F 68788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 753 Dolphin St. 17-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Page Johnson

(a) Residence: No. 753 Dolphin St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Alonia Porter Johnson

6. DATE OF BIRTH (month, day, year) Feb. 14, 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel - Ship

10. Date deceased last worked at this occupation (month and year) April, 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Page Johnson

14. BIRTHPLACE (city or town) (State or country) Cambridge, Md

MOTHER

15. MAIDEN NAME Jane Hack

16. BIRTHPLACE (city or town) (State or country) Accomack Co. Va

17. INFORMANT Alonia Johnson

(Address) 753 Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date April 29, 1940

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St

20. FILED ... 19...

APR 29 1940 Howard W. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-25-40

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1939 to April 25, 1940

I last saw him alive on April 25, 1940 Death is said to have occurred on the date stated above, at 10:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio renal vascular Disease	about May 1939
Hemiplegia	1939

Other contributory causes of importance: over

Name of operation ... Date of ...

What test confirmed diagnosis? Phy. Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) James M. Lair M. D.

(Address) 400 N. Carrollton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 68789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

Registered No. 55070 SD

F 68789

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 645 N. Payson Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew Wagner

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: M
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Mila
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) ?
8. AGE: Years 68 ? | Months | Days | If less than one day hr. min.
9. Birthplace Carroll County, Westminister, Md. (Town, county, and state)
10. Usual Occupation Taylor
11. Industry or business (State Pentioner)

FATHER
12. Name John
13. Birthplace Germany

MOTHER
14. Maiden Name Mary
15. Birthplace CArroll County, Westminister ~~Maryland~~

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Westminster
Location Westminster Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) APR 30 1940 (Date received by Registrar) (b) Hunting Ridge, Md

VS 8

correct age is especially important. registration, prosecution

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28 1940, at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-26 1940, to 4-28 1940, and that I last saw him alive on 4-28 1940.

Immediate cause of death: Uraemia — Duration: few days
Due to: Benign prostatic hypertrophy — ?
Due to:
Other Conditions: Arteriosclerotic ulcers and gangrene legs — ?
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Kelso Ward Jr. M. D.
Address Balto City Hosp. Date signed 4-28-40

68786 - RB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 137 W E 68790

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 502 S. Bouldin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26-11

3 (a) FULL NAME Fountain Gibbs

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: ? None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband ~~XXXX~~ Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 5, 1857

8. AGE: Years	Months	Days	If less than one day
82	7	23	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Frank Gibbs
13. Birthplace Virginia

MOTHER
14. Maiden Name Rebecca Williams
15. Birthplace Virginia

16 (a) Informant Records
(b) Address B.C.H.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/1/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Trinity
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 129 S Paca st

19 (a) (Date received by registrar) (b) Huntington Williamsville

APR 29 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28 1940, at 1.22 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-28 1940 to 4-28 1940, and that I last saw him alive on 4-27 1940.

Immediate cause of death: Bronchopneumonia — Duration: Few days
Due to: benign prostatic hypertrophy
Due to:
Other Conditions: Rheumatism & Cataracts

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. K. Kinbel Jr. M. D.
Address Balto City Hosp. Date signed 4-28-40

F 68791

F 68791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3300 Beech Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3300 Beech Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary E. Shaffer.

3 (b) If veteran, name war ✓ (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow.

6 (b) Name of husband or wife Henry Shaffer.
6 (c) If dead, give date ..... years

7. Birth date of deceased (mo., day, yr.) July 13, 1857

8. AGE: Years	Months	Days	If less than one day: hr.	min.
82	9	13		

9. Birthplace Maryland. (City, county, and state)
10. Usual Occupation None.
11. Industry or business

MOTHER / FATHER
12. Name Henry Shaffer.
13. Birthplace ✓ Md.
14. Maiden Name Mary Bosley
15. Birthplace ✓ Md.

16 (a) Informant Harry E. Shaffer.
(b) Address 3300 ✓ Beech Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29 1940 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Elkridge, Md.

18 (a) Funeral director Chamberlain & Donovan
(b) Address 2615-17 Eastern Ave.

APR 29 1940 (Date) (Registrar) (b) Hunter L. Miller, Registrar, Millersville, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26 1940, at 11.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from APRIL 10 1940, to 4-25-1940, and that I last saw h EA alive on APRIL 25 1940

Immediate cause of death	Duration
CEREBRAL HEMORRHAGE	16 days
Due to ARTERIOSCLEROSIS	15 YEARS
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Arthur J Davis M. D.
Address 700 W 33rd St Date signed 4-26-40

correct age is especially important. Typewriter, pen or indelible pencil must be used.

68792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. F 68792

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 803 N. Fremont Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 736 Carrollton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Flavius J. Rawlings

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colo.	married

6 (b) Name of husband or wife W W W Rawlings
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 2, 1880

8. AGE: Years	Months	Days	If less than one day hr.	min.
59	6	24		

9. Birthplace Calvert Co Md (Town, county, and state)
10. Usual Occupation
11. Industry or business Housewife

FATHER
12. Name Basil Hall
13. Birthplace Calvert Co. Md

MOTHER
14. Maiden Name Caroline Parker
15. Birthplace Calvert Co. Md

16 (a) Informant W W W Rawlings
(b) Address 736 W Carrollton Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof Apr 30-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Co. Md

18 (a) Funeral director James A Stamper
(b) Address 1142 W Pratt St

APR 29 1940

(Signature of registrar) (b) Thos. Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1940, at 9 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 22 1940 to April 26 1940, and that I last saw him alive on April 26 1940.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arterio-sclerotic Cardio Vascular Disease	4 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M D Rawlings M. D.
Address 803 W Fremont Ave Date signed April 27

W. J. Watkins, M.D. Chief Medical Examiner

F 68793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 68793

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 Laurens St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucy Smith (54747)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1909

8. AGE: Years: 30 | Months: 11 | Days: 24 | If less than one day: hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name Jeff Howard (D)
13. Birthplace Va.

MOTHER
14. Maiden Name Hattie Harris (D)
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto. Co. Md.

18 (a) Funeral director Jas. Jr. Stevens
(b) Address 1617 N. Fremont Ave

19 (a) APR 29 1940 (b) (Registrar) Registrar

VE 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26, 1940, at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 16, 1940, to Apr. 26, 1940, and that I last saw h er alive on Apr. 26, 1940.

Immediate cause of death: Tuberculosis of the Lungs — Miliary Tuberculosis — Duration: March 1940

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. J. Dolan M. D.

Address Balto. City Hospitals Date signed 4-26-40

68794

F 68794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 415 S. Caroline St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-L
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 415 S. Caroline St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katie Brown

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife John Brown
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) 2-16-1902

8. AGE: Years	Months	Days	If less than one day
38	2	10	hr. min.

9. Birthplace Charlotte N.C.
(Town, county, and state)
10. Usual Occupation domestic
11. Industry or business

FATHER
12. Name Daniel Jordan
13. Birthplace unknown

MOTHER
14. Maiden Name Elizabeth Adam
15. Birthplace N.C.

16 (a) Informant John Brown
(b) Address 415 S. Caroline St

17 (a) Burial (b) Date thereof 4-29-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Cedar Hill Md.
18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 - E Brantley ave.

19 (a) APR 29 1940 (b) Registrar
(Date received by registrar)

Lafayette Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26 1940 at 11:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20 1940 to 4-26 1940 and that I last saw h.e.r alive on 4-25 1940

Immediate cause of death Pulmonary Tuberculosis

	Duration
Due to	6 wks (history)
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Rayner Browne M. D.
Address 500 E. Madison St Date signed 4/26/40

correct age is especially important. Physicians: please write the

Blue—5-9-13—H. P. Co.—1000 Blks.

F 68795

HEALTH DEPARTMENT—CITY OF BALTIMORE F 68795

CERTIFICATE OF DEATH. 107

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 Johns ST.: 14 ward) REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Mina A Chew Antionette

(a) RESIDENCE. NO. 1512 Johns ST.. WARD.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widd

5a If married, widowed, or divorced HUSBAND of (or) WIFE of W. L. Chew

6 DATE OF BIRTH (month, day, and year) July 31 1847

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
92	8	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

PARENTS

10 NAME OF FATHER John Talbott Barrington
11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md.
12 MAIDEN NAME OF MOTHER Debra Hubbard
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Philadelphia Pa.

14 Informant Miss Mary Chew
(Address) 1512 Johns Street

FILED APR 29 1940 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 27 1940

17 I HEREBY CERTIFY, That I attended deceased from Apr 11 1940 to Apr 27 1940
that I last saw her alive on Apr 26 1940
and that death occurred, on the date stated above, at 11- a m.
The CAUSE OF DEATH* was as follows:
Pneumonia, Bronchial
Pleurisy.

(duration) yrs. 1 mos. 7 ds.
CONTRIBUTORY (Secondary) Senile Arteriosclerosis
(duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) A Wesley Call M. D.
4/26 1940 (Address) 2202 Linwood

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Johns Cemetery — DATE OF BURIAL: 4-27-40

20 UNDERTAKER: Wm J. Lickard & Sons — ADDRESS: North Ave

nation should be carefully supplied. Age should be stated in years. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

8796 BALTIMORE CITY HEALTH DEPARTMENT 61 F 68796

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3408 Fait Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2619

3 (a) FULL NAME Michael John Kater

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/3/72

8. AGE: Years	Months	Days	If less than one day
66	7	25	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Pipe fitter Retired
11. Industry or business Standard Oil Co.

FATHER
12. Name William Kater
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Elizabeth Heinline
15. Birthplace Maryland

16 (a) Informant Edna Fisher
(b) Address 3408 Fait Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1 - 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location 5712 Odonnell St.

18 (a) Funeral director Edward F. Hoffman
(b) Address 1639 N. Broadway

19 (a) APR 29 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/28/40 1940, at 9:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/25 1940 to 4/28 1940, and that I last saw h/m. alive on 4/28 1940.

Immediate cause of death	Duration
Circulatory Collapse.	8 hrs.
Due to Gangrene - Rt Leg	2 wks.
Due to Diabetes.	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Gangrene of Rt leg & foot.
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard H. Trumbull M. D.
Address Union Memorial Hospital Date signed 4/28/40

VS 3

correct age is especially important. Physicians, please write in ages of deceased

F 68797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a

F 68797

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2618 Maryland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2618 Maryland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Boyle

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-5664

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	Married

6 (b) Name of husband or wife Sallie A. C. Boyle

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) June 29 1877

8. AGE: Years 62 | Months 9 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Dry Goods Salesman

11. Industry or business

FATHER 12. Name Daniel J. Boyle
13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Dolan
15. Birthplace Ireland

16 (a) Informant Sallie Ann Conroy Boyle
(b) Address 2618 Maryland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. F. Evans & Son Inc.
(b) Address 118 W. Mt. Royal Ave.

19 (a) APR 29 1940 (b) [illegible] registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1940, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 21 1940, to Apr. 26 1940, and that I last saw h[illegible] alive on Apr. 26 1940.

Immediate cause of death Hemorrhage, Gastric and bowel.
Due to Ruptured gastric ulcer
Due to Hypertension
Other Conditions
(Include pregnancy within 3 months of death)

Duration
10 days
6 yrs

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George J. E. Cross M. D.
Address 28 W 20th St Date signed 4-27-40

Please write clearly. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 68798 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8118 Harford Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Christina Dunn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	married

6 (b) Name of husband or wife Martin J. Dunn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12-1865

8. AGE: Years	Months	Days	If less than one day
74	7	15	hr. min.

9. Birthplace Balto Co Md
(Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name Andrew J. Meyer
13. Birthplace Germany

MOTHER
14. Maiden Name Sadie
15. Birthplace Germany

16 (a) Informant Martin J. Dunn
(b) Address 8118 Harford Rd

17 (a) Burial (b) Date thereof 4-30-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Leonard J. Pupke
(b) Address 5305 Harford Rd

19 (Date received by registrar) APR 29 1940 Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-27 1940, at 5:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-26 1940, to 4-27 1940, and that I last saw h[illegible] alive on 4-27 1940

Immediate cause of death: Acute urinary retention
Due to: Arteriosclerotic psychosis
Due to: Cardiovascular disease hypertrophy & decompensation.
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Kalmenson M. D.
Address St. Joseph's Hosp Date signed 4-27-40

correct age is especially important. Physician: please write the name in full, using typewriter if possible.

VS 3

F 68799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 117-a

F 68799 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2123 Mt. Holly st.
(c) Hospital or institution:
Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2123 Mt. Holly St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

13 9

3 (a) FULL NAME Joseph G Froehlinger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	married

6 (b) Name of husband or wife Josephine M Froehlinger 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-19-1864

8. AGE: Years	Months	Days	If less than one day
76	1	9	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Nikolas Froehlinger
13. Birthplace Germany

MOTHER 14. Maiden Name Elizabeth Reisinger
15. Birthplace Germany

16 (a) Informant Richard Froehlinger
(b) Address St Albans W. Va.

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-1-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J Pauli
(b) Address 6305 Hanford Road

19 (a) APR 29 1940 (Date rec'd by registrar) (b) Registrar
Huntington, W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1940, at 8 45 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1- 1940, to 4-28 1940, and that I last saw h. in alive on 4-28 1940

Immediate cause of death	Duration
Acute gastric ulcer - Hemorrhage	5 days (?)
Due to: 1. Benign prostatic hypertrophy (Operated 4-27-40)	3 yrs
2 Left pyonephritis, hydronephrosis	" "
Other Conditions hydrometra. Acute purulent cystitis	

(Include any injury within 3 months of death)

Major findings at operation Arteriosclerosis generalized

Of operations All above

Of autopsy all above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McCafferty M. D.
Address Bon Secours Hosp. Date signed 4-28-40

VS 3

correct age is especially important. Typewriter, pencil or ink must be used.

68800

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

22-MF 68800 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5227 Cuthbert Avenue
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County —
(c) City or town BALTO. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5227 CUTHBERT AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

27-18

3 (a) FULL NAME George H. Kraft
3 (b) If veteran, name war —
3 (c) Social Security Account No. none
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Harriett E. Kraft
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) 2/29/1860
8. AGE: Years 79 | Months 8 | Days 28 | If less than one day ____ hr. ____ min.
9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Mail clerk
11. Industry or business BALTO NEWS
FATHER 12. Name John Kraft
FATHER 13. Birthplace Baltimore, Md
MOTHER 14. Maiden Name Mary Francis Kraft
MOTHER 15. Birthplace Baltimore
16 (a) Informant Mrs. Harriett E. Kraft
16 (b) Address 5227 Cuthbert Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apl. 30 1940 (month) (day) (year)
17 (c) Cemetery or crematory Loudon Park
Location Irvington
18 (a) Funeral director C. Raymond Kaufman
18 (b) Address 927 Leeds Ave.
19 (a) ____ (Date received by registrar) (b) Thos. J. Pinkard, M.D. Registrar
APR 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 26 1940, at 10 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Apr 25 1940 to Apr 26 1940, and that I last saw h alive on Apr 26 1940

Immediate cause of death — Duration
Myocarditis —
Due to Large Inguinal Hernia —
Due to —
Other Conditions Senility
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —
23. Signature Charles J. Peck, M. D.
Address 216 Park Ave. Date signed Apr 27 40

Please write plainly. Physicians: please write the causes of death clearly and correct age is especially important.

68801

HEALTH DEPARTMENT—CITY OF BALTIMORE

68801

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 W. Lanvale St., 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Alexia Wilson

If U. S. Veteran specify WAR

(a) Residence: No. 1716 W. Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: Col'd

5. Single, Married, Widowed, or Divorced (write the word): widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Louis Wilson

6. DATE OF BIRTH (month, day, year): Feb 12 1868

7. AGE: Years 72 | Months 2 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Jesse Lee

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Louise Hall

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Annie Simmons

(Address): 1716 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: April 29 1940

19. UNDERTAKER: Hugh H. Nelson

(Address): 1303 Eastman St

Filed: 19 Thurlow Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 27 1940

22. I HEREBY CERTIFY, That I attended deceased from April 23 1940 to April 27 1940

I last saw h[illegible] alive on Apr 25 1940 Death is said to have occurred on the date stated above, at 3.15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/22/40
Paralysis	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) T. E. Dougherty M. D.

(Address) 1602 Pennsylvania Ave

OCCUPATION is very important. See instructions on back of certificate.

Apr 29 1940

EKG

802

F 68802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hosp
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2232 Pelham Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Katie Franz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Charles J. Franz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 6 - 1872

8. AGE: Years	Months	Days	If less than one day
67 Yrs.	6.8	21	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Jacob. Griesser
13. Birthplace Not. Known

MOTHER
14. Maiden Name Mary Hebb
15. Birthplace No. Known

16 (a) Informant Mr. Edwardine Hessler
(b) Address 2283 Pelham ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30-1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Belair Rd.

18 (a) Funeral director Henry Hecht & Sons Inc.
(b) Address 1301 E. Eager St.

19 APR 29 1940 (Date rec'd by Dist. Reg.) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1940 at 5:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1940 to death 19 and that I last saw h alive on April 27/1940

Immediate cause of death	Duration
(a) Arteriosclerosis Cardio vascular Renal	
Due to	
Due to	
Other Conditions Diabetes Mellitus Secondary anemia (Include pregnancy within 3 months of death)	

Major findings:
Of operations N C
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas L. Mayfield M.D.
Address Owen-Hopkins Date signed April 27, 1940

VS 8

F 68803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 A Registered No. 397 F

F 68803

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1211 W. Mosher St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1211 W. Mosher St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16 1

3 (a) FULL NAME Mrs Sarah Chase

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife Albert Chase
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4 1874

8. AGE: Years	Months	Days	If less than one day
66	1	23	hr. min.

9. Birthplace Calvert Co. Md. (Town, county, and state)
10. Usual Occupation Home work
11. Industry or business own home

FATHER
12. Name John Gormdy
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Lu Broom
15. Birthplace Calvert Co. Md.

16 (a) Informant Mrs Martha Dorgan
(b) Address 1207 E Madison St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30 1940 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Westport Baltimore and

18 (a) Funeral director Joseph G. Lively
(b) Address 4089 Mount St.

19 (a) (b) Hunter St. Williams M.D.

APR 29 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4—27— 1940, at 5:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-23— 1940, to 4-27 1940, and that I last saw her alive on 4-26— 1940.

	Duration
Immediate cause of death Cerebal hemorrhage	5 days
Due to	
Hypertension and arteriosclerosis	unknown
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings:	
Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. P. Saunders M. D.
Address 1029 N. Stricker Date signed 4-28-40

correct age is especially important. Physicians: please write the number of death clearly and legibly.

68804 LB 54999

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

30-E F 68804 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 113 Hammer Backer Court (If rural give location)
(e) If foreign born, how long in U. S. A.? years

29-1

3 (a) FULL NAME Annie Rebecca Dixon

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married (Sep.)

6 (b) Name of husband or wife Harvey Carroll
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/9/1891

8. AGE: Years	Months	Days	If less than one day
49	0	18	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name William Dixon
13. Birthplace Calvert Co., Md.

MOTHER
14. Maiden Name Mary Keyes
15. Birthplace Calvert Co.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-1-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Balto.

18 (a) Funeral director Walter R. Sparrow
(b) Address 139 W. Lanvale St.

19 (a) 1940 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1940, at 10:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 24 1940, to April 27 1940, and that I last saw h[illegible] alive on April 27 1940.

Immediate cause of death	Duration
Syphilitic Heart Disease	unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 4-28-40

VS 2

68805 STATE OF MARYLAND—CERTIFICATE OF DEATH

V107 F 68805

1. PLACE OF DEATH

County ..... Registration Dist. No. .....

Village or City Baltimore No. 2337 Montebello Terrace St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susan M. Gearing 15-T

(a) Residence: No. 1339 N. Carey St., ... Ward. If U. S. Veteran, specify WAR .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced (or) WIFE of Israel Gearing

6. DATE OF BIRTH (month, day, and year) Jan. 10, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	90	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER | FATHER

13. NAME Thomas Ockerman

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Ann Bell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Selma O. Gearing daughter (Address) 2337 Montebello Terrace

18. BURIAL, CREMATION, OR REMOVAL Place Nat. Cathedral Cem. Date Apr. 30 1940

19. UNDERTAKER John M. Johnson (Address) 1700 Division Ave. Huntington Park Md.

APR 29 1940 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr. (Month) 27 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 20 19.. to April 27 19.. 40

I last saw h.. alive on April 26 19.. 40; death is said to have occurred on the date stated above, at 3:15 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	4/1/40
Other Contributory Causes of importance: Age - Arteriosclerosis	10 yrs?

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. H. Wright M. D.

(Address) .....

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68896

CERTIFICATE OF DEATH

46-D F 68806

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 N. Bond St. 8-7 (Ward))

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Charles E Jubb

If U. S. Veteran specify WAR _____

(a) Residence: No. 1823 N Bond St., _____ Ward.
(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ANNIE E JUBB

6. DATE OF BIRTH (month, day, year) JULY 7-1872

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	67	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CARPENTER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. & WATCHMAN

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) CITY

FATHER

13. NAME WILLIAM H JUBB

14. BIRTHPLACE (city or town) (State or country) MD.

MOTHER

15. MAIDEN NAME ADRIA GAREY.

16. BIRTHPLACE (city or town) (State or country) MD.

17. INFORMANT ANNIE E JUBB
(Address) 1823 N. BOND ST.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 4/29 1940

19. UNDERTAKER John G Ingram
(Address) 3000 E. Baltimore St.

APR 29 1940 Thurlington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-26, 1940

22. I HEREBY CERTIFY, That I attended deceased from 8/40, 1939 to 4/26, 1940

I last saw him alive on 4/26, 1940 Death is said to have occurred on the date stated above, at 10 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum
Terminal Pneumonia
Cachexia

Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of 8/1939

For what disease or injury? Carcinoma of Rectum

Name of operation Resection of Rectum

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Chas B Marsh, M. D.

(Address) 801 N Lafayette Ave

OCCUPATION is very important. See instructions on back of certificate.

V.S.

Social Security number 217-05-2870.

F 68807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 68807 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3636 E. Fayette Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3636 E. Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26

3 (a) FULL NAME Carrie Buttner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Peter Buttner
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Sept. 6 - 1876

8. AGE: Years	Months	Days	If less than one day
63	7	20	hr. min.

9. Birthplace Balto. City (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John Raze
13. Birthplace Balto. Co.

MOTHER
14. Maiden Name Eliz. Upto.
15. Birthplace Balto. Co.

16 (a) Informant Peter Buttner
(b) Address 3636 E. Fayette St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof April 29-40 (month) (day) (year)
(c) Cemetery or crematory Moreland.
Location Taylor Ave & Balto Co.

18 (a) Funeral director John G. Connelly
(b) Address Govs Mill Huntington Williams, M.D.

APR 29 1940 (Date received by Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26- 1940 at 11 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquiry thereon and from the evidence obtained by said Autopsy - Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Heart	
Due to Arteriosclerosis	
Due to Hypertensive Degeneration	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard A. Worden M.D.
Medical Examiner.
Date signed 4-27-40

COPIES AND EXCERPTS ARE ESPECIALLY SOLICITED. ANY INFORMATION GIVEN WILL BE TREATED AS CONFIDENTIAL.

F 68808 38366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

136-aF 68808 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1830 Ashland Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin Felton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	widowed

6 (b) Name of husband or wife Alice

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/22/1877

8. AGE: Years	Months	Days	If less than one day
63	0	4	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation on relief

11. Industry or business ---

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Robert L. Young
(b) Address 604 W. Caroline St.

Apr 29 1940 (Date filed by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26 1940, at 9:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-4 1940, to 4-26 1940, and that I last saw h[illegible] alive on 4-26 1940.

Immediate cause of death

	Duration
Pernicary Extravasation of	Last week
Due to Urethral stricture of unknown etiology	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto. City Date signed 4-27-40

F 68809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1635 Orleans St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(b) Street No. 1635 Orleans St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Oradell Bruce Odell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex Female | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 6, 1909

8. AGE: Years 30 | Months 7 | Days 20 | If less than one day hr. min.

9. Birthplace Chester Va.
(Town, county and state)

10. Usual Occupation Domestic.

11. Industry or business

FATHER
12. Name Perley Bruce.
13. Birthplace Va.

MOTHER
14. Maiden Name Estelle Ferguson.
15. Birthplace Chester, Va.

16 (a) Informant Estelle Bruce
(b) Address 1635 Orleans St.

17 (a) Burial (b) Date thereof April 29 1940
(Burial, cremation, or removal) (Month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Robert H. Young
(b) Address 202 W. Carlton St

19 (a) 29 1940 Huntington Williams M.D.
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1940, at 5:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to April 26 1940.
and that I last saw h[illegible] alive on April 26 1940.

Immediate cause of death Carcinoma Breast — Duration June 1939

Due to

Due to

Other Conditions Lymphosarcoma & Cellulitis and Adenopathy of arm left
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph V. Young M. D.
Address 4729 E. Monument St. Date signed 4/28/40

68810 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E68810

CERTIFICATE OF DEATH ✓ 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. [illegible] Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Retta Wolvington

If U. S. Veteran specify WAR _____

(a) Residence: No. 1712 Linden Ave St., Baltimore City Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec 26-1861

7. AGE: Years 78 | Months 4 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Wheeling W. Va.

FATHER

13. NAME: J. Asa W. Wolvington

14. BIRTHPLACE (city or town) (State or country): W. Va.

MOTHER

15. MAIDEN NAME: Elizabeth Fowler

16. BIRTHPLACE (city or town) (State or country): W. Va.

17. INFORMANT: Mrs. Nellie Hays Clark

(Address) Seattle, Washington

18. BURIAL, CREMATION, OR REMOVAL: Place London Park Date Feb 30 19 40

19. UNDERTAKER: John O. Mitchell & Sons

(Address) 1900 Eutaw Place

Filed [illegible] 19 [illegible]

Registrar.

29 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-28-40, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-23-40, 19 to 4-28-40, 19

I last saw her alive on 4-28-40, 19 Death is said to have occurred on the date stated above, at 6:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Acute perforated appendicitis with peritonitis and paralytic ileus	5 days ago
Coronary Thrombosis	12 hrs

Other contributory causes of importance:

Hypertensive Cardio-vascular disease ? with congestive failure	

Was an operation performed? yes Date of 4-23-40

For what disease or injury? Acute perforated Appendicitis with Peritonitis

Name of operation Appendicectomy with Drainage

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John J. Bowers M. D.

(Address) Under Charity Hospital.

OCCUPATION is very important. See instructions on back of certificate.

VS 2

68811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133 F 68811 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Hydes
(If outside city or town limits, write RURAL and give town)
(d) Street No. 92
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alvin Francis Hipley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/12/1939

8. AGE: Years	Months	Days	If less than one day
1	2	16	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Adolph Hipley
13. Birthplace Baltimore County, Md.

MOTHER
14. Maiden Name Mattie Pierce
15. Birthplace Fork, Md.

16 (a) Informant Mother
(b) Address Hydes, Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/29/40 (month) (day) (year)
(c) Cemetery or crematory Fork M. E. Cem.
Location Fork Md.

18 (a) Funeral director Clarence E. Luther
(b) Address Fork Md.

19 (a) APR 30 1940 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1940, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/18 1940 to 4/28 1940, and that I last saw him alive on 4/28 1940.

Immediate cause of death
Meningitis
Due to Tuberculosis — Duration 16 days

Due to — Duration over

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Matt Baum
Address Sydenham Hosp. Date signed 4/29/40 M. D.

VS 3

68812 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 68812

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St. 4 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 25 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Jesse Newton Gilbert Jesse Newton Gilbert

If U. S. Veteran specify WAR

(a) Residence: No. Severn Side, A.A. County, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 22, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

FATHER

13. NAME John W. Gilbert

14. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

MOTHER

15. MAIDEN NAME Ann E. Ebaugh

16. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

17. INFORMANT Mr. John Taylor
(Address) Annapolis, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Unionville Carroll Co. Md. Date May 1st 1940

19. UNDERTAKER J. M. Cannon
(Address) 1064 W. Baltimore St.

20. Filed 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4 1940 to April 29 1940

I last saw him alive on April 28 1940 Death is said to have occurred on the date stated above, at 6 40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular Disease	
Coronary Thrombosis	Nov. 1939
Coronary Thrombosis	4 29 40

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph M. George Jr. M. D.
(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

VS 2

May 2 1940 Hubington Williams M.D. L.H.

68813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122a

Registered No. F 68813

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1032 Patapsco
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23-2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1032 Patapsco St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie Hart (Hardt)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Harry A. Hart

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 22, 1887

8. AGE: Years 52. | Months 7 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation house wife

11. Industry or business

FATHER
12. Name John Haynie
13. Birthplace Va

MOTHER
14. Maiden Name Carrie Folson
15. Birthplace Baltimore, Md.

16 (a) Informant Mr Harry A. Hart
(b) Address 1032 Patapsco St

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 5/1/1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Road.

18 (a) Funeral director John J Cowan & Son
(b) Address 901 Hollins St.

19 APR 29 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/28/1940, at 3 o'c. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/26 1940 to 4/28 1940 and that I last saw h[illegible] alive on 4/28 1940.

	Duration
Immediate cause of death Strangulated umbilical Hernia	2 days
Due to Umbilical Hernia	
Other Conditions Intestinal Obstruction	1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations Nil
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dorsey Mullen M. D.
Address 122 N Charles St Date signed

VS 3

F 68814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 68814 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 418 East st - steps
(c) Hospital or institution:
D. D. A. Mercy Hosp 4-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town ~~Balto~~ Boring
(If outside city or town limits, write RURAL and give town)
(d) Street No. P O Box 7
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry V. Markland

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Fiona B Markland
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18 1887

8. AGE: Years	Months	Days	If less than one day
52	9	1022	hr. min.

9. Birthplace Balto Co.
(Town, county and state)
10. Usual Occupation Railway clerk
11. Industry or business Western Md. R R.

FATHER
12. Name Chas. L Markland
13. Birthplace Balto Co.

MOTHER
14. Maiden Name Mary Ella Bennett
15. Birthplace Balto Co.

16 (a) Informant Mrs. Fiona B Markland
(b) Address Reisterstown Md

17 (a) Burial (b) Date thereof May 1 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Pleasant Grove
Location Balto Co.

18 (a) Funeral director J. F. Cline & Sons
(b) Address Reisterstown Md

19 (a) APR 29 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1940, at 3:05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide N. A.
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 4/29/40

Correct age is especially important. If any question, write to Bureau of Vital Statistics.

VS 6

F 68815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55 - F

Registered No. F 68815

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~1623 Park Avenue~~
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 weeks
(e) Length of stay in Baltimore (yrs., mos., or days) years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 Park Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Horatio Whitridge Turnbull

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1873

8. AGE: Years 66 | Months 11 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Retired Banker

11. Industry or business

FATHER 12. Name A. Nisbet Turnbull

13. Birthplace Maryland

MOTHER 14. Maiden Name Olivia Whitridge

15. Birthplace maryland

16 (a) Informant Brother

(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 30 1940 (month) (day) (year)

(c) Cemetery or crematory Green Mount

Location Balto Md

18 (a) Funeral director Henry W Jenkins Son Co

(b) Address Mt Auburn & Pulaski Sts

19 (a) APR 29 1940 (Date Received by Registrar) Washington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1940, at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1940 to April 28 1940 and that I last saw h[illegible] alive on April 25 1940.

Immediate cause of death	Duration
Cardio-resp. failure	5 mins.
Due to Cachexia	
Due to Sarcomatosis	10 mths.
Other Conditions	ovr

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. E. Crawford, M.D.
Address Union Memorial Hospital Date signed 4/29/40

VS 3

F 68816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 68816

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1813 Chilton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 1813 Chilton St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Broome Bradburn

3 (b) If veteran, name war

(c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Agnes S. Gott

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 29th 1871

8. AGE: Years	Months	Days	If less than one day
69	7	29	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Insurance Supt (Retired)

11. Industry or business

FATHER
12. Name Wm. Bradburn
13. Birthplace Md

MOTHER
14. Maiden Name Not Known
15. Birthplace Md.

16 (a) Informant Janie Bradburn
(b) Address 1713 Windermere Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/40 (month) (day) (year)

(c) Cemetery or crematory Woodlawn
Location Balto.

18 (a) Funeral director E. J. Fleming & Son
(b) Address 1938 E. Lafayette Ave.

19 (a) APR 29 1940 (b) Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 27th 1940, at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-18 1940 to 4/27 1940, and that I last saw him alive on 4-27 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 hr.
Due to Cerebral Arteriosclerosis	3 yr.
Due to Chronic Int Nephritis	(2)
Other Conditions Myocardial degeneration	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury None

23. Signature Daniel Miller, M.D.

Address 150 N Belnord Date signed 4/30/40

68817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 68817
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4100 Groveland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Emma B. Green

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	

6 (b) Name of husband or wife Melville N. Green
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 18, 1856

8. AGE: Years	Months	Days	If less than one day
84	1	11	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wm Burgess
13. Birthplace Balto.

MOTHER
14. Maiden Name Elizbeth Ricketts
15. Birthplace Balto.

16 (a) Informant Mr. Fredk B. Green
(b) Address 4100 Groveland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 30 1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto. Md.

18 (a) Funeral director Wm Rickert Sons
(b) Address North & Pa Aves

19 (a) (Signature of registrar) (b) Huntington Williams, M.D.

APR 29 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1940, at 7:15 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 4/22 1940, to 4/29 1940, and that I last saw her alive on 4/29 1940.

Immediate cause of death: Cerebral haemorrhage — Duration: 7 days
Due to: Hypertensive C.V.D.
Due to:
Other Conditions: Rt. hemiplegia
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward S. Glassman M. D.
Address Md. Gen. Hosp. Date signed 4/29/40

68818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 68818

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Jail Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 646 Mosher St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Bankings (Thomas Bankins)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Unknown. Chauffer
11. Industry or business Unknown.

FATHER 12. Name George Bankins
13. Birthplace and.

MOTHER 14. Maiden Name Elizabeth Carter
15. Birthplace St. Mary County

16 (a) Informant Ellenore Barber
(b) Address 646 Mosher st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-30-40 (month) (day) (year)
(c) Cemetery or crematory U. S. National
Location Old Frederick Rd.

18 (a) Funeral director G. H. Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (Local registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/30/1940, 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/11/1939, to 4/30/1940.
and that I last saw h[illegible] alive on 4/26/1940.

Immediate cause of death: Acute Dilatation of Heart

Duration: 4 hours

Due to: Myocarditis — 4 years

Due to: Arterio sclerosis — 4 years

Other Conditions: Prostatic enlargement, Cystitis, Pyelitis, Cachexia — over 4 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas J. Wade M.D. M. D.
Address Baltimore City Jail Date signed 4/30/40

APR 29 1940

F 68819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 68819

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2812 Overland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 85 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2812 Overland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nannie E Herrmann

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John Herrmann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/21/1855

8. AGE: Years 85 | Months 2 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name John Lauer

13. Birthplace Annapolis Md

MOTHER 14. Maiden Name Margaret Singleman

15. Birthplace Baltimore

16 (a) Informant John O. Herrmann

(b) Address 2812 Overland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 30, 1940 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville Md.

18 (a) Funeral director John Ulrich

(b) Address 2008 Eutaw St

19 (a) APR 29 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1940, 2 05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1940 to April 27 1940. and that I last saw her alive on April 27 1940.

Immediate cause of death: Coronary Occlusion — Duration 6 weeks

Due to Arteriosclerosis — 2 yrs.

Due to

Other Conditions Cholecystitis — 4yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clark G. Fitzgerald M.D.
Address 1513 E. North Ave. Date signed Apr 29 40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68820

CERTIFICATE OF DEATH

131-A F 68820

1. PLACE OF DEATH 419 N. Kenwood Ave.

CITY OF BALTIMORE: (No. ..... St., 6-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alexander Bond

If U. S. Veteran specify WAR .....

(a) Residence: No. 419 N. Kenwood Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Laura Emily Bond

6. DATE OF BIRTH (month, day, year) 7/15/1855

7. AGE 84 Years | Months 9 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Caleb Bond

14. BIRTHPLACE (city or town) (State or country) Michigan

MOTHER

15. MAIDEN NAME Elizabeth Chaney

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. Christina Bond
(Address) 419 N. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 1, 19 40

19. UNDERTAKER John Ulrich
(Address) Roosevelt

20. FILED ..... 19 .....
APR 29 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1940, to April 29, 1940

I last saw him alive on April 28, 1940 Death is said to have occurred on the date stated above, at 5 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General sclerosis, myocardial insufficiency	4/27/40
Other contributory causes of importance: Arterio-sclerosis, chr. nephritis, senile dementia	?

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? pleural findings Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. Schlegel M. D.

(Address) 447 N. Kenwood Ave.

SEE CAUSES OF DEATH on page 2 for instructions. See instructions on back of certificate.
OCCUPATION is very important.

54530 - MB

68821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-W Registered No. F 68821

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 919 N. Chapel St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ethel Broadway

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband ~~Matthew~~ Roosevelt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1910

8. AGE: Years	Months	Days	If less than one day
29	5	26	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Daniel Shelton
13. Birthplace ?

MOTHER
14. Maiden Name Fanny Logan
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Ar. Ag. Co. Md.

18 (a) Funeral director Robert McGinnis
(b) Address 15-15 N. Fulton Ave

19 (a) APR 29 1940 (Date received by registrar) (b) [signature] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28 1940, at 1 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-8 1940, to 4-28 1940, and that I last saw her alive on 4-27 1940.

Immediate cause of death Carcinoma cervix with metastasis — Duration ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.
Address Balto city Hosp. Date signed 4-28-40

F 68822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a

Registered No. F 68822

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 937 S.BOULDIN ST.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 937 S.BOULDIN ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNA FISHER

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife FRANK FISHER
6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) MAY 29 1864

8. AGE: Years	Months	Days	If less than one day
75	10 11	29 28	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name GEORGE AMLING
13. Birthplace GERMANY

MOTHER
14. Maiden Name BARBRA RENNER
15. Birthplace GERMANY

16 (a) Informant BARBRA D.BORKLENDER
(b) Address 937 S.BOULDIN ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR.30/40 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL RD.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S.WOLFE ST.

19 (a) APR 30 1940 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 27 1940 at 2/30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 22 1940 to Apr. 27 1940 and that I last saw h[illegible] alive on Apr. 27 1940.

Immediate cause of death: Pneumonia of Carcinoma of Intestines Abdominal — Duration: 4-22-40

Due to

Due to None

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature [illegible] M. D.
Address 602 S. Ed[illegible] Date signed 4-29-40

VS 3

F 68823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

Registered No. F 68823

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 629 S. Hanover St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William McCullough (1)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day: 2½ hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Wm. Allan's
13. Birthplace Md.

MOTHER 14. Maiden Name Nellie McCullough
15. Birthplace U. Sta.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL APR 29 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 APR 29 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1940, at 6.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 22 1940, to Apr. 22 1940, and that I last saw deceased alive on Apr. 22 1940.

Immediate cause of death: Prematurity — Duration: 12 hrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 4/27/40

5578

B 68824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

Registered No. 68824

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 629 S. Hanover St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wilbert McCullough (7)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day: 5 hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Wm - Abbins
13. Birthplace Md -

MOTHER
14. Maiden Name Nelli McCullough
15. Birthplace N. Car -

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL APR 29 1940

18 (a) Funeral director Commissioner of Health
(b) Address For H. A. Moore

19 (a) APR 29 1940 (Date rec'd by registrar) Registrar

VE 3

Huntington Williams M.D. 2580

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1940, at 12 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 22 1940, to Apr. 22 1940 and that I last saw h- alive on Apr. 22 1940

Immediate cause of death: Pneumonia — Duration: 6 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ethel Walker M. D.
Address Baltimore Date signed 4/27/40

F 68825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107a ✓ Registered F 68825

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address The Johns Hopkins Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 hr. 7 min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 North Wolfe St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Emma Logan ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	single

6 (b) Name of husband or wife single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1939

8. AGE: Years	Months	Days	If less than one day
		26	9 hr. 7 min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Jerry Lee Gossip
13. Birthplace unknown

MOTHER
14. Maiden Name Emma Lee Logan
15. Birthplace Virginia

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL APR 29 1940
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) (Date received by local registrar) (b) Huntington Williams M.D. (Registrar's signature)

1357

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 27 1939 at 1 46 P.M.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1 1939 to Sept 27 1939. and that I last saw her alive on Sept. 27 1939.

Immediate cause of death	Duration
Aspiration pneumonia	2 days
Due to Prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. W. Overstreet M. D.
Address Johns Hopkins Hosp. Date signed 4-27-40

F 68826 F 7900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 68826

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address The Johns Hopkins Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 hrs. 25 min

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 6521 Detroit Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Shiflet

3 (b) If veteran, name war ____

3 (c) Social Security Account No. ____

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	single

6 (b) Name of husband or wife single

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 26, 1940

8. AGE: Years	Months	Days	If less than one day
		7	16 hr. 25 min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Roy Shiflet
13. Birthplace Virginia

MOTHER
14. Maiden Name Louise Emma Dricks
15. Birthplace Maryland

16 (a) Informant ____
(b) Address ____

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL APR 29 1940
Location ____ Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address ____

19 (a) APR 29 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

1581

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1940, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 26 1940, to April 3 1940, and that I last saw her alive on April 3 1940.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature E. W. Overstreet M. D.
Address Johns Hopkins Hosp. Date signed 4-27-40

68827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a ✓ Registered No. F 68827

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1617 Jackson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 L

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1617 Jackson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Shepard

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Annie R. Cloarty
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Feb. 17, ?879

8. AGE: Years	Months	Days	If less than one day
Abt. 61	2	9	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Foreman
11. Industry or business Balto. City Highway Dept.

FATHER
12. Name William H. Shepard
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary E. Neild
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Annie R. Shepard
(b) Address 1617 Jackson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30, 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Road

18 (a) Funeral director John J. Fahey & Sons
(b) Address 1318 Light Street

19 (a) APR 29 1940 (Date received) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1940, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 26 1937 to April 26 1940, and that I last saw him alive on April 26 1940.

Immediate cause of death	Duration
Arteriosclerosis	
Cerebral Hemorrhage	
Due to Left Hemiplegia	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. H. Barranco M. D.
Address 436 E Fort Date signed 4/29/40

correct age if uncertain—approximate age may be sufficient

68828 F6539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 68828

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 121 S Calhoun (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Wm. Myer

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 27 1940

8. AGE: Years	Months	Days	If less than one day
	2	1/2	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Nicholas N Myer
13. Birthplace Md

MOTHER 14. Maiden Name Julia E Pent
15. Birthplace Md

16 (a) Informant Nicholas N Myer
(b) Address 2 S Caldwell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/40 (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location Laurel Md

18 (a) Funeral director Kaye & Stanley
(b) Address Fulton & Fayette

19 (Date received by registrar) APR 29 1940 Burington Williamsport Md (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29 1940, at 1:22 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-24-40 to 4-29 1940 and that I last saw h[illegible] alive on 4-29 1940.

Immediate cause of death: lobular pneumonia — Duration: 1 wk
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy lobular pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M Collins M. D. M. D.
Address Bon Secours Hospital Date signed 4-29-40

VS 8

68829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. E 68829

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 721 Kirsch Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 721 KIRSCH Court (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDWARD WILLIS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	married

6 (b) Name of husband or wife Catharine?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 29 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) APR 29 1940 Huntington Williams M.D.
(Date rec'd by registrar) Registrar 5584

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1940, at 11 30 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Cardiovascular renal disease

Due to

Due to Cirrh

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 4-19-40

68830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 68830 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 222 n Colvin St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) [illegible]

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 222 n Colvin St
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Baby Evans
3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 4/29-40

8. AGE: Years	Months	Days	If less than one day: hr.	min.
—	—	—	3	

9. Birthplace 222 Colvin St Balto Md (Town, county, and state)
10. Usual Occupation
11. Industry or business —

FATHER
12. Name Joseph Evans
13. Birthplace Va

MOTHER
14. Maiden Name Alice Hall
15. Birthplace South Carolina

16 (a) Informant Joseph Evans
(b) Address 222 Colvin St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL APR 29 1940
18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore
19 (a) APR 29 1940 (Date received by local registrar) Huntington Williams, M.D. Registrar 3582

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29 1940, at 7.00 A M
21. I certify that death occurred on the date above stated; that I attended deceased from 4-29 1940, to 4-29 1940 and that I last saw h[illegible] alive on 4-29 1940.

Immediate cause of death

	Duration
Due to Perforation Peritonitis Pneumatosis Coli 6½ months	4/29
Due to —	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [illegible] M.D.
Address [illegible] (Sign signed) 4/29/40

VS 3

F 68831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-D F 68831

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St. 4-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Thomas F. Basser (Bassford)

If U. S. Veteran specify WAR

(a) Residence: No. Hughesville, Md. St., ... Ward. Labouden Inn

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feby 27-1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	2	31	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 1940

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Hughesville Charles County Md

FATHER

13. NAME Thomas Bassford

14. BIRTHPLACE (city or town) (State or country) Charles Co. Md

MOTHER

15. MAIDEN NAME Elizabeth Gilbert

16. BIRTHPLACE (city or town) (State or country) Charles Co. Md

17. INFORMANT Albert C. Gilbert

(Address) Hughesville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Hughesville Date Apr 30 1940

19. UNDERTAKER Harry McDonald

(Address) Hughesville Md

20. APR 29 1940 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28-40

22. I HEREBY CERTIFY, That I attended deceased from 4-28 19 40 to 4-28 19 40

I last saw him alive on 4-28 19 40 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of death
Cancer of Lung - Right	
Other contributory causes of importance: Dehydration, Malnutrition Asthenia	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Hugo E Worthington M. D.

(Address) Hughesville Md

OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 68832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C Registered No. F 68832

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3312 Noble St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Brownson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/28-/28

8. AGE: Years	Months	Days	If less than one day
12	1	0	hr. min.

9. Birthplace Balto. (Town, county and state)

10. Usual Occupation Schoolboy

11. Industry or business

FATHER
12. Name Frank H. Brownson
13. Birthplace S. Dakota

MOTHER
14. Maiden Name Laura Hannan
15. Birthplace West Va.

16 (a) Informant Parents
(b) Address 3312 Noble St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-40 (month) (day) (year)
(c) Cemetery or crematory Morelands
Location Taylor Ave.

18 (a) Funeral director John G. Connelly
(b) Address Govt. Hosp. Md.

19 (a) (b) Huntington Williams, M.D.

APR 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1940, at 8-10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Ruptured Spleen	
Due to: Aspiration asphyxia	
Due to: Anesthetic ether	
Due to: Compound fracture of tibia & fibula	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/28/40
(c) Where did injury occur? Lafayette St. & Howard Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Fell & injured curb - struck between eyes with head on curb
23. Signature [illegible] Medical Examiner. M.D.
Date signed 4/29/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68833 — CERTIFICATE OF DEATH — 137a — F 68833

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Henry C. Foster — If U. S. Veteran specify WAR

(a) Residence: No. Clear Spring, Md. St., ... Ward. Washington (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Martha L. Foster

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. M. D.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jamuel Foster

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Laura J. Knight

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records (Address) Univ. Hos.

18. BURIAL, CREMATION, OR REMOVAL

Place Clear Spring Md. Date April 29, 1940

19. UNDERTAKER Shrigley & Rowland (Address) Clear Spring Md.

20. APR 29 1940 Thos. Wright Nuttall, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1940 to April 29, 1940

I last saw him alive on April 29, 1940 Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	?
Pyelonephritis	?
Pneumonitis	?

Other contributory causes of importance:

Benign Prostatic Hypertrophy	

Was an operation performed? Yes Date of 4/26/40

For what disease or injury? Benign Prostatic Hypertrophy

Name of operation Transurethral Resection of Prostate

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. B. Nuttall M. D.

(Address) University Hospital

4/29/40

OCCUPATION is very important. See instructions on back of certificate.

V9 8

49842 - MB

F 68834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 68834

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mo., 24 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

15-2

(d) Street No. 1316 N. Fulton Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles E. Rush

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Separated

6 (b) Name of wife Margaret

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1877

8. AGE: Years	Months	Days	If less than one day
62	5	3 2	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business Self

FATHER

12. Name Charles F. Rush

13. Birthplace Maryland

MOTHER

14. Maiden Name ?

15. Birthplace Germany

16 (a) Informant Records

(b) Address Balto. City Hosps.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/40 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Frederick Rd.

18 (a) Funeral director Frank A. Nurel

(b) Address Gibbonville, Md.

19 (a) (Deputy) (Registrar) (b) Registrar

APR 30 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-27 1940, at 9:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-4 1939, to 4-27 1940, and that I last saw h im alive on 4/27/40 19

Immediate cause of death Tuberculosis of the lungs — Duration August 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M. D.

Address Balto. City Hosps. Date signed 4/28/40

F 68835

378990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-B

F 68835 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County Marion
(c) City or town Mannington (If outside city or town limits, write RURAL and give town)
(d) Street No. Homewood Addition (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joyce Smith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-30-38

8. AGE: Years	Months	Days	If less than one day
1	9 18	29	hr. min.

9. Birthplace West Virginia (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Forman Smith
13. Birthplace W. Va.

MOTHER
14. Maiden Name Pauline Robinson
15. Birthplace W. Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29, 1940 (month) (day) (year)
(c) Cemetery or crematory Barton
Location Mannington, W. Va.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 600 Eutaw Place

19 (a) Filed APR 30 1940 (Registrar) (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1940, at 4 06 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 24 1940 to Apr. 29 1940, and that I last saw her alive on Apr. 29 1940

Immediate cause of death: Brain tumor — Duration: 6 wks
Due to: Coma
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Tumor left frontal lobe
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ethel Walker
Address Baltimore Date signed 4/29/40 M.D.

F 68836

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 68836

Registered No. 94-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 Argonne Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ADOLF J. NAPFEL

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 212-10-1341

4. Sex: M
5. Color or race: W
6 (a) ~~Single, married, widowed or~~ divorced. Divorced

6 (b) Name of ~~husband or~~ wife Mary K. Napfel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 22nd 1881

8. AGE: Years 58 | Months 6 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Traffic Clerk
11. Industry or business American Smelting & Refining Co

FATHER
12. Name John Napfel
13. Birthplace

MOTHER
14. Maiden Name Louisa Schindelle
15. Birthplace Md.

16 (a) Informant Mary K. Napfel
(b) Address 700 Argonne Drive

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/1/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Moreland Park
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 APR 30 1940 (Date rec'd by registrar) Huntington Pitts Registrar.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 19 40, at 11 30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. (Medical Examiner.)
Date signed 4-28-40

F 68837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194-a

F 68837
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2008 Maryland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2008 Maryland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SARAH LOHMEYER

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Wd

6 (b) Name of husband or wife: Robert L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 9, 1870

8. AGE: Years 69 | Months 6 | Days 18 | If less than one day: hr. min.

9. Birthplace Richmond Va
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name — Tate
13. Birthplace Va

MOTHER
14. Maiden Name — Cornelius
15. Birthplace Va

16 (a) Informant Jos E. Lohmeyer
(b) Address 836 N. Eutaw St

17 (a) Burial (b) Date thereof 5-2-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or ~~crematory~~ Dist. Christ
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 217 St Paul St

19 (a) Filed (b) Signature (by registrar) Huntington Williams M.D.

APR 30 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1940, at 7 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said ~~inquest~~ (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration: hrs

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Williams M.D.
Medical Examiner.
Date signed 4-29-40

F 68838

BALTIMORE CITY HEALTH DEPARTMENT 83-D F 68839

Registered No.

CERTIFICATE OF DEATH Unit #719

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore City Hospitals
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 42 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2910 Walbrook Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? - years

3 (a) FULL NAME George Orem

3 (b) If veteran, name war: -
3 (c) Social Security Account No.: - none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age

7. Birth date of deceased (mo., day, yr.) Unknown (10/23/1867 Est)

8. AGE: Years 73 | Months (6) | Days (5) | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Charles Allen Orem
13. Birthplace Unknown Md.

MOTHER
14. Maiden Name Unknown Isabelle Hurley
15. Birthplace Unknown Md

16 (a) Informant Records Isabelle Foreman 1006 Union Ave.
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/40 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) (Registrar) (b) Huntington Williams, M.D. Registrar

APR 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28, 1940, at 12:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-8-1936 to 4-28-1940, and that I last saw h im alive on 4-28-1940

Immediate cause of death: Cerebral thrombosis — Duration: 3 days
Due to: Arteriosclerosis
Due to:
Other Conditions: Terminal hypostatic pneumonia
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. L. Schmidt M. D.
Address Balto. City Hospts Date signed 4-29-40

F 68839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 68839 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Greenhaven
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gotlieb Rode

3 (b) If veteran, name war	3 (c) Social Security Account No.
N	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M.

6 (b) Name of husband or wife Regina Rode
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? Oct 13 1869

8. AGE: Years	Months	Days	If less than one day
70 (?)	6	16	hr. min.

9. Birthplace ? Balto Md
(Town, county, and state)
10. Usual Occupation Ship cleaner
11. Industry or business

FATHER
12. Name ? Rode
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Anna Rask
(b) Address 4th st - Green Haven
17 (a) Burial (b) Date thereof 5/1/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Balto. Md.
18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St
19 (a) (b) Hunter St. Williams Md
(Date rec'd by registrar) REGISTRAR

APR 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9 1940, at 5:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1940, to April 9 1940, and that I last saw him alive on April 9 1940

Immediate cause of death
Cardiac Failure
Due to Arteriosclerotic Cardiovascular Disease.
Due to
Other Conditions
Arteriosclerotic Gangrene Extremities
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Edwin Schendel, M.D.
M. D.
Address Mercy Hospital Date signed 4/9/40

F 68840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

151-C Registered No. F 68840

1. PLACE OF DEATH:

(a) Baltimore City, Maryland 33rd & Calvert Sts

(b) Street address [redacted]

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Charles

(c) City or town Maryland Point (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Shirley Anne Lynch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years [redacted] Months 2 Days If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER 12. Name Mr. James Lynch

13. Birthplace Maryland

MOTHER 14. Maiden Name Nellie Sidler

15. Birthplace Maryland

16 (a) Informant Hospital Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30-40 (month) (day) (year)

(c) Cemetery or crematory

Location Hillsboro Md.

18 (a) Funeral director Hunt & Ryon

(b) Address Waldorf Md

19 (a) APR 30 1940 (Registrar's signature) (b) [redacted] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1940, at 5:15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1940 to April 28 1940, and that I last saw her alive on April 28 1940.

Immediate cause of death Congenital hypertrophic Pyloric Stenosis — Duration: 2 wks

Due to

Due to

Other Conditions Atelectasis

(Include pregnancy within 3 months of death)

Major findings:

Of operations Hypertrophy of Pylorus

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Douglas H. Stone M. D.

Address Union Memorial Hosp. Date signed 4/28/40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

68841 68841

CERTIFICATE OF DEATH

131-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 Hull St. 24th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Nixon

If U. S. Veteran specify WAR

(a) Residence: No. 1314 Hull St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaretha Nixon

6. DATE OF BIRTH (month, day, year): January 14 1868

7. AGE: Years 72 | Months 3 | Days 13 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Stockman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B&ORR

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): England

FATHER

13. NAME: John Nixon

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMANT: Martha Nixon (Daughter)

(Address) 1314 Hull

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date April 30, 19

19. UNDERTAKER: Chas F. Dill

(Address) 1501 E. Fayette

20. FILED: Huntington Williams Registrar

APR 30 1940

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1940 to April 27, 1940

I last saw him alive on April 27, 1940 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Cerebral Hemorrhage	24 hrs
Chronic Nephritis	12 d.
Hypertension	12 d.
Other contributory causes of importance: Chronic Interstitial Nephritis	12 d.

Was an operation performed? No Date of

For what disease or injury?

Name of operation: Autopsy? Spinal

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. F. A. Storms, M. D.

(Address) 2878 Harford Rd

55103 - RB

F 68842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

100-D

F 68842

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days): 1 day
(e) Length of stay in Baltimore (yrs., mos., or days): Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 610 W. Lanvale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Grace Dyson

3 (b) If veteran, name war:

3 (c) Social Security Account No.: ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife:

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 16, 1910

8. AGE: Years	Months	Days	If less than one day
30	3	12	hr. min.

9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: Presser
11. Industry or business: ?

FATHER
12. Name: James Dyson (dead)
13. Birthplace: Mich.

MOTHER
14. Maiden Name: Sadie Dorsey
15. Birthplace: Balto.

16 (a) Informant: Records
(b) Address: B.C.H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-40 (month) (day) (year)
(c) Cemetery or crematory: Mt Calvary
Location: Balto Md

18 (a) Funeral director: Williams & Jackson
(b) Address: 916 Penna Ave

19 (a) (Date received by registrar) Huntington Ave Baltimore Md

APR 30 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 28 1940, at 2:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 27 1940 to April 28 1940; and that I last saw her alive on April 28 1940.

Immediate cause of death: Pulmonary embolism

Due to: Thrombophlebitis of left leg

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy: As above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: J. Murray Kelsteiner M. D.
Address: Balto City Hosp Date signed 4-28-40

F 68843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

F 68843

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 403 N. Eden St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

5

3 (a) FULL NAME Fannie Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
5			hr. min.

9. Birthplace Scullas Neck N. C. (town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Herbert Smith
13. Birthplace N. C.

MOTHER
14. Maiden Name Lucille Smith
15. Birthplace N. C.

16 (a) Informant Lucille Smith
(b) Address 403 - N. Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Cedar Hill Md.

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 E Brantley Ave

19 (a) (Date rec'd by registrar) (b) Huntington Wilson, M.D.

APR 30 1940

MEDICAL CERTIFICATION 2:30

20. DATE OF DEATH April 26 1940; at 2 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Laceration, right Iliac Vein	
Hemothorax, bilateral	
Pneumothorax, bilateral	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/25/40
(c) Where did injury occur? Eden St near Jefferson (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Fell from car - struck by automobile

23. Signature Wm. H. Anderson M.D. Medical Examiner.
Date signed 4/26/40

68844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-N F 68844 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1638 Mull.Kin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1638 Mull.Kin St
(If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Lewis

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife James Lewis
(c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) 4.17.1893

8. AGE: Years 47 | Months — | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation domestic
11. Industry or business

FATHER
12. Name Henry Johnson
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Caroline Stanley
15. Birthplace Baltimore Md

16 (a) Informant James Lewis
(b) Address 1638 Mull.Kin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30th (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Braxland

18 (a) Funeral director E O Wilson
(b) Address 1609 Brentwood Ave Huntington Williams, Md

19 (a) Apr 30 1940 (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4.28 1940 at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9.19 1939 to 4.28 1940 and that I last saw h[illegible] alive on 4.26 1940.

Immediate cause of death: Carcinoma of cervix — Duration 8 mos
Due to: of uterus
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: Carcinoma of cervix
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rayner Browne

Address 1500 E. Madison St Date signed 4-29-40 (M. D.)

Rayner Browne

F 68845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 68845

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1024 Lamont St Aye.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1024 Lamont St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Reta Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	married

6 (b) Name of husband or wife Percy Smith
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) 2-22-1898

8. AGE: Years	Months	Days	If less than one day
42	2	7	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation domestic
11. Industry or business

FATHER
12. Name Joshua Howard
13. Birthplace A.A. Co Md

MOTHER
14. Maiden Name Carrella Carter
15. Birthplace a.a. Co. Md

16 (a) Informant Percy Smith
(b) Address 1024 Lamont St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30th 40
(c) Cemetery or crematory not Colored Mollyneck
Location Mollyneck Md.

18 (a) Funeral director E E Wilson
(b) Address 1000 Brantly

19 (a) APR 30 1940 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29 1940, at 2:25 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3 1940 to 4-29 1940 and that I last saw her alive on 4-28 1940.

Immediate cause of death	Duration
Chronic Interstitial Nephritis	unknown
Due to hypertensive cardio-vascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Rayner Browne

Address 1500 E. Madison St Date signed 4/29/40

VS 3

68846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68846
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto - (If outside city or town limits, write RURAL and give town)
(d) Street No. 412 N. Central Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cornell Lindsay

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-28-16

8. AGE: Years	Months	Days	If less than one day
23	4	3	hr. min.

9. Birthplace S. Car - (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William Lindsay
13. Birthplace S. Car.

MOTHER
14. Maiden Name Ophelia Hurst
15. Birthplace S. Car - Record -

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30th (month) (day) (year)
(c) Cemetery or crematory Sellers S.C.
Location South Carolina

18 (a) Funeral director Elwyn O. Wilson
(b) Address 1000 Pennsylvania Ave
(Date rec'd by registrar) APR 30 1940
(by) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1940, at 5:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 21 1939, to April 26 1940, and that I last saw him alive on April 26 1940.

Immediate cause of death	Duration
Tuberculous Meningitis	2 wks.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Tuberculous meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Rutland Ferguson M. D.
Address J. H. H. April 29-40

VS 3

68847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registration No. F 68847

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1212 N. Bond St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1212 N. Bond St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Knox

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	Col.	Widowed

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 24, 1890

8. AGE: Years	Months	Days	If less than one day
49	4	4	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Thomas Knox
13. Birthplace Va.

MOTHER
14. Maiden Name Elizabeth?
15. Birthplace Va.

16 (a) Informant Sarah Knox
(b) Address 1212 N. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County, Md.

18 (a) Funeral director Joseph B. Locke, Jr.
(b) Address 1304 N. Central Ave

19 (a) APR 30 1940 (b) Registrar's signature for Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1940 at 9:40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 27 1940 to April 28 1940 and that I last saw him alive on April 28 1940.

Immediate cause of death	Duration: Months
Cerebral Hemorrhage	
Due to Arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. K. Evans
Address 1222 N. Caroline Date signed 4-29-40

F 68848

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 68848 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 410 Somerset St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 410 Somerset St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

52-1

3 (a) FULL NAME Katie Branch Eady 4

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	Col.	Married

6 (b) Name of husband or wife Henry Eady
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1890

8. AGE: Years	Months	Days	If less than one day
49	4	3	hr. min.

9. Birthplace S. C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wesley Hayesworth
13. Birthplace S. C.

MOTHER
14. Maiden Name Hanna McCrea
15. Birthplace S. C.

16 (a) Informant Henry Eady
(b) Address 410 Somerset St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location B. A. County Md.

18 (a) Funeral director Joseph B. Locke, Jr.
(b) Address 1304 N. Central Ave.

19 (a) Apr 30 1940 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/27/40, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/20/1940 to 4/27/1940 and that I last saw h[illegible] alive on 4/27/1940

Immediate cause of death	Duration
Lobar Pneumonia	One week
Due to Exposure	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jas. R. Blake
Address 1327 N. Central Date signed 4/29/40

VS 3

68849

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 68849
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2832 Harford Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2832 Harford Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Jane Niemann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Henry A. Niemann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1868

8. AGE: Years 71 | Months 5 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name George F. Seebo
13. Birthplace Balto.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Miss Bessie M. Niemann
(b) Address 2832 Harford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2-1940 (month, day, year)
(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director Wm. McGuire Sons
(b) Address North & Pa

19 APR 30 1940 (Date received by Registrar) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 29 1940, at 1.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1935 to Apr 29 1940 and that I last saw h[illegible] alive on Apr 29 1940

Immediate cause of death: Chronic nephritis and Arteriosclerosis — Duration about 5 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jovan Stoderum

Address 846 W 36 St. Date signed 4/30/40

F 68850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 68850 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2021 N. Fulton Avenue
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 70-1-4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2021 N. Fulton Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

15 W

3 (a) FULL NAME Margaret Leitz

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Morris Leitz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24th 1870

8. AGE: Years	Months	Days	If less than one day
70	1	4	... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name August Buck
13. Birthplace Germany

MOTHER
14. Maiden Name Louise Koss
15. Birthplace Germany

16 (a) Informant Miss Carrie Leitz
(b) Address 2021 N. Fulton Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1st 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.

19 (a) ... (Signature of registrar) (b) ... Registrar

R 8 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28th 1940, at 3.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1940, to April 28 1940, and that I last saw h-r alive on April 28 1940.

Immediate cause of death	Duration
Chronic Degenerative Myocarditis & Arter	7 yrs.
Due to Cardiac Failure & Auricular Fibrillation	2 Mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Lehman

Address 1921 W. North Ave. Date signed 4/29/40 M. D.

68851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 68851

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St
(c) Hospital or institution: S. Balto Gen'l
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10a
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 635 Harvey St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

24

3 (a) FULL NAME John Alberty

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-5528

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 18 1882

8. AGE: Years	Months	Days	If less than one day
58	0	10	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business State Roads

FATHER
12. Name Barthett Alberty
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine
15. Birthplace Germany

16 (a) Informant Otto Alberty
(b) Address 635 Harvey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1 1940 (month) (day) (year)
(c) Cemetery or crematory Westerd
Location Edmondson Ave.

18 (a) Funeral director D. Howard Strong
(b) Address 715 Light St.

19 (a) ____ (b) Hunter for Williams M.D. Registrar

APR 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28 1940 at 7P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-28 19 40 to 4-29 19 40, and that I last saw h. alive on 4-28 19 40

Immediate cause of death	Duration
myocardial failure	
Due to hypertension CV disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philip W. Kuster M. D.
Address S Balto Gen'l Hosp Date signed 4-29-40

F 68852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68852 46-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3000 Fleetwood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street address 3000 Fleetwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 17 years

3 (a) FULL NAME Bernhard Gross

3 (b) If veteran, name war No.

3 (c) Social Security Account No. 214-03-4133

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Katherine

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) July 6 1882

8. AGE: Years 57 | Months 9 | Days 23 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Merchant

11. Industry or business

FATHER
12. Name George Gross
13. Birthplace Germany

MOTHER
14. Maiden Name Theresa Stenzel
15. Birthplace Germany

16 (a) Informant Katherine Gross
(b) Address 3000 Fleetwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-40 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Taylor ave.

18 (a) Funeral director Walter H. G. Diggel
(b) Address 37 S. Carey St.

APR 30 1940 (Registered by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1940 at 7 46 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1940 to April 29 1940, and that I last saw h alive on April 29 1940.

Immediate cause of death: Carcinoma stomach — Duration: 3 mo

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. A. Alessi M. D.
Address 6217 Harford Rd Date signed 4/29/40

VS 1

F 68853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 68853 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 da
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3524 Keswick Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Roberts (54787)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ida Roberts.
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1879

8. AGE: Years	Months	Days	If less than one day
61	2	25	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Roberts.
13. Birthplace England

MOTHER
14. Maiden Name Susan Kidds
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof May. 1, 1940 (month) (day) (year)
(c) Cemetery or crematory St. Mary's.
Location Roland Ave.

18 (a) Funeral director Chenoweth & Donovan.
(b) Address 3615-17 Chestnut Ave.

APR 30 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1940, at 7:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 17, 1940 to Apr. 29, 1940 and that I last saw h im alive on April 29, 1940.

Immediate cause of death Tuberculosis of the Lungs — Duration April 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balto. City Hospitals Date signed 4-29-40

F 68854 - 31905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 68854

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5 & 6 W. Watts St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

13

3 (a) FULL NAME Samuel Gardner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife Eleanore

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years	Months	Days	If less than one day
45 3			hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation furniture mover

11. Industry or business

FATHER

12. Name ?

13. Birthplace Md.

MOTHER

14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Records —

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Chas. E. Nelson

(b) Address 1303 Eastern Ave

19 (a) Date rec'd by registrar (b) Registered

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1940 at 2010 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 26 1940 to Apr. 27 1940, and that I last saw h[illegible] alive on Apr. 27 1940.

Immediate cause of death	Duration
Pneumococcus Meningitis (Type 7)	4 days
Due to Type 7 pneumococcus.	
Due to Frontal + ethmoid sinusitis	?
Other Conditions Lobar pneumonia	1 day

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy as above.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. F. Klinefelter

Address Johns Hopkins Date signed 4/28/40 M.D.

68855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

F 68855
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Provident Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 D
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1621 Presbury St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mason Harris

3 (b) If veteran, name war | 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	married

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 15 1864

8. AGE: Years	Months	Days	If less than one day
76	1	12	hr. min.

9. Birthplace Powhatan Co. Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Ned Jones
13. Birthplace Va.

MOTHER
14. Maiden Name Eliza Powell
15. Birthplace Va.

16 (a) Informant Alice Booker
(b) Address 1207 Gathan Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. L. Kelson
(b) Address 1303 Presstman St

19 (a) Filed (Date rec'd by registrar) (b) Signature of Registrar Harrington Williams, M.D. Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1940, at 8:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-17 1940, to 4-27 1940, and that I last saw h[illegible] alive on 4-27 1940.

Immediate cause of death: Ruptured Appendix with Generalized Peritonitis — Duration: acute
Due to
Due to
Other Conditions Leukopenic abscess
(Include pregnancy within 3 months of death)

Major findings:
Of operations Ruptured Appendix and Peritonitis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Franklin Phillips M. D.
Address 1514 Division St Date signed 4/27/40

F 68856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 68856 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Reisterstown, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 22 Chatsworth Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME albert Hoffman (ALBERT E. HOFFMAN)

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	214-03-3144

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	single

6 (b) Name of husband or wife - - -
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 9 1895

8. AGE Years	Months	Days	If less than one day
44 46	11	17	5 hr. 40 min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Engineer (Stationary)
11. Industry or business Washington Apts.

FATHER
12. Name andrew Hoffman
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Minnie Wasserberg
15. Birthplace Germany

16 (a) Informant Mrs. Mary V. Driscoll
(b) Address 22 Chatsworth Ave. Reisterstown

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 30. 1940 (month) (day) (year)
(c) Cemetery or crematory Trinity
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway

19 (a) Filed APR 30 1940 (b) Thurston Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1940 at 5:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 22 1940. to April 22 1940. and that I last saw h alive on April 22 1940.

Immediate cause of death Cerebral Hemorrhage. — Duration 4 hours

Due to Hypertension and Cardio-vascular disease

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Kammer Jr.
Address Mercy Hospital Date signed 4/22/40

53762 - RB

F 68857

F 68857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo., 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs. ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 839 Kelly Court (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16 23

3 (a) FULL NAME Mary Washington

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~: Henry (dead)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5, 1870

8. AGE: Years 70 | Months 2 | Days 21 | If less than one day hr. min.

9. Birthplace Parma. (Town, county, and state)

10. Usual Occupation Cook - etc.

11. Industry or business ?

FATHER
12. Name Joshua Harris
13. Birthplace West Indies

MOTHER
14. Maiden Name Sallie Duty
15. Birthplace Maryland

16 (a) Informant Records
(b) Address B.C.H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Baltimore - Md.

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder Av.

19 (a) APR 30 1940 (Date received by registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1940, at 1.25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 14 1940, to April 26 1940, and that I last saw her alive on April 26 1940.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration: Indefinite

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Arteriosclerosis and cardiac failure

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emma Lelaterre M. D.
Address Balto City Hosp. Date signed 4-26-40

VS 3

M 68858 LB 55677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55 B ✓ F 68858 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days 1 mth.
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1011 Lanvale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosie Bunch

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	married

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1893

8. AGE: Years	Months	Days	If less than one day
46	9	25	hr. min.

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Daniel Perry
13. Birthplace N. C.

MOTHER
14. Maiden Name Nancye Williams
15. Birthplace N. C.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof April 30, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cemetery
Location Arbutus, Md.

18 (a) Funeral director Mr. Ketter Williams
(b) Address 322 N. Schroeder St.

19 (a) (Date rec'd by registrar) (b) Registrar

APR 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26 1940, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-18 1940, to 4-26 1940 and that I last saw h.e.r. alive on 4-26 1940.

Immediate cause of death: Malignancy left knee joint with metastases

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

Duration: several months

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.
Address Balto City Hosp. Date signed 4-26-40

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 68859

68859

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3414 Piedmont ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 15 8
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3414 Piedmont ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 20 years

3 (a) FULL NAME David Marks

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Rae Marks

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 58 | Months | Days | If less than one day hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation Butcher

11. Industry or business

FATHER 12. Name Samuel Marks

13. Birthplace Russia

MOTHER 14. Maiden Name Hamett

15. Birthplace England

16 (a) Informant Wife

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-40 (month) (day) (year)

(c) Cemetery or crematory Beth Hillel

Location Windsor Mill Rd.

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E. Baltimore St

(c) (Registrar) (b) Hunter & Williams Mgr (Registrar)

APR 30 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29-1940, at 1205 P M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1940 to April 1940 and that I last saw him alive on April 1940.

Immediate cause of death: Carcinoma of Pancreas with Metastasis — Duration

Due to: Cardiac failure

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings: Of operations: Ca of Pancreas

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hyman L Grandt M. D.

Address 2322 Eutaw Place Date signed April 29 1940

68860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47 ✓ Registered No. F 68860

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument and Rutland
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 76 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 735 N. Gay St (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME HARRIS ROSENSTEIN

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Bessie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years 83 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county and state)
10. Usual Occupation Retired Ladies Tailor
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Belair & Conkling Sts

18 (a) Funeral director Jack Davis Inc
(b) Address 1439 E. Balto St

19 (d) APR 30 1940 (Date rec'd by registrar) (b) Huntington Billings, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29 1940, at 1 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-11 1940 to 4-28 1940 and that I last saw him alive on 19

	Duration
Immediate cause of death: Cachexia	16 months
Due to: Carcinoma of lung?	? 2 years
Due to:	
Other Conditions: Pleural effusion	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Date signed

8861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

✓ F 68861

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 20 E. Fayette St.;
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 20 E. Fayette St. (Md. Hotel) (If rural give location)
(e) If foreign born, how long in U. S. A.? 66 years

3 (a) FULL NAME Charles Ramona

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Jewelry Salesman
11. Industry or business

FATHER
12. Name Louis Ramona
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Mr. Fisher Ramona
(b) Address Emerson Hotel

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-1-40 (month) (day) (year)
(c) Cemetery or crematory Chicago Ill
Location

18 (a) Funeral director Jas. Louis Sons
(b) Address 1439 E. Baltimore St.

19 (a) APR 30 1940 (Date received by Registrar) Huntington, West Virginia, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26-40 19 , at 8 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1936 to April 26 1940 and that I last saw h[im] alive on April 26 1940.

Immediate cause of death	Duration
Coronary Occlusion	0
Due to Coronary Sclerosis	4 yrs
Due to	
Other Conditions Hypertensive Arterio-Sclerotic Cardio Vasc Disease (Include pregnancy within 3 months of death)	3-4 yrs

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alex A. W. Comstock M. D.
Address 4603 Park Heights Ave Date signed 4-27-40

F 68862

Ida (Jadwiga) Brukiewa

F 68862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 223

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3114 O'Donnell St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME (Jadwiga) Ida Brukiewa (51560)

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-4890

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 24, 1886

8. AGE: Years	Months	Days	If less than one day
54		5	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation H.W. Packer

11. Industry or business Con factory

FATHER
12. Name Joseph Chestlock
13. Birthplace Poland

MOTHER
14. Maiden Name Anna ??
15. Birthplace Poland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-40 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location German Hill Road

18 (a) Funeral director Stephen J. Fratkowski
(b) Address 1000 N. Kenwood Ave. 1K

19 (a) Apr 9 1940 (b) Huntingtown, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1940, at 5:27 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 5, 1940, to Apr. 29, 1940, and that I last saw her alive on Apr. 29, 1940.

Immediate cause of death: Tuberculous polycavernita — Duration: Apr. 1940

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]

Address Balto. City Hospitals Date signed 4-29-40 M.D.

F 68863

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 737

F 68863 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway
(c) Hospital or institution:
Church Home & Infirmary 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 51 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 615 Montgebia St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Robert A. Bacon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 10, 1913

8. AGE: Years	Months	Days	If less than one day
26	7	18	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Joseph E. Bacon
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Ellen Murphy
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Mary Kohl
(b) Address 641 Dolphin Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director [illegible]
(b) Address 1735 Harford Ave

19 (a) 4 30 1940 (b) Huntingtown, Md.
(Registrar's signature)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28-40 19 , at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-8-40 19 , to 4-28-40 19 , and that I last saw him alive on 4-28-40 19

Immediate cause of death Chronic idiopathic aplastic Anemia — Duration 1 yrs.

Due to

Due to

Other Conditions oral + nasal Leucoplakia — 3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isabella Harrison M. D.
Address Church Home + Infirmary Date signed 4-28-40

68864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 4604 54723 SD

F 68864
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2432 East North Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Charles Tudor

3 (b) If veteran, name war None
3 (c) Social Security Account No. 215-03-6486

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Mrs. Estella (Richardson)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1898

8. AGE: Years	Months	Days	If less than one day
41	10	0	——— hr. ——— min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Truck Helper
11. Industry or business Laundry Co.

FATHER
12. Name Joseph Tudor
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Anna Denbou
15. Birthplace Baltimore

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/40 (month) (day) (year)
(c) Cemetery or crematory Balto. Cem.
Location Balto. Md.

18 (a) Funeral director George J. Pfeifer Inc.
(b) Address 1235 Harford Ave.

19 (a) APR 30 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1940, at 9.25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1940, to April 28 1940, and that I last saw h[illegible] alive on April 25 1940.

Immediate cause of death Carcinoma of the Esophagus

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Carcinoma of the esophagus & metastases

Duration between onset and death

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. McNaghten M. D.
Address Balto City Hosp. Date signed 4-29-40

68865 Mrs Blanche Codori ✓ F 68865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St
(c) Hospital or institution: Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2216 Lake ave. Balt. Md (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Blanche Codori

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife John A. Codori
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10 - 1867

8. AGE: Years	Months	Days	If less than one day
73	8	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Richard T. Mann
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Alice A. McNeir
15. Birthplace Balto Md

16 (a) Informant Beatrice B. Smith
(b) Address 2750 Nickle St Canton

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cemetery
Location Govans Md

18 (a) Funeral director Leonard Hunt
(b) Address 5205 Reisterstown Rd.

19 (a) Huntington Williams M.D. (Registrar) Registrar

APR 3 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1940, at 3:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 28 1940, to April 29 1940, and that I last saw h ex alive on April 29 1940.

Immediate cause of death: Cardiac decompensation — Duration: 3 days
Due to Hypertensive C.V.
Due to
Other Conditions Terminal Broncho-pneumonia
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Sexton M. D.
Address Mercy Hospital Date signed 4/29/40

68866

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 Registered No. F 68866

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street (If rural give location) 501 Edmondson Ave. + Harlem Lane
(e) If foreign born, how long in U. S. A.? X years

3 (a) FULL NAME Mary Frances Gray

3 (b) If veteran, name war: /
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Married

6 (b) Name of husband or wife: J. Walter Gray
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 3, 1868

8. AGE: Years	Months	Days	If less than one day
72		25	hr. min.

9. Birthplace Illinois (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Louis Castelain
13. Birthplace France

MOTHER
14. Maiden Name —
15. Birthplace France

16 (a) Informant J. Walter Gray
(b) Address Edmondson Ave. + Harlem Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1 40 (month) (day) (year)
(c) Cemetery or crematory Meadowridge
Location Ivy. Elkridge, Md.

18 (a) Funeral director Harry A. Mitte
(b) Address 401 E. Edmondson Ave

19 (a) Date received APR 30 1940 (b) Registrar Huntington Williams M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1940, at 4 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-28 1939 to 4-28 1940 and that I last saw her alive on 4-28 1940

Immediate cause of death: Respiratory failure — Duration:
Due to: Arteriosclerotic cardiovascular Disease
Due to:
Other Conditions: Left hemiplegia

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Sewell M.D.
Address St Agnes Hosp Date signed 4-28-40

F 68867 mB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 68867

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 yrs., 5 mos., 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 -54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 409 Park Ave. (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Frances Carter

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband ~~Frederick~~ George W. (dead)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/29/1874 -1884

8. AGE: Years	Months	Days	If less than one day
?76 -66	2	22	hr. min.

9. Birthplace Boston, Mass. (Town, county, and state)
10. Usual Occupation Seamstress
11. Industry or business Unemployed

FATHER
12. Name Charles Wood
13. Birthplace Mass.

MOTHER
14. Maiden Name Emily Annie Parker
15. Birthplace D.C.

16 (a) Informant Records
(b) Address B.C.H.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery Lot 7/12/40 N Frederick Co
Location UNIVERSITY MEDICAL SCHOOL APR 30 1940
Commissioner of Health

18 (a) Funeral director
(b) Address 446 E Eager St Md

19 (a) APR 30 1940 (Date received by registrar) Huntington Williams M.D. Registrar 6586

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1940, at 8:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1939 to April 21 1940, and that I last saw her alive on April 21 1940.

Immediate cause of death Coronary thrombosis — Duration 20 min.
Due to
Due to
Other Conditions generalized arteriosclerosis — Duration unknown.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp Date signed 4-29-40

68868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. F 68868

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) years —

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 311 W. Lanvale St., City.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs. Andrew J. Snyder (Marietta J. Snyder)

3 (b) If veteran, name war No | 3 (c) Social Security Account No. NONE

4. Sex F. | 5. Color or race Wh. | 6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Andrew J Snyder (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1857

8. AGE: Years 82 | Months 5 4 | Days 2 4 | If less than one day hr. min.

9. Birthplace Pennsylvania (Town, county and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Samuel Jackson (d)
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Frances (d)
15. Birthplace Pennsylvania

16 (a) Informant Mrs. Robt. Snyder
(b) Address 311 W. Lanvale St. City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Lookout
Location Mt. Lookout, N. J.

Funeral director Wilhelm & Son
(b) Address 1214 W. Fayette

19 (a) Huntington Williams, M.D. Registrar
(Date received by registrar) APR 30 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1940, at 7:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 24 1940 to Apr. 30 1940, and that I last saw her alive on Apr. 30 1940.

Immediate cause of death Coronary Thrombosis
Due to Hypertension
Due to Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. D. Purdy
Address Union Memorial Date signed 4/30/40

68869 F3648

BALTIMORE CITY HEALTH DEPARTMENT.

CERTIFICATE OF DEATH

Registered No. F 68869

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford Rd. + Herring Run
(c) Hospital or institution Lydenham Hospital 5-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 207 North High St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ARIOS, Helen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 19, 1939

8. AGE: Years	Months	Days	If less than one day
	4	10	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name David Arios
13. Birthplace Mexico

MOTHER
14. Maiden Name Jenny Cooper
15. Birthplace Pennsylvania

16 (a) Informant Mother
(b) Address 207 No. High St.

17 (a) Holy Redeemer (Burial, cremation, or removal) (b) Date thereof Apr. 30-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem. Location Belair Rd

18 (a) Funeral director Frank Della Rocca
(b) 1 E. Monroe St.

19 (a) APR 30 1940 (Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1940 at 11 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1940 to April 29 1940, and that I last saw h[illegible] alive on Apr 29 1940.

Immediate cause of death Bronchopneumonia — Duration 2 weeks
Due to Pertussis — 1 mo.
Due to Measles
Other Conditions Malnutrition
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (specify type of place) While at work?
(e) Means of injury

23. Signature John C. Kanemaier, M.D.
Address Lydenham Hosp. Date signed 4/30/40

F 68870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 68870

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1746 S Charles 15
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Bal 3
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Balto. Co.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1746 S Charles
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Clyde Haines

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-1283

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan 24, 1898

8. AGE: Years	Months	Days	If less than one day
42	3	5	..... hr. ..... min.

9. Birthplace Carroll Co. Md
(Town, county, and state)

10. Usual Occupation Coil Insulator Co.

11. Industry or business

FATHER
12. Name Thomas E Haines
13. Birthplace Md

MOTHER
14. Maiden Name Annie M. Wagner
15. Birthplace Md

16 (a) Informant Annie M Haines
(b) Address Carroll Co Md

17 (a) Burial (b) Date thereof May 3, 1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Woodlawn Memorial Park
Location Westminster Md

18 (a) Funeral director C M Walsh
(b) Address Westfield Md

19 APR 30 1940 Huntington Pollitzer, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/29 1940 at 5:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/27 1940 to 4/29 1940, and that I last saw h alive on 4/29 1940.

Immediate cause of death Coronary Thrombosis

Duration
5 days

Due to Arteriosclerosis

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isaac Hutton M. D.
Address 1228 N. Charles St Date signed 4/30/40

VS 8

68871 F 68871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

923

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5505 Wesley ave 28-7 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mathias Lee Winkel

If U. S. Veteran specify WAR

(a) Residence: No. 5505 Wesley Ave Ward S S 216-09-3528

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Emma Bowones Winkel

6. DATE OF BIRTH (month, day, year): March 11, 1885

7. AGE: Years 54 Months 1 Days 9 19 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lawton Bro.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Joseph E. Winkel

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs Emma Winkel

(Address) 5505 Wesley ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date May 3 1940

19. UNDERTAKER: Harry F. Smith Sons

(Address) 4101 Edmondson ave

20. FILED: Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 30, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1940 to April 26, 1940

That saw h[illegible] alive on April 26, 1940 Death is said to have occurred on the date stated above, at 8:00 a.m. April 29, 1940

The principal cause of death and related causes of importance were as follows:

	Date of onset
chronic myocarditis	
mitral stenosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Milton Hiscomish M. D.

(Address) 1429 W. Fayette St

VS 3

Reg. 3986

F 68872 2607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E Registered No. F 68872

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 11 mths. 3 days
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. none
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Braxton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Brown

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1871

8. AGE: Years 69 | Months ? | Days ? | If less than one day hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation House work

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof apr 30 (month) (day) (year)
(c) Cemetery or crematory mount auburn
Location

18 (a) Funeral director A. H. Ashcraft
(b) Address 9 [illegible] Hall ave [illegible]

19 APR 30 1940 (b) Registrar
(Date received by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1940, at 2:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1916, to April 28 1940, and that I last saw h[illegible] alive on April 25 1940.

Immediate cause of death
Carcinoma of the Cecum

Due to

Due to

Other Conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

Duration between onset and death

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Monaghan Kerr M. D.
Address Balto City Hosp. Date signed 4-30-40.

F 68873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 Registered No. F 68873

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3218 Berkshire Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 3218 Berkshire Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MRS ELIZABETH LANGE

3 (b) If veteran, name war No.

3 (c) Social Security Account No. No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Robert A. Lange

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1866

8. AGE: Years 73 | Months 8 | Days 8 7 | If less than one day hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business: At Home

FATHER
12. Name: Frederick Yaeger
13. Birthplace: Germany

MOTHER
14. Maiden Name: Lena Giess
15. Birthplace: Germany

16 (a) Informant: Miss Lydia Lange
(b) Address: 3218 Berkshire Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1 1940 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore City

18 (a) Funeral director: J. B. Wippert & Son
(b) Address: 1300 EUTAW PLACE

19 (Date received by registrar) APR 30 1940 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1940 at 7:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 28 1940 to Apr 29 1940, and that I last saw h[illegible] alive on Apr 28 1940.

Immediate cause of death: Cerebral hemorrhage — Duration: 4 days
Due to: Arteria sclerosis — years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Stansbury M. D.
Address 714 Park Ave. Date signed

68874 HEALTH DEPARTMENT—CITY OF BALTIMORE 68874

CERTIFICATE OF DEATH V131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2013 Brunt St. 14th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Saddie K. Bolden

If U. S. Veteran specify WAR

(a) Residence: No. 2013 Brunt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of John T Bolden

6. DATE OF BIRTH (month, day, year): Aug. 25 1871

7. AGE: Years 68; Months 8; Days 25; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Jessie Bishop

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Martha Giles

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mr John T. Bolden

(Address) 2013 Brunt St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 5-1-40 19

19. UNDERTAKER: Mrs Frances A. Hemsley

(Address) 578 W. Biddle St

20. FILED 19 Registrar.

4-30-40 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from Apr 1 1940 to Apr 27 1940

I last saw h alive on Apr 26 1940 Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) S B Hughes M. D.

(Address) 1412 Brunt Hill St

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE

V2 8

F 68875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 68875 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 915 E Monument Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 d
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 915 E Monument Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hattie Elles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband: Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 27 1870

8. AGE: Years 66 | Months 8 | Days 14 | If less than one day: hr. min.

9. Birthplace Centreville Md (town, county, and state)

10. Usual Occupation Cook

11. Industry or business

MOTHER / FATHER

12. Name Wm Gregg

13. Birthplace Maryland

14. Maiden Name Eliza Scaggs

15. Birthplace Maryland

16 (a) Informant Hyatt Elles

(b) Address 915 E Madison St Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Baltimore Md

18 (a) Funeral director Mrs Frances A. Stanley

(b) Address 578 W. Biddle St.

19 (a) MAY 1 1940 (Date received by registrar) (b) Registered by Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1940. 4:30 A.M

21. I certify that death occurred on the date above stated, that I attended deceased from 4/11/1940 to 4/29/1940. and that I last saw her alive on 4/27/1940.

Immediate cause of death

(a) Pneumonia

Due to

Due to

Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. F. Harrell

Address 201 Carroll Ave Date signed 4/30/40

68876 F 68876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-e

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Mercy
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28"
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1507 Linden ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Lindsay Bowling

S.S. # 218-18-4982

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 212-18-4982

4. Sex: Male | 5. Color or race: White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband~~ or wife: Charlotte Bush Bowling

6 (c) If alive, give age 18 years

7. Birth date of deceased (mo., day, yr.) Aug 12th 1914

8. AGE: Years 25 | Months 8 4 | Days 19 | If less than one day: ..... hr. ..... min.

9. Birthplace Bluefield W. Va.
(Town, county, and state)

10. Usual Occupation Paper Hanger

11. Industry or business W. P. A.

FATHER 12. Name John Henry Bowling

13. Birthplace Smith Co. Va.

MOTHER 14. Maiden Name Mary Tactice

15. Birthplace Pack Co. Va

16 (a) Informant Mary Bowling

(b) Address 1507 Linden Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/1/40 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Maryland Memorial Park

Location Balto. Co. Md.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 (a) ..... (b) Huntington Woods Williamsport Md

MAY 1 1940

(Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29-1940, at 7 15 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Pulmonary Embolism — Duration .....

Due to: Multiple fractures - right leg + knee cap (patella) — Duration .....

Other Conditions: Suppuration knee joint (r) — Duration .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged, statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4-1-40
(c) Where did injury occur? Found Bowie Prince Geo Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Carnl. Sauerbrey (Specify type of place) While at work? No
(e) Means of injury Automobile struck a pole

23. Signature Howard J. Bruneau M.D.
Medical Examiner.

Date signed 4-29-40

F 68877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130-a Registered 68877

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Rognal Hts. (If outside city or town limits, write RURAL and give town)
(d) Street No. 605 Walnut Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Geo Goeblein

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Helen Goeblein
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Aug 9 1879

8. AGE: Years	Months	Days	If less than one day
60	8	9	hr. min.

9. Birthplace Baltimore (Town, county and state)
10. Usual Occupation Park Packer
11. Industry or business

FATHER
12. Name Geo Goeblein
13. Birthplace Baltimore

MOTHER
14. Maiden Name Annie Lehnerts
15. Birthplace Balto

16 (a) Informant Helen Goeblein
(b) Address 605 Walnut Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director John Allers
(b) Address 208 E Biddle

19 (a) MAY 1 - 1940 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29-40 19 , at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-25-40 19 , to 4-29-40 19 , and that I last saw h[illegible] alive on 4-29-40 .

Immediate cause of death	Duration
Gutswackeotg	
Symptoms of Wound of left mid abdomen	4-25-40
Due to Entero.	
Hypertrophic Stenosis -	
Due to Chronic C. V. disease.	
Tertiary Lues & tabes dor -	
Other Conditions Alcoholism & nephrosclerosis	

(Operation performed within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edmund S. Klein M. D.
Address St Joseph's Hosp Date signed 4-30-40

VS 3

F 68878

68878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 117 N Decker Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 117 N Decker Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 67 years

3 (a) FULL NAME Christina Spiegel
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Jno Spiegel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 22 1860

8. AGE: Years 79 | Months 4 | Days 9 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Ferd Kratz
13. Birthplace Germany

MOTHER
14. Maiden Name Dora Kratz
15. Birthplace Germany

16 (a) Informant John A Spiegel
(b) Address 723 Glenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director John Ullrich
(b) Address 2100 Arlington

19 (a) MAY 1 1940 (Date rec'd by Registrar) (b) Signature [illegible] Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1940, at 9:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1938, to April 29 1940, and that I last saw her alive on 4-2 1940.

Immediate cause of death myocardial degeneration — Duration
Due to arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J Gould M. D.
Address 14 N Eutaw Date signed 4-30-40

F 68879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183-a

F 68879 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Paramount
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1011 N. Dui Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 28 years

3 (a) FULL NAME Miss Bertha Scheeler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widowed

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 16 / 1871

8. AGE: Years	Months	Days	If less than one day
69	3	2	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own home

FATHER
12. Name Edward Hein
13. Birthplace Germany

MOTHER
14. Maiden Name Minnie ?
15. Birthplace Germany

16 (a) Informant Miss Bertha Scheeler
(b) Address 1011 N. Dui Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4th (month) (day) (year)
(c) Cemetery or crematory Stemmers Run Cem
Location Stemmers Run, Md.

18 (a) Funeral director John Ulrich
(b) Address 200 E. Lexington St

19 (a) May 1 1940 (Date received by local registrar) (b) Livingston Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1940, at 6:10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1940, to April 30 1940, and that I last saw h-er alive on April 30 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days
Due to: Hypertension
Due to:
Other Conditions: Chronic Chalecystitis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isabella Harrison M. D.
Address Church Home & Infirmary Date signed 4-30-40

F 68880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. F 68880

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1829 E 31st St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1829 E. 31st St
9-6
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sophie F. Kumpf

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 7 1883

8. AGE: Years	Months	Days	If less than one day
57	3	199	hr. min.

9. Birthplace Baden
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Johan Kumpf
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Schneck
15. Birthplace Germany

16 (a) Informant Mrs. Myerly
(b) Address 1829 E. 31st St

17 (a) (Burial, cremation, or removal) (b) Date thereof May 1st 1940 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location

18 (a) Funeral director L. Schloman & Son
(b) Address 1039 Hampden St.

19 (a) MAY 1 — 1940 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1940 at 9:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said .. find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Cancer breast with metastases — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H M Landes Jr M.D.
Medical Examiner.
Date signed 4/30/40

CGK

68881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

68881

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 407 N. Gilmore St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

1941

3 (a) FULL NAME Leonard Purnell

X

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-?-?

8. AGE: Years	Months	Days	If less than one day
80	?	?	hr. min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 5 | 2 | 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. H. Kelsey
(b) Address 130 N Presstman St.

MAY 1 1940 (signature) Clinton Williams M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1940, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1940, to April 29 1940, and that I last saw h[illegible] alive on April 29 1940.

Immediate cause of death
Bronchopneumonia — Duration 4 days

Due to

Due to

Other Conditions Emphysema, pulmonary — Duration unknown.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no always

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Maurice Goldstein M. D.
Address Balto City Hosp Date signed 4-30-40

VS 3

379228 F 68882

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 68882 Registered No. 157-W

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky. (b) County
(c) City or town Belfry (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Aprome Runyon

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-2-39

8. AGE: Years 1 | Months 10 | Days 29 | If less than one day hr. min.

9. Birthplace Ky. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wheeler Runyon
13. Birthplace Ky.

MOTHER
14. Maiden Name Hazel Chapman
15. Birthplace Ky.

16 (a) Informant Richard
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/40 (month) (day) (year)
(c) Cemetery or crematory Belfry, Ky.
Location

18 (a) Funeral director John D. Whitetaft & Son
(b) Address 1900 Eutaw Place

19 (a) MAY 1 1940 (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5-1- 1940, at 545 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29 1940, to 5-1- 1940, and that I last saw her alive on 5-1- 1940.

Immediate cause of death: Hydrocephalus — Duration: 7
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles L. Troland, M.D.
Address Johns Hopkins Hospital Date signed 5-1-40

68883 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 68883

CERTIFICATE OF DEATH √ 131-6

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 N. East av. St. 6-40 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary R. Horan

If U. S. Veteran specify WAR .....

(a) Residence: No. 121 N. East av St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Horan

6. DATE OF BIRTH (month, day, year) Dec. 1. 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME ? Horigan

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mary Balzer Daughter (Address) 121 N. East a

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date May 3- 1940

19. UNDERTAKER John A. Moran (Address) 3000 E. Balto. St.

20. FILED MAY 1 - 1940 Washington Williams Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1940, to April 29, 1940

I last saw her alive on April 28, 1940 Death is said to have occurred on the date stated above, at 11 30 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Decompensation	
Mitral Regurgitation	1 Day
Arteriosclerosis + Hypertension	1 Day
Other contributory causes of importance: Chronic Interstitial Nephritis	1 Day

Was an operation performed? No. Date of No

For what disease or injury? No

Name of operation None

What test confirmed diagnosis? Microscopic + Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. F. O Stevens M. D.

(Address) 2878 Harford Rd

F 68884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193 4

F 68884 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3021 Odonnell St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3021 Odonnell St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louisa Wagner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Albert Wagner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1851

8. AGE: Years	Months	Days	If less than one day
88	4	14 13	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name George Yaeger
13. Birthplace Germany

MOTHER
14. Maiden Name Elizebeth Seitz
15. Birthplace Germany

16 (a) Informant Mrs. Wm. A. Renner
(b) Address 3021 Odonnell St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Lamel
Location Odonnell St

18 (a) Funeral director Clarence P Hoffman
(b) Address 1639 N Broadway

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 1 VS 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1940 at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1940 to April 29 1940, and that I last saw her alive on April 29 1940.

Immediate cause of death Acute myocardial Arteriosclerosis — Duration 2 days

Due to

Due to

Other Conditions aga

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Horace A Tilton M. D.
Address 315 S. Highland Date signed 4/30/40

F 68885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 68885 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2307 E. Preston (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs F. Makovsky

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-1057

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Bruno E. Makovsky

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Jan. 16 1890

8. AGE: Years	Months	Days	If less than one day
50	3	13	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Elevator Inspector - Balto City

11. Industry or business

FATHER
12. Name Herman Makovsky
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmina Niemann
15. Birthplace Germany

16 (a) Informant Bruno E. Makovsky
(b) Address 2307 E. Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E North ave.

18 (a) Funeral director Clarence P. Hoffman
(b) Address 1479 N Broadway

19 (a) (Date rec'd) (Registrar) (b) Huntington Williams M.D.

MAY 1 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29- 1940, at 3 45 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection - Autopsy thereon and from the evidence obtained by said Inspection - Autopsy and that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madeira M.D.
Medical Examiner
Date signed 4-30-40

Correct use of underlining in accordance with instructions is necessary for proper statistical classification.

F 68886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 68886

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1511 N.MADERIA ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street 1511 N.MADERIA ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME REGINA KEHNE

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NONE	FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife HENRY KEHNE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR.23 1860

8. AGE: Years	Months	Days	If less than one day
80	1	7 6	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name JOSEPH STEINRUCKEN
13. Birthplace GERMANY

MOTHER
14. Maiden Name PAULINE HILDERBRANDT
15. Birthplace GERMANY

16 (a) Informant REGINA KEHNE DAUGHTER
(b) Address 1511 N.MADERIA ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 1/40 (month) (day) (year)
(c) Cemetery or crematory BALTIMORE
Location END OF E.NORTH AVE.

18 (a) Funeral director Lilly & Gilbert Inc
(b) Address 403 S.WOLFE ST.

19 (a) MAY 1 - 1940 (Date received by Registrar) (b) Huntington Hilliard M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 29 1940, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MCH 18 1940, to APRIL 29 1940, and that I last saw h.. alive on APR 28 1940.

Immediate cause of death	Duration
Bronchial Pneumonia	3d
MCH Paralysis	7d.
Due to Myocarditis	4Yrs.
Hypertension	4Yrs
Due to Chronic Interstitial Nephritis	4Yrs
Due to Chronic Pulmonary Tuberculosis	4Yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings Of operations NONE
Of autopsy NONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide [redacted]
(b) Date of occurrence
(c) Where did injury occur? [redacted] (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? [redacted] (Specify type of place) While at work? [redacted]
(e) Means of injury [redacted]

23. Signature Ora Stevens M. D.
Address 2878 Hartford Av Date signed 4-30-40

correct age is especially important. Physicians; please write the cause of death in plain English.

68887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

158

F 68887

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 205 W. Hoffman St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 205 W. Hoffman
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ann Gideus (Giddens)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Infant.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/18/39

8. AGE: Years | Months: 10 | Days: 10 | If less than one day: hr. min.

9. Birthplace: Balto md.
(Town, county, and state)

10. Usual Occupation: child

11. Industry or business

PARENTS

12. Name of father: James Hamilton

13. Birthplace of father: unknown

14. Maiden Name of mother: Ethel Giddens

15. Birthplace of mother: Md.

16 (a) Informant: Ethel Giddens

(b) Address: 205 W. Hoffman St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-1-40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Brooklyn

18 (a) Funeral director G. Halstead

(b) Address 918 Druid Hill Ave.

19 (a) May 1-1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1940, at 11 45 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Pneumonia — Duration

Due to

Due to

Other Conditions Tbc history

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. M. Hundley Jr. M.D.
Medical Examiner.

Date signed 4/29/40

F 68888

BALTIMORE CITY HEALTH DEPARTMENT 937 Registered No. F 68888

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Schleupner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem.	White	Widowed

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 9, 1863

8. AGE: Years	Months	Days	If less than one day
76	6	20	hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation Seamstress

11. Industry or business

FATHER 12. Name Adam Schwartzkopf
13. Birthplace ?

MOTHER 14. Maiden Name Alvina Stumpf
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address I200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2, 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) (Date rec'd by Registrar) (b) Registrar

MAY 1 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1940 at 6.30p M

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1940 to April 29 - 1940 and that I last saw h.. alive on April 29 - 1940

Immediate cause of death	Duration
Edema of Lungs	1 day
Due to Chronic Myocarditis	1 year
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E North Av Date signed April 30-40

68889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 ✓ Registered No. F 68889

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 da. 2 ~~days~~
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland. (If outside city or town limits, write RURAL and give town)
(d) ~~Street No.~~ 210 E. Barney St., Balto. Md. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

X

3 (a) FULL NAME Henry Max ROBERG

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Regina Kenny
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) March 24, 1899

8. AGE: Years	Months	Days	If less than one day
41	1	6	hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name August Robert Roberg
13. Birthplace Germany

MOTHER
14. Maiden Name Bertha ?
15. Birthplace Germany

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3-40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hills
Location Balto

18 (a) Funeral director Jos. J. Stern & Sons
(b) Address 2061 Pennsylvania ave Huntington Northwest, W.Va.

19 (a) MAY 1 1940 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30, 1940, at 5:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1940, to April 30 1940, and that I last saw him alive on April 30 1940.

Immediate cause of death	Duration
Empyema, purulent, rt. pleural cavity	2 wks.
Due to Lobar pneumonia of right lung	1 mo.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. W. Anderson, M. D.
Address U.S. Marine Hospital Date signed 4/30/40
Baltimore, Maryland.

68890 HEALTH DEPARTMENT—CITY OF BALTIMORE F 68890

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital St. 15-12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Infant Goldman 1 hr 39 min

If U. S. Veteran specify WAR

(a) Residence: No. 2904 Hillsdale Ave St., Balto. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 22 1940

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or 39 min.
		~~1 hr~~	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Morris Goldman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Katherine Morstein

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Katherine Goldman
(Address) 2904 Hillsdale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Carnegie Lab J.HH Date Apr. 23 1940

19. UNDERTAKER —
(Address)

APR 1 - 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 22, 19 40

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1940, to April 22, 1940

I last saw her alive on April 22, 1940. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Prematurity —

	Date of onset
Other contributory causes of importance:	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Marie Rademan M. D.

(Address) 2246 Eutaw Pl

68891

HEALTH DEPARTMENT—CITY OF BALTIMORE

68891

CERTIFICATE OF DEATH

107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 N. Carey St. 16th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. / mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Moses Arrington

If U.S. Veteran specify WAR

(a) Residence: No. 720 N. Carey St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hattie Arrington

6. DATE OF BIRTH (month, day, year) July 04, 1906

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
33 34 yrs.	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Weldon N. C.

FATHER

13. NAME Moses Arrington

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Hattie Arrington

(Address) 720 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Weldon N.C. Date May 2nd, 1940

19. UNDERTAKER Edroy O Wilson

(Address) 1000 Brantley Ave

20. FILED MAY 1 - 1940 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 30, 1940

22. I HEREBY CERTIFY, That I attended deceased from Apr 27, 1940 to Apr 30, 1940

I last saw him alive on apr 30 1940 Death is said to have occurred on the date stated above, at 9. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4/26/40

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jas. D. Julian M. D.

(Address) 4544 23rd St.

See instructions on back of certificate. OCCUPATION is very important.

F 68892

Marauch

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-C

Registered F 68892

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2824 Caldwell Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2824 Caldwell Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? 25 years

3 (a) FULL NAME Getta Marauch

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Alex Marauch
6 (c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 47 | Months | Days | If less than one day: hr. min.

9. Birthplace: Russia (Town, county, and state)
10. Usual Occupation: Home Wife
11. Industry or business

FATHER
12. Name: Chas Velvel Ades
13. Birthplace: Russia

MOTHER
14. Maiden Name: Genta Baily
15. Birthplace: Russia

16 (a) Informant: Husband
(b) Address:

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof: 5-1-40 (month) (day) (year)
(c) Cemetery or crematory: Herring Run
Location: Balto Md

18 (a) Funeral director: Louis Levin Inc
(b) Address: 1439 E. Baltimore St

19 (a) [illegible] (Date received by registrar) Harrington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1940 10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to April 30 1940, and that I last saw him alive on April 29 1940.

Immediate cause of death	Duration
Bronchogenic Carcinoma	1 Year
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Milton L. Solomon M. D.
Address: 129 S. Bundy Date signed: 5/4/40

VS 5

F 68893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered No. F 68893

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 300 S. Franklintown Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MRS BERTHA LIERSE MANN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Julius Liersemann

6 (c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): August 30, 1867

8. AGE: Years: 72 | Months: 8 | Days: | If less than one day: hr. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual Occupation: housewife

11. Industry or business

FATHER
12. Name: Wilhelm Kaschke
13. Birthplace: Germany

MOTHER
14. Maiden Name: Wilhelmina Koch
15. Birthplace: Germany

16 (a) Informant: Mrs. Martha Weber
(b) Address: 915 Willow Avenue Hobokin, New Jersey

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2, 1940 (month) (day) (year)
(c) Cemetery or crematory: Western Cemetery
Location: Edmondson Avenue, Baltimore

18 (a) Funeral director: George L. Schwab
(b) Address: 2101 Frederick Avenue

MAY 1 - 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1940, at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said autopsy (Autopsy or Inquest) find that said deceased came to her death on the day stated above.

Immediate cause of death: Bronchopneumonia — Duration:
Due to: Fracture of neck of left femur.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: Oct 21, 1939
(c) Where did injury occur? 300 S Franklintown Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? (Specify type of place)
(e) Means of injury: fall in home
23. Signature: H. H. Williams M.D. Medical Examiner.
Date signed 5-1-40

correct age is especially important. If unknown, please state

F 68894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126

Registered No. F 68894

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3808 Park Heights Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3808 Park Heights Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret M. Barkley.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Robert Barkley
6 (c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.) Dec 8. 1874

8. AGE: Years	Months	Days	If less than one day
65	4	21	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Rudolph Matching
13. Birthplace Germany.

MOTHER
14. Maiden Name Mary E. Dorr
15. Birthplace Md.

16 (a) Informant Robert Barkley
(b) Address 3808 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2. 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Balto Co.

18 (a) Funeral director Chas Mus. John H. Geipel & Son
(b) Address 801 N. Fayette St.

19 (a) MAY 1 - 1940 (Date received and registered) (b) Registrar's signature Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 29 1940. at 9.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1938 to Apr 29 1940.
and that I last saw h[illegible] alive on April 29 1940.

Immediate cause of death
Hepatitis — Duration 6 weeks
Due to Cholelithiasis — 3 months
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George M. Settle M. D.
Address 2435 Maryland Ave Date signed

8895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 68895 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 32nd & Calvert St.
(c) Hospital or institution:
Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto.
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
Street No. 17 Dunting Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Rev. Edward de Seebock Dumy

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Wh.	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 9, 1862

8. AGE: Years	Months	Days	If less than one day
78	2	22	21 hr. min.

9. Birthplace Kentucky (Town, county, and state)
10. Usual Occupation Episcopalian Min.
11. Industry or business

FATHER
12. Name Frederick Dumy
13. Birthplace France

MOTHER
14. Maiden Name Margaret Worthington
15. Birthplace Md.

16 (a) Informant Mother Superior, Oblate Convent
(b) Address Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2-1940 (month) (day) (year)
(c) Cemetery or crematory St. John's, Worthington Valley
Location Worthington Valley

18 (a) Funeral director J. Wenlock Shoe Co.
(b) Address Orchard & Hoffman Sts.

19 (a) 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1940, at 7 L.S.T. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1940 to Apr. 30 1940, and that I last saw him alive on Apr. 30 1940.

Immediate cause of death	Duration
Cardio-vascular Collapse	1
Due to Bronchopneumonia	7 Days
Due to Arteriosclerotic Heart Disease	?
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy not performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature S. D. Sweeney M.D.
Address Union Memorial Date signed 4/30/40

correct name especially surnames. Typewriter, preferred.

F 68896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No. F 68896

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 620 W Franklin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME KING MC CULLUM

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
25			hr. min.

9. Birthplace Fairmont NC. (Town, county, and state)
10. Usual Occupation Cooking
11. Industry or business

FATHER
12. Name King McCullum.
13. Birthplace Fairmont N.C.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location

18 (a) Funeral director Chas. H. Alexander
(b) Address 120 W. Lafayette St.

19 (a) MAY 1 - 1940 (Date of this registration) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hemorrhage, external and internal — Duration

Due to stab wound of chest

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence April 28, 1940
(c) Where did injury occur? Town (City or town) #24 Pearl St (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place (Specify type of place) While at work? no
(e) Means of injury knife stab (Stabbed Wound)

23. Signature H. L. Wallenmeyer Asst. Medical Examiner M.D.
Date signed 4-28-40

68897

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Aetar
131-B Registered No. F 68897

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 638 S Ellwood a
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 638 S Ellwood ae (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Anna Bartek

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Joseph Bartek
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1891

8. AGE: Years	Months	Days	If less than one day hr.	min.
48	10	15		

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Stephan Milenarovic
13. Birthplace Austria

MOTHER
14. Maiden Name Mary Roman
15. Birthplace Austria

16 (a) Informant Joseph Bartek
(b) Address 638 S Ellwood a

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4, 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director Frank Enoch & Son
(b) Address 1906 Ashland Ave.

19 (a) Date received MAY 1 1940 (b) Registrar Hunter Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1, 1940, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 29 1940 to May 1st 1940 and that I last saw her alive on Apr 30 1940.

Immediate cause of death Mitral Insufficiency — Duration 6 weeks

Due to

Due to

Other Conditions Chronic Nephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph J. Nuelle
Address 702 N Pine Date signed May 1-40

Dr Number Ver 0972

correct age is especially important. Physicians, please write plainly.

F 68898

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13-B

Registered No. F 68898

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1235 Darley Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1235 Darley Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Emmet S. Daffin

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Amelia D. Daffin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 4 1882

8. AGE: Years	Months	Days	If less than one day
57	7	27	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Steam Fitter Retired
11. Industry or business Casey Machine Co.

FATHER
12. Name Frank Daffin
13. Birthplace Md.

MOTHER
14. Maiden Name Alice Kelly
15. Birthplace Md

16 (a) Informant Mrs Amelia D. Daffin
(b) Address 1235 Darley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-40 (month) (day) (year)
(c) Cemetery or crematory Mayland Park
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

MAY 2 1940 (Date rec'd by Registrar) Funeral to Williamsport Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1940 at 7:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1937 to April 30 40 and that I last saw him alive on April 30 1940

Immediate cause of death Pulmonary Tuberculosis — Duration 3 yrs.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ethel E Sheppard M. D.
Address 1613 E. North Ave. Date signed

F 68899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-e

F 68899 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3209 Southern Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gertrude R. MacNeal

3 (b) If veteran, name war: No | 3 (c) Social Security Account No. 1808F

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~.
F	W	S

6 (b) Name of husband or wife — — —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 13 1928

8. AGE: Years	Months	Days	If less than one day: hr.	min.
11	6	18		

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Scholar
11. Industry or business School

FATHER
12. Name Edward Lester Macneal
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Ruth May Dixon
15. Birthplace Balto Md.

16 (a) Informant Edward L. Macneal
(b) Address 3209 Southern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto. Md.

18 (a) Funeral director William Cox
(b) Address 127 St. Paul St

19 (a) (Date received by registrar) (b) Filed by [illegible] Registrar

MAY 2 1940 VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1940, at 8.35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Intracranial hemorrhage — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/30/40
(c) Where did injury occur? Harford (City or town) Monroe (County) Tenn (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pedestrian - Struck by automobile

23. Signature [illegible] M.D. Medical Examiner.
Date signed 5/1/40

Correct age is especially important. Physicians: please write the cause of death plainly.

F 68900

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92-B

F 68900 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 408 E 28th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 408 E 28th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

25

3 (a) FULL NAME Ina Barton Englant

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ernest R Englant
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17. 1886

8. AGE: Years 53 | Months 7 | Days 14 | If less than one day hr. min.

9. Birthplace Springfield Ohio (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Green Kershner
13. Birthplace New York

MOTHER
14. Maiden Name Emma Clark
15. Birthplace Springfield Ohio

16 (a) Informant Ernest R Englant
(b) Address 408 E 28th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul Street

19 (a) MAY 3 1940 (Date received by registrar) (b) Signature of Registrar Hunter Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1940, at 3:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to 4-30 1940
and that I last saw h alive on 4-30 1940.

Immediate cause of death Heart failure

Due to Chronic Rheumatic valvular disease with

Due to Hypertrophy -

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration 3 days - many years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Medical Arts Bldg Date signed 5-1-40

68901

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-W

Registered No. E 68901

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1442 N Gay St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 85

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1442 N Gay St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Stewart

3 (b) If veteran, name war

3 (c) Social Security Account No. Had None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Mary E. Stewart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 25, 1854

8. AGE: Years	Months	Days	If less than one day
85	4	6	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Foreman Street
11. Industry or business Balto City Cleaning Dept.

FATHER
12. Name John Steward
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Rachel McAlister
15. Birthplace Ireland

16 (a) Informant Mr. Henry M. Steward
(b) Address 3802 Ridgewood Road

17 (a) Burial (b) Date thereof May 3, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Faith Presbyterian Cem.
Location Gay and Broadway

18 (a) Funeral director Howard N. Black Jr.
(b) Address 4914 Belair Road

19 (a) MAY 2 1940 (b)
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1940, at 4 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 1940 to May 1 1941, and that I last saw h alive on April 30 1940

Immediate cause of death	Duration
Cerebral Hemorrhage (Apoplexy)	10 days
Due to Generalized Arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Had

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny
Address 2200 E Madison St. Date signed 5/1/40

VS 3

F 68902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-P

F 68902 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1007 Wilcox St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (If not in U.S., give country)
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(b) Street No. Hattsville Va
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Estella Davis Taylor

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C	married

6 (b) Name of husband or wife Richard Taylor
6 (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) 8-10-1920

8. AGE: Years	Months	Days	If less than one day
19	8	20	hr. min.

9. Birthplace Accomack Co. Va.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Epps Davis
13. Birthplace Va

MOTHER
14. Maiden Name Margie Brown
15. Birthplace Va

16 (a) Informant Margie Mason
(b) Address 1007 Wilcox St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn A. A. Co. Md

18 (a) Funeral director Bryson & Francis K. Wright
(b) Address 1218 McElderry St

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 2 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-30-1940, at 9 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/30 1940 to 4/30 1940, and that I last saw h alive on 4/30 1940.

Immediate cause of death Pulmonary Th

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Bowsten M. D.
Address 733 Augusta St Date signed 5/2/1940

F 68903

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 176

Registered No. F 68903

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 726 E Eager St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES E. WILSON

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-01-5043

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	married

6 (b) Name of husband or wife Hilda Wilson
6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) 12-5-1902

8. AGE: Years	Months	Days	If less than one day
37	38	4	25 hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Tailor Quality Cut + Trim
11. Industry or business 324 E Baltimore St

FATHER
12. Name John Randolph
13. Birthplace Md

MOTHER
14. Maiden Name Ida Wilson
15. Birthplace Md

16 (a) Informant Hilda Wilson
(b) Address 314 Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn A. A. Co. Md

18 (a) Funeral director Belson Inglam & Hoffman
(b) Address 128 Lancaster St

19 (a) (Signature of registrar) (b) Hum... [illegible] M.D.

MAY 2 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1940, at 2:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Septicaemia — Duration 4 days

Due to: Cellulitis, right thumb, acute staphylococcic — Duration 5 days

Due to: — Duration 25 days

Other Conditions: Abscesses, multiple lungs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence about April 20th, 1940
(c) Where did injury occur? 324 E Baltimore St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial place While at work? Yes (Specify type of place)
(e) Means of injury Cut rt. thumb on machine
Wound Clean infected

23. Signature [illegible] M.D. Medical Examiner.
Date signed 4-30-40

Correct age is especially important. Physicians, please

F 68904

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-6 F 68904 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 216 S. Payson St
(c) Hospital or institution: Balto-Md,
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 216 S. Payson St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Lucy H. Bowles

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: female
5. Color or race: colored
6 (a) Single, married, widowed, or divorced: widow
6 (b) Name of husband or wife: late Charles F. Bowles
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 15, 1870

8. AGE: Years 70 | Months 3 | Days 15 | If less than one day ... hr. ... min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation house work
11. Industry or business

FATHER
12. Name John Lunn
13. Birthplace Va

MOTHER
14. Maiden Name Unknown
15. Birthplace Va

16 (a) Informant Mr James E. Coote
(b) Address 216 S. Payson St

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 5/2/1940 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Mt Clonnell Rd East

18 (a) Funeral director John Conway & Son
(b) Address 901 S Gilmor St

19 (a) Date received MAY 3 1940 (year) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 30, 1940 at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1940, to April 30 1940 and that I last saw h-- alive on April 29 1940.

Immediate cause of death: Carcinoma of Breast — Duration 2 years

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature Albert Lennard
Address 1934 W Lanvale Ave Date signed 5/7/40 (M) (D)

VS 3

68905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

F 68905

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1212 Cleveland St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1212 Cleveland St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kate Maxwell Layman

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife Robert Layman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 21, 1860

8. AGE: Years 80 Months 2 Days 9 10 If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER 12. Name George Haller

13. Birthplace Md.

MOTHER 14. Maiden Name Catherine ?

15. Birthplace Md.

16 (a) Informant Mrs. George Maxwell

(b) Address 1212 Cleveland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 /40 (month) (day) (year)

(c) Cemetery or crematory Western Cemetery

Location Edgewood Ave.

18 (a) Funeral director Fred H. Kramer & Son

(b) Address 1216 N. Charles St.

19 (a) (Date received by registrar) Hyattsville, Md. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to May 1 1940 and that I last saw h alive on 19

Immediate cause of death Acute Heart Failure — Duration

Due to Chronic Myocarditis

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Louis J. Goss M. D.

Address 6 Wendover Rd Date signed 5-1-40

Correct as to all apparently important particulars. Cause of death, statistical classification, and certification approved.

68906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B Registered No. F 68906

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto. City
(b) Street address 901 Bevans St
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 72 2 23

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 901 Bevans St (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Agnes Lewis

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex: female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife ✓ | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1868

8. AGE: Years 72 | Months 1 | Days 14 ✓ | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation none

11. Industry or business ✓

FATHER
12. Name Samuel Lewis
13. Birthplace Va

MOTHER
14. Maiden Name Mary White
15. Birthplace Va

16 (a) Informant Hezekiah Lewis
(b) Address 901 Bevans St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2. 46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md

18 (a) Funeral director Jeriah A Brown Son
(b) Address 1080 Monument St

19 (a) (Date rec'd by Registrar) (b) Registrar

MAY 2 1940 Hezekiah Lewis, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29 1940 at 12:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 14 1939 to April 27 1940 and that I last saw deceased alive on April 29 1940.

Immediate cause of death	Duration
Endocarditis & Senility	Indefinite
Due to Age	
Due to ✓	
Other Conditions Nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James C Carper M. D.
Address 1916 E. Monument Date signed

COPIES AGE AS CORRECTLY AS POSSIBLE. Important: Physicians, please report

F 68907

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-E F 68907 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1005 Woodbourne Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

27 10

3 (a) FULL NAME Mary Greenwell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Joseph K. Greenwell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 30, 1870

8. AGE: Years	Months	Days	If less than one day
70	3		hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Richard Lomax
13. Birthplace Md.

MOTHER
14. Maiden Name Eliza Cox
15. Birthplace Md.

16 (a) Informant Mary K. McKenzie
(b) Address 1005 Woodbourne Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3, 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ New Cathedral
Location Edmondson Ave., Baltimore, Md.

18 (a) Funeral director John O. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Place, Baltimore

19 (a) (b) Registrar

MAY 2 1940 Health Department, Baltimore, Md.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/30/40 19 . at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/29/40 19 , to 4/30/40 19 , and that I last saw h e alive on 4/30/40 19 .

Immediate cause of death: Carcinoma Fundus — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. D.
Address Mercy Hosp Date signed

F 68908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-a

Registered No. F 68908

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5307 Springlake Way
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5307 Springlake Way (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John [illegible] Barrett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Elsie Kennedy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20, 1877

8. AGE: Years	Months	Days	If less than one day
62	6	11	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Alfred Barrett
13. Birthplace Va.

MOTHER
14. Maiden Name Alice ?
15. Birthplace Va.

16 (a) Informant Virginia B. Sherwood
(b) Address 122 Taplow Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3, 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location Frederick Avenue, Baltimore

18 (a) Funeral director John O. Mitchell & Son, Inc.
(b) Address 1900 Eutaw Place, Baltimore

19 (a) May 2, 1940 [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/1/40 19 , at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/9 1940 to 5/1 1940; and that I last saw [illegible] alive on 5/1/40 19 .

Immediate cause of death
(a) Chr. Lymphatic Leukemia
Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
Indefinite

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Woody M. D.
Address 1403 Park Avenue Date signed

55073 - RB

F 68909

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

F 68909
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 Linden Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Slaughter (Rose)

3 (b) If veteran, name war

3 (c) Social Security Account No. Newborn

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/26/40

8. AGE: Years	Months	Days	If less than one day
			9 hr. 15 min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Slaughter
13. Birthplace Virginia

MOTHER
14. Maiden Name Rose Kuhn
15. Birthplace Maryland

16 (a) Informant Records
(b) Address B.C.H.

17 (a) Cremation (b) Date thereof 5-1-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Crematory
Location BCH

18 (a) Funeral director
(b) Address

19 (a) MAY 2 - 1940 Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-27 1940, at 12 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-26 19 40 to 4-29 19 40, and that I last saw him alive on 4-27 19 40.

Immediate cause of death Prematurity
29 weeks

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. Lamar Dean M. D.
Address Balto City Hosp. Date signed 4-28-40

VS 3

F 68910 FOY F 68910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 161-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3307 Kenley St. 25-6 Ward)

Registered No. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Newborn Foy

If U.S. Veteran specify WAR ...

(a) Residence: No. 3307 Kenley St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Newborn Foy

6. DATE OF BIRTH (month, day, year) 4/30/40

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) 3307 Kenley St Baltimore Md

FATHER

13. NAME Mathie Foy

14. BIRTHPLACE (city or town) (State or country) Lee N.C.

MOTHER

15. MAIDEN NAME Mathie Pearson

16. BIRTHPLACE (city or town) (State or country) Lee N.C.

17. INFORMANT Mathie Foy

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date May 2 1940

19. UNDERTAKER James Lashburn

(Address) 742 Lanvale St

20. FILED 19 ... Williams, Registrar.

MAY 2 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-30-40. 19

22. I HEREBY CERTIFY, That I attended deceased from Newborn to ... 19...

I last saw h... alive on April 30 19 40 Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation (Fungus did not expand)	
Other contributory causes of importance: Premature	

Was an operation performed? no Date of —

For what disease or injury?

What test confirmed diagnosis? Cl. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. McDonald M.D.

(Address) 844 Carey St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact address of OCCUPATION is very important. See instructions on back of certificate.

F 68911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 68911 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1013 S. Potomac St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1013 S. Potomac St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice Marie Underwood

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife William J.
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1909

8. AGE: Years	Months	Days	If less than one day
31	3	4	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Herman Musch
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary Schrifferer
15. Birthplace Baltimore Md.

16 (a) Informant William J. Underwood
(b) Address 1013 S. Potomac St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Odonnell St.

18 (a) Funeral director Liliana F. Hoffman
(b) Address 1639 N. Broadway

MAY 2 — 1940 (Date rec'd by Registrar) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1940, at 12:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 27 1940 to May 1 1940 and that I last saw her alive on April 30 1940

Immediate cause of death: Pulmonary tuberculosis — Duration 3 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clarence W. LeBoeuf M. D.
Address 1013 S. Ellwood Ave. Date signed 5/2/40

F 68912

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

55-E

F 68912 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1710 Aisquith Street
(c) Hospital or institution: ---
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County --
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1710 Aisquith Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME WILLIAM A. SCHWEITZER

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-4153

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Mary A. Schweitzer
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) March 13, 1876

8. AGE: Years	Months	Days	If less than one day
64	1	18	hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Retired Salesman
11. Industry or business National Biscuit Co.

FATHER
12. Name William Schweitzer
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Keim
15. Birthplace Germany

16 (a) Informant Mrs. Mary A. Schweitzer
(b) Address 1710 Aisquith Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4/1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Chas. F. Brackbon Inc.
(b) Address 118 W. Mt. Royal Ave.

19 MAY 2 - 1940 (Date rec'd by registrar) (b) Huntingdon Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1940, at 1.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1940 to May 1 1940, and that I last saw h. h. alive on April 30 1940.

Immediate cause of death	Duration
Malignant tumor in abdominal cavity, anatomical point of origin undetermined.	6 months
Due to Metastasis in liver and stomach.	
Due to	
Other Conditions generalized arteriosclerosis, arteriosclerotic heart disease	5 yrs. 6 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. D. Mitchell M. D.
Address 1401 Eutaw Place and Date signed May 4, 1940

VS 8

68913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. B-68913

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St
(c) Hospital or institution: S. Balto Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 19 W. Lee St
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME James Slater

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Separated

6 (b) Name of husband or wife Martha

6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 75 | Months | Days | If less than one day hr. min.

9. Birthplace Anne Arundel County
(Town, county, and state)

10. Usual Occupation Old age pensioner

11. Industry or business Anne Arundel County

FATHER
12. Name [illegible]
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant South Baltimore Funeral
(b) Address Peuba.

17 (a) Burial (b) Date thereof May 2 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mary Ch Yd
Location Valley Rd., Co Md

18 (a) Funeral director Thomas W. Smith
(b) Address Huntingtown Williamsburg, Md.

19 (a) 5/2/40 (b) [signature] Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-30 1940, at 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29 1940, to 4-30 1940, and that I last saw h[illegible] alive on 4-30 1940.

Immediate cause of death
Apoplexy
Cerebral hemorrhage
Due to hypertension

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Philip W. Hunter M. D.
Address S. Balto Gen'l Hosp Date signed 4-30-40

H. W. Wallenweber, M.D. [illegible]

68914

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1176 Registered No. E 68914

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mt. Hawley Warehouse
(c) Hospital or institution: D.O.A. to Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 31 E. Henrietta St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

23

3 (a) FULL NAME Herbert Burke (Herbert Courtney Burk, Jr.)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21, 1929

8. AGE: Years	Months	Days	If less than one day
11	0	10	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation School Boy

11. Industry or business

FATHER
12. Name Herbert Courtney Burk, Sr.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret E. Burgess
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Margaret E. Burk
(b) Address 31 E. Henrietta St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4, 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cemetery
Location Brooklyn, Md.

18 (a) Funeral director [illegible]
(b) Address 1095 W. Baltimore St.

19 (a) 1940 (b) [illegible] (Registered by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1940 at 3 55 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said , find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Crushing Injury	
Abdomen	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 5/1/40 Hawley Warehouse
(c) Where did injury occur? Cumberland St. below Light St. Wharf (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes (Specify type of place)
(e) Means of injury Caught in elevator shaft

23. Signature [illegible] M.D. Medical Examiner.
Date signed 5/2/40

correct as especially important. Typewriter preferred.

68915

F 68915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford Rd. + Herring Run
(c) Hospital or institution: Lyndenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1548 Pennsylvania Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CARRIE BEASELY

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race B | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John Beasley
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) 4/15/1896

8. AGE: Years 44 | Months | Days 14 | If less than one day hr. min.

9. Birthplace Greenville, N. Carolina (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Walker Payton
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Fannie ?
15. Birthplace S. Carolina

16 (a) Informant Wm. A. Jackson (Part of inf.)
(b) Address 916 Pennsylvania Ave

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/2/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Arnold Anne Arundel County Md

18 (a) Funeral director William A. Jackson
(b) Address 916 Pennsylvania Ave
Baltimore, Md.

(Date rec'd by registrar) Registrar

VS 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1940, at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 29 1940 to Apr. 29 1940, and that I last saw her alive on APR. 29 1940.

Immediate cause of death: Purulent pericarditis — Duration 2-3 days
Due to: Mediastinal abscess — 3-4 days
Due to: Purulent Laryngitis — 6-8 days
Other conditions: Diabetes Mellitus, Empyema bilateral — unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John C. Rammelkamp
Address Lyndenham Hosp. Date signed 5/1/40

Hawkins, Chief Clerk — Medical Examiner

68916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 68916
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5204 Roland ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 32 years

3 (a) FULL NAME Benjamin Silbert

3 (b) If veteran, name war World War
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1895
8. AGE: Years 45 | Months | Days | If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Artist
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Dr. R. L. Dohme
(b) Address 5204 Roland Avenue, City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-40 (month) (day) (year)
(c) Cemetery or crematory Ft. E. Cemetery
Location E. Balto St.

18 (a) Funeral director Jas. Louis Doll
(b) Address 1439 E. Baltimore St.

19 (a) (Date rec'd by registrar) (b) Registrar

1940 VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1940, at 7:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1940, to May 1 1940, and that I last saw him alive on May 1 1940.

Immediate cause of death: Cardio-resp. failure & pulmonary edema — Duration: 30 mins

Due to: lobar pneumonia — Duration: 3 days

Due to:

Other Conditions: Mitral stenosis — Duration: years.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Crawford
Address Union Memorial Hospital Date signed 5/1/40

correct age is especially important. Physicians: please write plainly.

68917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-N

F 68917

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3605 Melno Drive
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 20

(e) Length of stay in Baltimore (yrs., mos., or days) 20yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3605 Melno Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Marcus Cohen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Celia

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years 57 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Mfg

11. Industry or business neckwear

FATHER
12. Name Hirsh Cohen
13. Birthplace Russia

MOTHER
14. Maiden Name Anna Mary —
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-40 (month) (day) (year)
(c) Cemetery or crematory Bnai Israel
Location Southern Ave

18 (a) Funeral director Jack Levin Inc
(b) Address 1432 E. Balto St

19 (a) 7/30 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1940, at 9:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1938 to May 1 1940, and that I last saw h alive on April 30 1940

Immediate cause of death: Hypernephroma — Duration: 2 years

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations 1938 Hypernephroma
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jack Cohen M. D.
Address 1804 Eutaw Place Date signed 5-1-40

correct if is especially important. Physicians: please write the

68918 ✓ F 68918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 506 S.ROBINSON ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 506 S.ROBINSON ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME EMMA S.ROSE

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: WIDOW
6 (b) Name of husband or wife: JOHN T.ROSE
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) NOV.10 1861

8. AGE: Years	Months	Days	If less than one day
78	45	20	..... hr. ..... min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name THOMAS GRAY
13. Birthplace BALTO.

MOTHER
14. Maiden Name LOTTIE BECKWITH
15. Birthplace BALTO.

16 (a) Informant MARIE SCHMIDT DAUGHTER
(b) Address 2803 ASHLAND AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 3/40 (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS
Location HARFORD RD.

18 (a) Funeral director Tilley & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) 1940 (Date received by registrar) (b) 8 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 30 1940 at 4/5 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1 1938 to 4/30 1940, and that I last saw her alive on 4/30 1940

Immediate cause of death Hypertensive cardio-vascular disease
Chronic nephritis

Duration 1938-40

Due to .....

Due to .....

Other Conditions Sen. Anemia

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature Andrew Rumanowski
Address 40-39 Eastern Ave. Date signed 5/1/40

Print age in especially important. Physicians, please

VS 3

F 68919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-T

F 68919 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: So. Balto. Genl. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1117 Leadenhall St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard D. Raabe

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4. 1886

8. AGE: Years 53 | Months 9 | Days 25 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Gustav Raabe
13. Birthplace Balto Md

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Carrie Bastels
(b) Address 1500 N. Bethel

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto City

18 (a) Funeral director Chas. Wm. John M. Teufel Son
(b) Address 801 W. Fayette St

MAY 2 – 1940 (Date rec'd by Registrar) (b) Howard [illegible] Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/30/40 19, at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/13 1940 to 4/30 1940 and that I last saw him alive on 4/30 1940.

Immediate cause of death: Aortic Aneurysm — Duration
Due to: Syphilis
Due to:
Other Conditions: Syphilitic heart disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel L. Lee M.D.
Address So Balto Genl Hosp Date signed 5/1/40

F 68920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

154

F 68920 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 822 N. Fulton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

1502

3 (a) FULL NAME Baby boy Oppenheimer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			2 hr. 5 min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Kurt Oppenheimer
13. Birthplace Mahlhausen, Germany

MOTHER
14. Maiden Name Hermine Polakoff
15. Birthplace Vienna, Austria

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Sinai Hosp
Location Sinai Hosp

18 (a) Funeral director
(b) Address

MAY 2 – 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/29 1940, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/29 1940 to 4/29 1940, and that I last saw him alive on 4/29 1940.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Samuel Borger, M.D.
Address Sinai Hospital Date signed 4/30/40

Body disposed of by hospital.

VS 3

68921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No. F 68921

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2815 Gibbons Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2815 Gibbons Ave
(If rural give location)
21 Balto
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose Inez Porter

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W	child

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 24-40

8. AGE: Years	Months	Days	If less than one day
		7	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business child

FATHER
12. Name M. Harrison Porter
13. Birthplace Minton Md

MOTHER
14. Maiden Name Kathleen Rose Rossa
15. Birthplace Md Baltimore

16 (a) Informant M. Harrison Porter
(b) Address 2815 Gibbons Ave

17 (a) Burial (b) Date thereof 5-2-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holly Pedigree
Location

18 (a) Funeral director Leonard D. Funk
(b) Address 5305 Harford Rd.

19 (Date received by registrar) MAY 2 — 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1940, at 10:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-24 1940, to May 1 1940, and that I last saw h[illegible] alive on 5-1 1940.

Immediate cause of death Pneumonia
(b/w 20s Gestation)
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 402 Bloom Rd Date signed 5-2-40

VS 3

F 68922

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

Registered No. F 68922

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address No Broadway
(c) Hospital or institution: Church Home & Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 6
(e) Length of stay in Baltimore (yrs., mos., or days) 20 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County —
(c) City or town Bellaire (If outside city or town limits, write RURAL and give town)
(d) Street No. 371 Belmont St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 2 years

3 (a) FULL NAME Minnie Lowman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem.	Wh	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1869

8. AGE: Years	Months	Days	If less than one day
70 71	7	13	hr. min.

9. Birthplace Bellaire, Ohio (Town, county, and state)
10. Usual Occupation Retired Teacher
11. Industry or business

FATHER
12. Name E B Lowman
13. Birthplace Bellaire, Ohio

MOTHER
14. Maiden Name Johanna Wakefield
15. Birthplace Belmont Co, Ohio

16 (a) Informant Miss Kate Rodefer
(b) Address Bellaire, Ohio

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2-1940 (month) (day) (year)
(c) Cemetery or crematory —
Location Bellaire, Ohio

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) Date received MAY 2 1940 (b) Registrar Huntington Williams, M. D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-1 1940, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-11 1940 to 5-1 1940 and that I last saw her alive on 5-1 1940

Immediate cause of death Ca of Rectum — Duration 1yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ca of Rectum

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roger G Wunderlich M. D.
Address Church Home & Inf. Date signed 5-1-40

F 68923

CCK

BALTIMORE CITY HEALTH DEPARTMENT

53716

CERTIFICATE OF DEATH

55-E Registered No. F 68923

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1910

8. AGE: Years	Months	Days	If less than one day
30	2	7	hr. min.

9. Birthplace Texas (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Joseph Wilson
13. Birthplace Arizona

MOTHER
14. Maiden Name Mary Ellen Ryan
15. Birthplace Ireland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director Commissioner of Health MAY 2 1940
(b) MAY 2 1940 Per M. A. Moore

19 (a) (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-25 1940, at 1:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-12 1940 to 4-25 1940, and that I last saw him alive on 4-25 1940.

Immediate cause of death: Melanotic sarcoma right arm with metastases — Duration: ?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.
Address Balt City Hosp. Date signed 4-25-40

VS 3

5587

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68924

CERTIFICATE OF DEATH

94a F 68924

1. PLACE OF DEATH 3215 Shannon Drive

CITY OF BALTIMORE: (No. ..... St. 9b 3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Frederick Horst

If U. S. Veteran specify WAR .....

(a) Residence: No. 3215 Shannon Drive St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Blanche E Horst

6. DATE OF BIRTH (month, day, year) May 5 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	11	27 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 01-03-7117

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Phipps Hat Co

10. Date deceased last worked at this occupation (month and year) present

11. Total time (years) spent in this occupation n/k

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Horst

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Rebecca Sanders

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT (Address) Family 3215 Shannon Dr

18. BURIAL, CREMATION, OR REMOVAL Place Burial (Parkwood) Date May 4 1940

19. UNDERTAKER (Address) John C. Miller Inc. 2432-34 E. Eager St.

20. FILED MAY 2- 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1940.

22. I HEREBY CERTIFY, That I attended deceased from December, 1939 to May 1 1940, 19....

I last saw him alive on December, 1939 Death is said to have occurred on the date stated above, at 2:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis ?	Dec '39
Other contributory causes of importance: Acute Gastritis	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Fred. E. Kadan M. D.

(Address) 4200 Sheldon Ave

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 68925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 68925

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1201 Scott Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME John W. A Fischer

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Katherine Fischer

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Dec. 3, 1861

8. AGE: Years 78 | Months 4 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Piano Maker

11. Industry or business Unemployed 12 yrs.

FATHER
12. Name John Fischer
13. Birthplace ~~Maryland~~ Germany

MOTHER
14. Maiden Name Wilhelmina ?
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4-1940 (month, day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director The Johnson Funeral Home
(b) Address N Fulton

19 (a) Filed MAY 2 1940 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-1 1940, at 2-40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20 1940, to 5-1 1940, and that I last saw him alive on 5-1 1940.

Immediate cause of death Arteriosclerotic heart disease — Duration ?

Due to

Due to

Other Conditions Benign Prostate Hypertrophy — ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Woodward Jr. M. D.
Address Balto City Hosp Date signed 5-1-40

F 68926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 68926

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3605 Fernhill Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3605 Fernhill Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lottie Clarissa Lampe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband Frank Bernard Lampe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 30, 1875

8. AGE: Years	Months	Days	If less than one day
65	3	0	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George B. Tyler
13. Birthplace Holland

MOTHER
14. Maiden Name Isabel Buchanan
15. Birthplace New York

16 (a) Informant Mr. H. Bernard Lampe
(b) Address 3127 Belmont Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/40 (month) (day) (year)
(c) Cemetery Woodlawn Cemetery
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pennsylvania Avenues

19 (a) MAY 2 - 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30, 1940. at 10.40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10 1940 to Apr. 30 1940. and that I last saw her alive on Apr. 30 1940.

Immediate cause of death	Duration
Acute Cardiac Dilitation	1 min.
Due to Arterio-Sclerosis.	Unknown
Due to	
Other Conditions Nephritis. Chronic Parenchymatous (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Hardy Clements M. D.
Address 933 Hanover St. Date signed 2/40.

VS 3

F 68927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81-2

Registered No. F 68927

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1517 Mulberry St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Robert Ward.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1904

8. AGE: Years	Months	Days	If less than one day
34	11	5	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Julius Ward
13. Birthplace King Queen County, Va.

MOTHER
14. Maiden Name Ella Chambers
15. Birthplace King Queen County, Va.

16 (a) Informant Maggie Carter (Cousin)
(b) Address 1212 McCulloh St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery Location

UNIVERSITY MEDICAL SCHOOL MAY 2 - 1940
COMMISSIONER OF HEALTH

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) MAY 2 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-20- 1940 at 9.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-18- 1940 to 4-20-1940 and that I last saw h~~e~~ alive on 4-20-1940.

Immediate cause of death Pneumococcic Meningitis — Duration 4days.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None.

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edith Maloney
Address Provident Hospital Date signed 5-1-40

correct age is especially important. Physicians: please write the cause in usual county nomenclature.

VS 2

5580

54867 - KB

68928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 11

Registered No. F 68928

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 926 Mason St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jane Ray

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widowed

6 (b) Name of husband or wife John (dead)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ?

8. AGE: Years	Months	Days	If less than one day
? 75	?	?	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-3-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director A. J. Halstead
(b) Address 918 Druid Hill Ave

19 (a) MAY 2- 1940 (Date rec'd by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1940, at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1940, to April 27 1940, and that I last saw h. alive on April 27 1940.

Immediate cause of death
Generalized arteriosclerosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

Duration between onset and death

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 4-29-40

68929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-C Registered No. F 68929

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3903 Edgewood Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose Goldin

3 (b) If veteran, name war None

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 36 | Months | Days | If less than one day hr. min. 36

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER 12. Name Jake Goldin

13. Birthplace Roumania

MOTHER 14. Maiden Name Sarah Rachmalan

15. Birthplace Baltimore Md

16 (a) Informant

(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/3/40 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn

18 (a) Funeral director B. Damsky

(b) Address 250 W. Lexington St.

19 MAY 2 1940 (c) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1940, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-12 1940 to Death and that I last saw h[illegible] alive on May 2 1940

Immediate cause of death: Obstruction Bowel Endocarditis — Duration

Due to Rheumatic CVD

Due to

Other Conditions Hypertension Anemia

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Aaron A. Wolfson M.D. M. D.

Address Sinai Hospital Date signed 5/2/40

68930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. 68930

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Grant & Redwood St.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 wks.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Rural Frederick
(If outside city or town limits, write RURAL and give town)
Street No. Mt. Zeagarille Md.
(If rural give location)
(e) If foreign born, how long in U. S. A.? Nine years

3 (a) FULL NAME May May Whitt

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Emory Whitt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1889

8. AGE: Years 53 | Months 3 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace Braddock, Md. Fred'k. Co.
(Town, county, and state)

Usual Occupation Housework

Industry or business At home

12. Name Charles Eyler

13. Birthplace Fredk. Co.

Maiden Name Laura Ridletts

15. Birthplace Fred'k. Co.

16 (a) Informant University Hospital Record

(b) Address Baltimore, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/40. (month) (day) (year)

(c) Cemetery or crematory St. Luke's

Location Zeagarille Md

18 (a) Funeral director M. K. Eichorn

(b) Address Frederick, Md

MAY 2 - 1940 (Date rec'd by Registrar)

(b) Huntington Rotheram, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1940, at 9.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 23 1940, to May 2 1940, and that I last saw h[illegible] alive on May 2 1940

Immediate cause of death	Duration
Ventricular fibrillation	2 Minutes
Post Operative Nodular Toxic goiter	2 days
Due to (Delete)	
Due to	
Other Conditions Diabetes Mellitus	5 years

(Include pregnancy within 3 months of death)

Major findings:
Of operation Nodular toxic goiter, recurrent
Of autopsy no positive findings

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. O. Thomas Jr. M. D.

Address University Hosp. Date signed May 2, 1940

Correct age is especially

VS 8

F 68931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194-a

F 68931 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Pimlico Race Track
(c) Hospital or institution: Grand Stand
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town ~~Pimlico~~ Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 618 W. Baltimore St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Grace (Wusa) WINDSOR

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife W

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1892

8. AGE: Years	Months	Days	If less than one day
47	11		hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Augustus Hopper

13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Veronica Newhouse

15. Birthplace Bavaria

16 (a) Informant Mrs. Mary Fifel

(b) Address 2813 Matthew St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/3/40 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Maryland Park

Location Balto. Co. Md.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

MAY 3 – 1940 (Date rec'd by registrar) (By) Huntington Williams MR Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1940, at 5 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Gaudreau M.D.
Medical Examiner.
Date signed 5/2/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

68932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D F 68932

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2216 Sidney Ave St. 57 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Richard Williams

If U. S. Veteran specify WAR _____

(a) Residence: No. 2216 Sidney Ave St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Carrie Lee

6. DATE OF BIRTH (month, day, year): Sept 4-1864

7. AGE: Years 75 | Months 7 | Days 28 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Sta. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gas & Elec. Co.

10. Date deceased last worked at this occupation (month and year): [illegible]

11. Total time (years) spent in this occupation: _____

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Addison Williams

14. BIRTHPLACE (city or town) (State or country): W. Va.

MOTHER

15. MAIDEN NAME: Elizabeth Bussey

16. BIRTHPLACE (city or town) (State or country): W. Va.

17. INFORMANT: Helen Fortney
(Address) 933 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL: Mendar Ridge Cem. May 6- 1940

19. UNDERTAKER: William Cook
(Address) 1217 St. Paul St.

20. FILED _____ 19__ _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 2- , 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1939 to May 2 1940

I last saw him alive on May 2, 1940. Death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis,	
Cardiovascular	Oct
Pneumonia & Cardiac	1939
Failure.	
Other contributory causes of importance:	

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Paul L. Schuyler M. D.

(Address) 2301 Annapolis Road

Westport

MAY 3 - 1940

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 68933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 68933 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Union
(c) Hospital or institution: Union memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3628 Roxmere Rd Union Memorial Hospital
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME John Patrick Fitzpatrick

3 (b) If veteran, name war No

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 4/20/40

8. AGE: Years	Months	Days	If less than one day
		11	hr. min.

9. Birthplace Union memorial (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name William Fitzpatrick
13. Birthplace Baltimore md

MOTHER 14. Maiden Name Miss McElwee
15. Birthplace New York City

16 (a) Informant William A. Fitzpatrick
(b) Address 3628 Roxmere Rd

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/3/40 (month) (day) (year)
(c) ~~Cemetery or crematory~~ Cathedral
Location Balto Md

18 (a) Funeral director William Bok
(b) Address 217 St Paul St

19 MAY 3 – 1940 Edward Livingston Williams M.D. Registrar
(Date filed by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1940, at 5:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940, to May 2 1940, and that I last saw h.i.m. alive on May 1 1940

Immediate cause of death Bronchopneumonia atelectasis — Duration Brief

Due to Aspiration at Birth

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Atelectasis, Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph McCorkle M. D.
Address Union Memorial Hospital Date signed 5/2/40

F 68934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-V Registered No. F 68934

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4313 Falls Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4313 Falls Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME E. Lillie Lusby

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 4th 1869

8. AGE: Years	Months	Days	If less than one day
71	3	26	hr. min.

9. Birthplace Balto. Co. Md
(Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business At Home

FATHER
12. Name Samuel Lusby
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Mary Chaney
15. Birthplace Md.

16 (a) Informant Miss Susie Lusby
(b) Address 4313 Falls Rd

17 (a) Burial (b) Date thereof 5/3/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Lorraine
Location Balto Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 MAY 3 – 1940 Burton Williams M.D.
(Must be filed by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30th 1940, at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1939 to Apr 30 1940, and that I last saw h alive on Apr. 30 1940

Immediate cause of death	Duration
Arteriosclerotic Cardio-vascular disease with myocardial degeneration	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles H. Tain M.D.
Address 6701 York Rd Date signed 4/30/40 M. D.

Correct age is especially important. If uncertain, please ask informant.

VS 3

F 68935

F 68935
Lic. 29677

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
91-a

Registered No. F 68935

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mth. 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yr. 55 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 340 S. Robinson St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew DeMartin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widowed

6 (b) Name of husband or wife Nellie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/22/1860

8. AGE: Years	Months	Days	If less than one day
80	0	10	hr. min.

9. Birthplace S. C.
(Town, county, and state)

10. Usual Occupation unknown Retired Iron Moulder

11. Industry or business Bartlett Hayward Co

FATHER
12. Name Christian Dr Martin
13. Birthplace Germany

MOTHER
14. Maiden Name Eva Unknown
15. Birthplace Germany

16 (a) Informant R. C. H. Hospitals
(b) Address

17 (a) Burial (b) Date thereof 5/6/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Sacred Heart
Location Baltimore Md

18 (a) Funeral director Whitman Co
(b) Address 1219 E Fayette St

MAY 3 - 1940
(Date rec'd by registrar) Huntington Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1940, at 5.40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 6 1937, to May 2 1940, and that I last saw him alive on May 2 1940.

Immediate cause of death: Subacute bacterial endocarditis — Duration: 20 months

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy Endocarditis of aortic valve.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Kolstein M. D.
Address Balto City Hosp. Date signed 5-2-40

correct age is especially important. Physician: please give the cause of death exactly and legibly.

VS 8

F 68936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940

F 68936 Registered No.

Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Market Pl. & Water st
(c) Hospital or institution:
D. of H. Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 113 Callender st (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William A. Moore

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Wh	divorced

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 3. 1895

8. AGE: Years	Months	Days	If less than one day
44	9	29	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Produce Dealer

11. Industry or business

FATHER 12. Name Louis Moore

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Elizabeth Seigel

15. Birthplace Balto Md

16 (a) Informant Mrs. Emma Galloway

(b) Address 1228 Sargeant st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem

Location 3801 Frederick Ave

18 (a) Funeral director John J Cowan & Son

(b) Address 901 Eastern Ave

MAY 3 - 1940 (Date rec'd by Registrar)

(b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1940., at 8 am M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm A Vandegrift M.D.
Medical Examiner.

Date signed 5/2/40

68937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131-a F 68937

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 S. Lakewood Ave. St. 13 Ward)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME CHRISTIAN ANDERSON

If U. S. Veteran specify WAR Spanish American War

(a) Residence: No. 518 S. Lakewood Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Oleava Anderson

6. DATE OF BIRTH (month, day, year) June 8, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steward

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Andera Anderson

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mrs. Annie Martinson 518 S. Lakewood Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk. Date 5-5-40

19. UNDERTAKER (Address) H. SANDER & SON Inc. North Ave. & Broadway

20. FILED MAY 3 — 1940 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1940

22. I HEREBY CERTIFY, That I attended deceased from March 1934 to May 1 1940

I last saw him alive on May 1 1940 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	1934
Hypertension	"
Cerebral Hemorrhage	3 days
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Kirschmeister M. D.

(Address) 2939 Eastern Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 68938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 68938 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 S. Baylis St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JOSEPH CRAMBLITT

3 (b) If veteran, name war: No.

3 (c) Social Security Account No. 216-10-4967

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Minnie Prieber
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Sept 13 1888

8. AGE: Years 51 | Months 7 | Days 1716 | If less than one day: hr. min

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Brick Layer

11. Industry or business: Frank W. Miller Co.

FATHER
12. Name: Franklin Cramblitt
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Margaret Roberts
15. Birthplace: Baltimore

16 (a) Informant: Mrs. Minnie Cramblitt
(b) Address: 1001 S. Baylis St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3. 1940 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn
Location: Baltimore

18 (a) Funeral director: H. SANDER & SON Inc.
(b) Address: North Ave. & Broadway

19 (a) MAY 3 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1940, at 7½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Hypertensive cardio-vascular disease.
Due to:
Due to:
Other Conditions: no Cancer
(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Wollenweber M.D.
Medical Examiner.
Date signed 4-30-40

PRINT plainly in ink. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

F 68939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 - 0 F 68939 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 718 E 41st St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 718 E 41st St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HARRY T MAULER

3 (b) If veteran, name war No.

3 (c) Social Security Account No. 217-01-7818

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Emma Eliz. Wilson
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1894

8. AGE: Years 45 | Months 6 5 | Days 0 30 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Bookkeeper
11. Industry or business C. Mauler & Sons

FATHER
12. Name Conrad Mauler
13. Birthplace Baltimore

MOTHER
14. Maiden Name Virginia Spence
15. Birthplace Baltimore

16 (a) Informant Mrs. Emma E. Mauler
(b) Address 718 E. 41st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4, 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director H. SANDER & SON Inc.
(b) Address Broadway & North Ave.

19 MAY 3 - 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1st 19 40 at 6 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquest) thereon and from the evidence obtained by said (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	sudden
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? 0
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wollenweber M.D.
Asst Medical Examiner.
Date signed 5-1-40

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 68940 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1521 Carswell St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1521 Carswell (If rural give location)
(e) If foreign born, how long in U. S. A.? —

3 (a) FULL NAME Howard Young Cromwell Jr.

3 (b) If veteran, name war No.

3 (c) Social Security Account No. 212-16-6470

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife — —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 28, 1911

8. AGE: Years 29 | Months 1 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Electrical Controller Co.

11. Industry or business

FATHER
12. Name Howard Y. Cromwell
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anna Manzke
15. Birthplace Baltimore

16 (a) Informant Mrs. Howard Y. Cromwell
(b) Address 1521 Carswell St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3, 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Balto. Co. Md.

18 (a) Funeral director H. Sander & Son Inc.
(b) Address North Ave. & Broadway

19 (a) ____ (Date rec'd by registrar) (b) ____ Registrar

MAY 3 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1940, at 12:30P

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940 to April 30 1940 and that I last saw h[illegible] alive on 4-28 1940.

Immediate cause of death.
Chronic Pul. Tuberculosis
Disseminated TBC -
Due to of Ureter
Due to urinary tract
Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard Galen M. D.
Address Maryland Date signed 4-30-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

68941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 68941

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1622 W Fayette St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1622 W Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha Zukas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband or wife Thomas Zukas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Lith. (town, county, and state)

10. Usual Occupation House work.

11. Industry or business

FATHER
12. Name Thomas.
13. Birthplace Lith

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant ANNA. FRANCKEWITZ.
(b) Address 1622 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4. 40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Ave

18 (a) Funeral director Joseph Kaminskas Sons
(b) Address 60 E. Lexington Block

19 MAY 3 - 1940 (Date rec'd by registrar) (c) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 2 1940, at 9-40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 27 1940, to May 2 1940, and that I last saw her alive on May 1 1940.

Immediate cause of death Cardio-Vascular Renal disease - Duration 5 yrs.

Due to

Due to

Other Conditions Terminal- Broncho-pneumonia 3 days-
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(d) Means of injury

23. Signature Anthony V. Bruckmann

Address 371 Steuart St Date signed May 3/40

Physicians: please write the causes of death clearly and legibly. Information is especially important.

VS 8

379171
68942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 ✓ F 68942

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 McElderry (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cora Baldon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Black

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-19-88

8. AGE: Years 51 | Months 5 | Days 12 | If less than one day hr. min.

9. Birthplace Md. (Town, county and state)

10. Usual Occupation Maid

11. Industry or business

FATHER
12. Name George Kess
13. Birthplace Md.

MOTHER
14. Maiden Name Dora Gillian
15. Birthplace N.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (burial, cremation, or removal) (b) Date thereof May 4th 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Mt Winans

18 (a) Funeral director E. Irving O. Wilson
(b) Address 1000 Pratt
Huntington Williams Mfr

19 MAY 3 1940 (Date received by Local Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1- 1940, at 5:07 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29 1940, to 5-1- 1940, and that I last saw h[illegible] alive on 5-1- 1940.

Immediate cause of death Carcinomatosis

Due to Carcinoma of the breast.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy at above.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O. M. Wilt M. D.
Address Johns Hopkins Hospital Date signed 5-1-40

VS 8

68943d Exam Case Released to Hosp acct Rm

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

14 ✓

F 68943
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2007 Bordens Ct
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Milton Boles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1912

8. AGE: Years	Months	Days	If less than one day
28			hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Richard ?
13. Birthplace ?

MOTHER
14. Maiden Name Ada ?
15. Birthplace ?

16 (a) Informant JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4th 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Mt Winans

18 (a) Funeral director Elmer O Welty
(b) Address 1000 Brentalton

MAY 3 – 1940 (b) Huntington Williams, M.D.
(Registered by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 29 1940, at 10:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29 1940, to 4-29 1940 and that I last saw h[illegible] alive on 4-29 1940

Immediate cause of death	Duration
Immediate Generalized Convulsions	1 hr.
Due to ? Idiopathic Epilepsy	
Due to ? Tuberculous Meningitis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Disseminated Tbc.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. M. Welty
Address Johns Hopkins Hospital Date signed 4-30-40

Correct Age if especially important, as for voters

68944

HEALTH DEPARTMENT—CITY OF BALTIMORE

68944

CERTIFICATE OF DEATH

126

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 1-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. Also in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Szamski also as St. Stanislawa Szamski

If U. S. Veteran specify WAR

(a) Residence: No. 827 S. Milton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	W	WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Szamski

SOCIAL SECURITY 217-05-2380

6. DATE OF BIRTH (month, day, year) 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore md.

FATHER

13. NAME Michael Ratyczak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Antoinette Sabrzak

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT William M Ratajczak

(Address) 827 S Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date May 6th 1940

19. UNDERTAKER Geo. R. Weber

(Address) 705 S Ann st

20. FILED MAY 3 — 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-2 , 1940

22. I HEREBY CERTIFY, That I attended deceased from 4-15 , 1940 to 5-2 , 1940

I last saw h[illegible] alive on 5-2 , 1940 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hepatic Cirrhosis — primary malignancy liver?	
Cholelithiasis	
Ascites (Due)	
Other contributory causes of importance:	
Renal insufficiency	
Disruption abdominal wound	

Was an operation performed? YES Date of 9-17-40

For what disease or injury? Liver pathology

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? ... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Stephen Lee Magness M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 68945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 68945 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 105 N. Fulton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 +
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1804 W. Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Graham Wesley Russell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex m

5. Color or race w

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lydia Russell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 58 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Gone.

11. Industry or business

FATHER 12. Name William G. Russell

13. Birthplace Baltimore

MOTHER 14. Maiden Name Henrietta Jiseurodt

15. Birthplace Germany

16 (a) Informant Lydia Russell

(b) Address 1804 West Lombard Street.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/40 (month) (day) (year)

(c) Cemetery or crematory National

Location Frederick Road

18 (a) Funeral director A. S. Marshall

(b) Address 3539 Falls Road.

19 (a) (Date received by registrar) (b) Registrar

MAY 3 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1940, at 3:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.

Date signed 5/2/40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49-a

F 68946 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 510 E. Fort Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 510 E. Fort Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ethel D. Eaves

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Raymond C.
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Mar. 8, 1892

8. AGE: Years	Months	Days	If less than one day
48	1	23	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name John S. Hazard
13. Birthplace Mayo A.A. County Md.

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Raymond C. Eaves
(b) Address 510 E. Fort Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May, 4, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location 2939 Frederick Ave.

18 (a) Funeral director Celeana P. Hoffmann
(b) Address 1639 N. Broadway
MAY 3 - 1940 (Date rec'd by registrar) Huntington Williams Mortician

MEDICAL CERTIFICATION

20. DATE OF DEATH May, 1940, at 11 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1939 to May 1940, and that I last saw h[illegible] alive on May, 1940

Immediate cause of death: Carcinoma of ovaries — Duration 8 mos.
Due to:
Due to:
Other Conditions: Metastases
(Include pregnancy within 3 months of death)

Major findings:
Of operations: ovarian a carcinoma
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Kohn M.D.
Address 510 E. Fort Ave Date signed 5-2-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 68947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-G

F 68947 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hilkens + Eaton Avenues
(c) Hospital or institution: St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 Harlem Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Richard Bernard Luecking

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18, 1940

8. AGE: Years	Months	Days	If less than one day
		14	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Joseph John Luecking
13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Julia Marie Flanagan
15. Birthplace Baltimore, Md

16 (a) Informant Hosp Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3, 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Balto Md.

18 (a) Funeral director Easton Lon
(b) Address Edmonds Sch

19 (a) Filed by me MAY 3 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1940 at 3.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-18 1940 to 5-2 1940 and that I last saw ~~him~~ alive on 5-2 1940.

Immediate cause of death Atresia of entire colon, and terminal ileum.
Due to Congenital abnormality
Due to
Other Conditions Jejunostomy done.
(Include pregnancy within 3 months of death)

Major findings:
Of operations Atresia. Lower jejunum brought out.
Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles V. Servis
Address St Agnes Hosp Date signed 5/2/40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 68948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 68948 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1873 W. Lexington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1873 W Lexington St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

20-1

3 (a) FULL NAME George W. Eckert

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 213-10-2473

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Estelle M. Emma Eckert

6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Nov. 3, 1889

8. AGE: Years 50 | Months 5 | Days 28 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Brick Layer

11. Industry or business Building Trd.

FATHER — 12. Name John D. Eckert

13. Birthplace Baltimore Maryland

MOTHER — 14. Maiden Name Mary O. Smith

15. Birthplace Baltimore Maryland

16 (a) Informant Mrs. Estelle M. Eckert

(b) Address 1873 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4, 1940 (month) (day) (year)

(c) Cemetery or crematory Bella Cemetery

Location Bella Baltimore, Maryland

18 (a) Funeral director Eastour Bros

(b) Address Ellicott City

MAY 3 — 1940 (Date rec'd by registrar)

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1940, at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-27-40 19__, to 5-1 1940, and that I last saw h[illegible] alive on 5-1 1940.

Immediate cause of death: mitral incompetency — Duration: ?

Due to acute cardiac dilatation — 5 days

Due to ? overexertion.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury ✓

23. Signature J. J. Lyzer M. D.

Address 3371 Fremont Date signed 5-2-40

correct age is especially important. Physicians: please write plainly, as copies of this record are frequently necessary.

VS 3

68949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 ~~F 68949~~ 68949

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2nd Floor Calvert Bldg
(c) Hospital or institution:
U. S. A. Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4120 Alta Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jack M. Gidding

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Florence S. Gidding
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31, 1872

8. AGE: Years 67 | Months 11 | Days 1 | If less than one day: hr. min.

9. Birthplace Scranton, Pa. (Town, county, and state)

10. Usual Occupation Insurance Salesman

11. Industry or business

FATHER
12. Name Gidding
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Wm. A. Guttmacher
(b) Address 1039 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director David Samuelson & Son
(b) Address 1902 Eutaw Place

19 (a) 1940 (Registered by registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1, 1940, at 2 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said — (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. A. Guttmacher M.D. Medical Examiner.
Date signed 5/1/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

68950

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 68950

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Temple Garden Apts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Temple Garden Apts. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1364

3 (a) FULL NAME LEON BAER

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-7403

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Corine S. Baer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4, 1879

8. AGE: Years	Months	Days	If less than one day
60	10	28	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Sea Food Merchant.
11. Industry or business

FATHER
12. Name Isaac Baer,
13. Birthplace Germany

MOTHER
14. Maiden Name Theresa Beddish,
15. Birthplace Germany

16 (a) Informant Mr. I. Baer,
(b) Address Samester Court Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/40. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director David Sondheim & Son
(b) Address 1902 Eutaw Place Williams, Mgr

19 (a) 5/3/40 (Date received by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2nd. 1940, at 3 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1937 to May 2 1940, and that I last saw h alive on May 2 1940.

Immediate cause of death	Duration
Myocardial failure	2 yrs
Due to	
Due to Coronary thrombosis	3 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Frederick Leitz, M. D.
Address Temple Garden Apts. Date signed

Please write plainly. Physicians: please write the causes of death clearly and legibly. Give correct age in years. Items specially important.

F 68951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1313 F 68951

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 687 Vine St. or Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Corbin

If U.S. Veteran specify WAR ...

(a) Residence: No. 687 Vine St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Married

3a. If married, widowed, or divorced (Husband of) (or) WIFE of Chas Corbin

6. DATE OF BIRTH (month, day, year) Jan 7 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Record

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Charles Corbin

(Address) 687 Vine St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 5-4- 1940

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Paltimore St.

20. FILED MAY 3 - 1940 Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from Apr 4 1940 to May 1 1940

I last saw h... alive on May 1, 1940 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance

Was an operation performed? ... Date of ...

For what disease or injury? ...

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank Edwards M.D.

(Address) 627 Schroeder

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

68952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137-2 F 68952 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 34.
(e) Length of stay in Baltimore (yrs., mos., or days) 9 [illegible]

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore Co. Pikesville
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 Old Court Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Carroll.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: White | 5. Color or race: Male | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/19/867

8. AGE: Years 73 | Months | Days 14 | If less than one day hr. min.

9. Birthplace Still Pond, Md. (Town, county, and state)

10. Usual Occupation Retired Farmer

11. Industry or business

FATHER 12. Name George W. Carroll
13. Birthplace Still Pond, Md.

MOTHER 14. Maiden Name Mollie R. —
15. Birthplace

16 (a) Informant Edward A. Carroll
(b) Address Rock Hall, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/40 (month) (day) (year)
(c) Cemetery or crematory Union Cem. Assn. Location Chestertown Worton Md.

18 (a) Funeral director Marvin Williams
(b) Address Chestertown, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3 40

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1940, at 7:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 28 1940, to May 3 1940, and that I last saw him alive on May 2, 1940.

Immediate cause of death	Duration
Cardiac failure	
Due to Senility.	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations PROSTATIC hypertrophy. Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip L. Linoak M. D.
Address Union Memorial Hosp. Date signed 5-3-40.

I hereby certify that I have personally examined the above-named deceased and that the information given above is correct and complete to the best of my knowledge and belief. Physicians: please write the causes of death clearly and legibly. This information is especially important.

F 68953

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

F 68953 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. Ridge Road, Raspeburg, Md
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs. Margaret Maas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Mr. Henry L. Maas
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 21 / 70

8. AGE: Years 64 | Months 7 mo | Days 10 da | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Bernard Timmerman
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Zeiler
15. Birthplace Germany

16 (a) Informant Henry L. Maas
(b) Address Ridge Rd. Raspeburg Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4 - 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director Henry Stocke + Sons Inc
(b) Address 1301 E. Eager St.

MAY 3 - 1940
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1940, at 8 47 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-21 1940, to 5-1-1940, and that I last saw h.a.n. alive on 5-1 1940.

Immediate cause of death Paralytic Ileus — Duration 2 days
Due to Cardio-Vascular Renal Disease
Due to Partial Intestinal Obstruction — 1 month
Other Conditions Carcinomatosis — 1 year
(Include pregnancy within 3 months of death)

Major findings:
Of operations Laparotomy — Carcinomatosis Obstruction of Sigmoid
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. L. Garlick M. D.
Address Mercy Hospital Date signed

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68954

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 43-D

F 68954 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write as is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 326 W. Lorraine Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - - - - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 326 W. Lorraine Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 17 years

3 (a) FULL NAME Elizabeth Ann Dempsey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife James Dempsey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1856

8. AGE: Years	Months	Days	If less than one day
83	7	23	hr. min.

9. Birthplace - - - - - Ireland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Francis Bradley
13. Birthplace - - - - - Ireland

MOTHER
14. Maiden Name Not obtainable
15. Birthplace - - - - - Ireland

16 (a) Informant Bernard F. Dempsey
(b) Address 326 W. Lorraine Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Baltimore Road

18 (a) Funeral director H W Meany and Son
(b) Address 805 North Calvert Street

19 (a) Date received by Registrar MAY 3 1940 VS 2 Registration District No. 872

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4, 1940 at 9:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1939, to April 1940, and that I last saw her alive on April 30 1940.

Immediate cause of death: Arteriosclerotic C.V disease — Duration 10 yrs
E Chronic Myocarditis
Due to
Due to
Other Conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Charles J. Fabiani M.D.
Address 624 N. Bolden St. Date signed 5/3/40

68955

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a

Registered No. F 68955

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2552 Francis st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josef Li Pira

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12 - 1921

8. AGE: Years 19 | Months 1 | Days 20 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name Frank Li Pira
13. Birthplace Italy

MOTHER
14. Maiden Name Mary Glorioso
15. Birthplace Louisiana

16 (a) Informant Father
(b) Address 2553 Francis st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4 - 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md

18 (a) Funeral director Frank V. Pepetone
(b) Address 2818 E. Balto st

19 (a) (Signature of local registrar) (b) Huntington Williams, M.D. Registrar

MAY 5 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1940, at 6 35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940 to May 2 1940 and that I last saw him alive on May 2 1940

Immediate cause of death Renal insufficiency — Duration 6 wks.

Due to Pyelonephritis — Duration over

Due to Hydronephrosis

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dorothy DeIorio

Address Sinai Hospital Date signed 5-2-40 M. D.

Please write clearly with pen and ink. Physicians: please write the causes of death clearly and legibly. Be sure to state correct age in especially important.

F 68956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. 68956

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) life
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 258 North Pine St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Baby Boy Minnick

3 (b) If veteran, name war — 3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day: 19 hr. 3 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER — 12. Name Julius Minnick
13. Birthplace Baltimore, Md.

MOTHER — 14. Maiden Name Susie Lehrer
15. Birthplace Baltimore Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto Md

18 (a) Funeral director Fort Lyon Inc
(b) Address 1432 E. Balto St.

19 (a) MAY 3 1940 (Date Received by Registrar) (b) — Registrar

Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-3 1940, at 7:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-2 1940 to 5-3 1940, and that I last saw him alive on 5-3 1940.

Immediate cause of death: Congenital Atelectasis — Duration: 1 d.
Due to: Prematurity (8 months)
Due to:
Other Conditions: Maternal Toxemia of Pregnancy.
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John F. Monroe Jr. M.D.
Address 9 E. Pleasant St Date signed May 3-40

Please write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 68957

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 608 Springfield Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 Springfield Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Edward B Conley

3 (b) If veteran, name war: no
3 (c) Social Security Account No. None Furnished

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 20 1866

8. AGE: Years	Months	Days	If less than one day
73	10	9	..... hr. ..... min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Ex Supt Monetary

FATHER
12. Name Michael J Conley
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary E Revel
15. Birthplace Baltimore Md

16 (a) Informant Margaret I Griffin
(b) Address 1629 Old Frederick Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md
18 (a) Funeral director Wilhelm Cook
(b) Address 1219 E Saint St

MAY 3 — 1940 (a) (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1940, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 25, 1940 to May 2 1940, and that I last saw him alive on May 1 1940.

Immediate cause of death Nephritis, Hypertension — Duration 8 days
Due to Coronary Thrombosis
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature John C Lovell M. D.
Address 2 West Read Street Date signed 5/2/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 68958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 68958

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4314 Arabia ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4314 Arabia ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gilbert F. Buxton M. D

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Margaret

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18 1876

8. AGE: Years 63 Months 9 Days 15 If less than one day hr. min.

9. Birthplace Williamstown N J (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business

FATHER 12. Name Gilbert F Buxton

13. Birthplace Philadelphia

MOTHER 14. Maiden Name Mary Whitaker

15. Birthplace Unknown

16 (a) Informant Mrs Margaret Buxton

(b) Address 4314 Arabia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6 1940 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore Md

18 (a) Funeral director William J Tuckner + Sons

(b) Address North + Pennsylvania Aves

(a) Date received by Registrar MAY 3 – 1940 (b) Registrar Hunter Stevenson Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/3 1940, at 12 45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Haslett M.D. Medical Examiner.

Date signed 5-3-40

PLEASE WRITE PLAINLY, with ink. Fill in all items. Be sure to state the causes of death clearly and legibly. correct age is especially important. Physicians: please write th

F 68959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E

F 68959 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 109 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 54 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2655 Edmonson Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joshua Whittle (51878)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Males

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 22, 1885

8. AGE: Years 55 | Months | Days 9 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation House Painter

11. Industry or business

FATHER
12. Name Joshua
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabath Schull
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4 1940 (month) (day) (year)
(c) Cemetery or crematory Auburn
Location Reisterstown

18 (a) Funeral director Harry F Writzke
(b) Address 4101 Edmondson Ave

19 (a) May 2 1940 (Date received by Registrar) (b) Burlington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1, 1940, at 2:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from January 13 1940, to May 1, 1940, and that I last saw him alive on May 1, 1940

Immediate cause of death: Carcinomata metastatic — Primary source unknown — Duration: Days 1939

Due to

Due to: Tuberculosis of the lungs — 1933

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.

Address Balto. City Hospitals Date signed 5-1-40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

3 F 68960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No. F 68960

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1501 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Belle Murphey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11 – 4 – 56

8. AGE: Years	Months	Days	If less than one day
83	5	28	hr. min.

9. Birthplace Indiana (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof May 3/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Crematory
Location Baltimore City

18 (a) Funeral director F. D. Wippert & Son
(b) Address 1501 Eutaw Place

19 (a) Filed MAY 6 1940 (b) Huntington, West Virginia, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1940 at 6 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1940 to May 2 1940, and that I last saw him alive on May 2 1940

Immediate cause of death: Pneumonia, lobar, R.L.L. — Duration: 6 days
Due to
Due to
Other Conditions Arteriosclerotic heart disease & hypertension — 8 years
(Include pregnancy within 3 months of death)

PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney Traugh, Jr. M. D.
Address Balto. Md. Date signed 5/7/40

correct age is especially important. If unknown, please state the reason why it cannot be given.

F 68961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. F 68961

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1229 W. Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1229 W Lombard St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Sarah E. Amardon

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Late Wm. A. Amardon

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 10-1869

8. AGE: Years 71 | Months 3 | Days 23 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name Wm. J. James
13. Birthplace England

MOTHER
14. Maiden Name Ellen Delaney
15. Birthplace England

16 (a) Informant Mrs Mary Gerstmyer
(b) Address 2706 Baker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6-40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Geo. F. Beyer Jr
(b) Address 1512 Harlem Ave Hollins Ferry Rd Halethorn, Md

19 (a) MAY 3 1940 (b) (Filed by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1940 at 6.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 6 1938 to MAY 3 1940, and that I last saw her alive on MAY 2 1940

Immediate cause of death	Duration
CARCINOMA OF BREAST	2 YRS
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward O. Harling
Address 2116 N. Pratt St Date signed 5/3/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

68962

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 68962

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 104 S Morley st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or corporate limits write RURAL and give town)
(d) Street No. 104 S Morley st (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Annie M L Starkey

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Chas. M. Starkey 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1859

8. AGE: Years	Months	Days	If less than one day hr.	min.
81				

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER — 12. Name	John Thompson
FATHER — 13. Birthplace	Md
MOTHER — 14. Maiden Name	Veronica Seelle
MOTHER — 15. Birthplace	Md

16 (a) Informant Mrs. H. Quigley
(b) Address 104 S Morley st
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-40 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Baltimore Md
18 (a) Funeral director Geo. A. Tyler
(b) Address Fulton & Lafayette
19 MAY 3 - 1940 Huntington Williams, M.D. Registrar
Filed

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/1/40 1940, at 4:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 10/1 1939 to 5/1 1940, and that I last saw h alive on 5/1 1940.

Immediate cause of death Lobar Pneumonia — Duration 10 days
Due to Pneumococcus
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Edward J. Shanahan M. D.
Address 1945 N. Fulton Ave Date signed 5/3/40

VS 3

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

68963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. F 68963

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 405 N. Chester St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 405 N. Chester St (If rural give location)
623
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Pawli Schreader
English name: Teofild Schroeder
Polish name: Teofila Szrajder

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widowed

6 (b) Name of husband or ~~wife~~ Michael
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 31 1857

8. AGE: Years	Months	Days	If less than one day
82	4	1	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation house wife
11. Industry or business

FATHER
12. Name George Wozernicak
13. Birthplace Poland

MOTHER
14. Maiden Name Catherine ?
15. Birthplace Poland

16 (a) Informant Anna Hinkleman
(b) Address 2004 McElderry St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 5/4/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rood
Location German Hill Road

18 (a) Funeral director Martin W. E. Dippel
(b) Address Bernard & Ann Sts.

19 (a) MAY 3 1940 (Date received by Registrar) (b) Harrington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1940, at 7 30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place). While at work?
(e) Means of injury

23. Signature H. H. Lindenfelser M.D. Medical Examiner.
Date signed 5/2/40

PLEASE WRITE PLAINLY with unfading ink and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

68964

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V 159

Registered No. 68964

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. Give full name of deceased, whether married, widowed or divorced, and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3917 Gwynn Oak Av (If rural give location)
26
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Perkins

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26 1940

8. AGE: Years	Months	Days	If less than one day
		x 0	20 hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Dr. Perkins
13. Birthplace Chicago Ill.

MOTHER
14. Maiden Name Lynn Hubbard
15. Birthplace Brooklyn N. Y.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or Crematory UNIVERSITY MEDICAL SCHOOL MAY 3 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (d) MAY 3 - 1940 (Date rec'd by registrar) Registrar

VS 3

5592

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1940, at 5:32 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-26 1940, to 4-27 1940 and that I last saw h[illegible] alive on 4-26 1940

Immediate cause of death Atelectasis of the newborn — Duration 12 hr.

Due to

Due to

Other Conditions Prematurity
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. King & E. Seeger, Jr. M. D.
Address University Hospital Date signed 4-27-40

F 68965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938 Registered No. F 68965

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5314 Wayne Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5314 Wayne Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.) years

28

3 (a) FULL NAME Annie V. Hammen

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex: Fem. | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John C. Hammen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23, 1862

8. AGE: Years 78 | Months 3 | Days 8 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John L. Armstrong
13. Birthplace Unknown

MOTHER 14. Maiden Name Maria ?
15. Birthplace Unknown

16 (a) Informant Mrs. Ruth Sauble
(b) Address 5314 Wayne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4, 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Mem. Park Co.
Location

18 (a) Funeral director Wm. Tasker's Sons
(b) Address North & Fulton Aves.

19 (a) MAY 3 — 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1940, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1940, to May 1 1940, and that I last saw her alive on May 1 1940.

	Duration
Immediate cause of death: Cardio Vascular Renal, Cerebral Hemorrhage	15 yrs. 4 da.
Due to: Chronic Pneumonia	1 da.
Due to: Influenza	1 da.
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 936 N Fulton Ave Date signed May 3/40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

68966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126

Registered No. 68966

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2901 E. Woodland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Houston Woodland

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 216-01-012

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ruth Woodland

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28 1889

8. AGE: Years 50 | Months 10 | Days 5 | If less than one day: hr. min.

9. Birthplace Crapo Dorchester Co. Md. (Town, county, and state)

10. Usual Occupation Henderson Linthicum Co

11. Industry or business Commission Merchants

FATHER
12. Name Samuel H Woodland
13. Birthplace Dorchester Co. Md

MOTHER
14. Maiden Name Lucy Ellen Burnston
15. Birthplace Baltimore

16 (a) Informant Mr E. Ruth Woodland
(b) Address 313 E. 38th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Baltimore Co.

18 (a) Funeral director William J Tuckner & Son
(b) Address North & Pennsylvania Aves

19 (a) MAY 8 1940 (b) Date received by Local Registrar Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3, 1940, at 1:22 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1940 to May 3 1940, and that I last saw him alive on May 3, 1940.

Immediate cause of death: Post Operative Shock — Duration:

Due to: Cholecystitis with Cholelithiasis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Cholecystitis with Cholelithiasis
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Lamphier M. D.
Address Md. General Hosp. Date signed 5/3/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 68967

CERTIFICATE OF DEATH

✓110-B

F 68967

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 213 St. Dunstans Rd St., 27-12 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Martin Siebert

If U. S. Veteran specify WAR

(a) Residence: No. 213 St. Dunstans Rd St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Siebert

6. DATE OF BIRTH (month, day, year) March 6, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber

10. Date deceased last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation 50yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Christian Siebert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise — (Unknown)

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Geo. E. Siebert

(Address) 213 St. Dunstans.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date 5-6-40

19. UNDERTAKER Wm. J. Lichtner & Sons

(Address) North & Pennsylvania Ave, Baltimore, Md

20. FILED MAY 3 1940

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1940.

22. I HEREBY CERTIFY, That I attended deceased from December, 1939 to May 3 1940.

I last saw him alive on May 2, 1940 Death is said to have occurred on the date stated above, at 7:24 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Bronchio-pneumonia	12/9/39
Other contributory causes of importance: Uremic Poisoning	4/20/40.
Hydro-Thorax (Rt.)	3 mos.

Was an operation performed? no. Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify. no

(Signed) Geo. E. Wells M. D.

(Address) 4100 Edmondson Ave

information should be carefully supplied. All items must be properly classified. Exact statement
state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.
OCCUPATION is very important.

VS 3

L 68935 — 68968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B

Registered No. F 68968

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days 1 mth.
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2003 E. Federal St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

8-7

3 (a) FULL NAME Lucy Leister

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: ~~Married~~ ~~widowed~~

6 (b) Name of husband or wife: William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/26/10

8. AGE: Years 30 | Months 3 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name Luther Dowdy
13. Birthplace Va.

MOTHER
14. Maiden Name Lucy Robertson
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6. 40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Frederick Rd Balto. Md

18 (a) Funeral director Milton Schilling
(b) Address 1122 E. Monument St

19 (a) MAY 3 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1940, at 2.55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1940, to May 3 1940, and that I last saw h.. alive on May 3 1940

Immediate cause of death: Rheumatic Heart Disease — Duration: 5 years.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. Monaghan Gleason M. D.
Address Balto City Hosp. Date signed 5-3-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

118

Registered No. F 68969

PLEASE WRITE PLAINLY, with unfading ink. Every item of information should be given. Use extra sheet if necessary. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1115 Somerset St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 Somerset St.
(If rural give location)
10
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Williams

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Col.	Child

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14, 1938

8. AGE: Years	Months	Days	If less than one day
2	-	18	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Walter Blackston
13. Birthplace Md

MOTHER
14. Maiden Name Alzada Williams
15. Birthplace Md

16 (a) Informant Alzada Williams
(b) Address 1116 Somerset St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.

18 (a) Funeral director Joseph O. Locke
(b) Address 1807 N. Central Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MAY 4 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-2-40, at 4:00 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 5/1 1940 to 5/2 1940 and that I last saw him alive on 5/2 1940

Immediate cause of death
Acute Indigestion and Gastritis — Duration 5/2/40 1 day
Due to
over-eating
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy no.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jas. R. Blake
Address 1327 N. Central Ave. Date signed 5/3

F 68970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25 F 68970

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 19-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mannie Wilson.

If U. S. Veteran specify WAR

(a) Residence: No. 537 Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Cornelius Wilson

6. DATE OF BIRTH (month, day, year) May 15, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Moses Peterson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Betty Montford

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Cornelius Wilson
(Address) 537 mount St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 5/6 1940

19. UNDERTAKER Joseph D. Locke Jr.
(Address) 1304 N. Central Ave.

20. FILED MAY 4 — 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1940, 19... to May 2, 1940

I last saw him alive on May 2, 1940 Death is said to have occurred on the date stated above, at 2:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Post-Cerebral Shock	3 days
Myocarditis Mitral	—
Salpingitis - bilateral	—
Oophoritis - bilateral	—
Other contributory causes of importance:	
Hypertensive Cardio-	over
Vascular disease.	

Was an operation performed? Yes Date of April 29, 1940

For what disease or injury? Myocarditis Mitral Salpingitis

Name of operation Supra-vaginal Hysterectomy

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Lucie Gaver M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 68971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 68971

Please write clearly and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 E. Pratt St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 34 yrs. years

34

3 (a) FULL NAME Paul Brades (54811)

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-1376

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22, 1890

8. AGE: Years	Months	Days	If less than one day
50	1	3	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER
12. Name Jacob Brades
13. Birthplace Russia

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Russia

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-40 (month) (day) (year)
(c) Cemetery or crematory Russian Cem
Location Arundel County

18 (a) Funeral director Wendell Thrasher
(b) Address 1405 E. Eager St.

19 MAY 4 - 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25, 1940, at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 18, 1940, to April 25, 1940, and that I last saw him alive on April 25 1940.

Immediate cause of death	Duration
Tuberculosis of the Lungs	Nov 1939
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address Balto. City Hospitals Date signed 4-25-40 M. D.

F 68972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P ✓ Registered No. F 68972

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2217 E North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 56

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2217 E North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Louis Mallon

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife Margaret Mallon
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Dec 12 1883

8. AGE: Years	Months	Days	If less than one day
56	4	21	hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER 12. Name August Mallon
FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name Amelia Feller
MOTHER 15. Birthplace Germany

16 (a) Informant Chas Samuel Mallon
(b) Address 2317 Hanford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6 '40 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location Baltimore

18 (a) Funeral director John Ullrich
(b) Address 200 E Orleans

19 MAY 4 – 1940 (This record by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1940, at 11:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29- 1940, to 5-3- 1940; and that I last saw him alive on 5-3- 1940.

Immediate cause of death: Cardiac Asthma — Duration: 4 days
Due to Chronic Myocarditis — 1937
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fulton C. Lang M. D.
Address 2117 Belair Rd Date signed 5-4-40

VS 3

F 68973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 68923

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Where correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 665 Vine St (If rural give location)
(d) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME ROBERT WELLS (Seawell)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-10-2441

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years 47 | Months | Days | If less than one day hr. min.

9. Birthplace Gloucester Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Chas. Seawell
13. Birthplace Va

MOTHER 14. Maiden Name Minnie Cook
15. Birthplace Va

16 (a) Informant Jeanette Seawell
(b) Address 1603 Laurens st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto. Co. Md

18 (a) Funeral director Jas. H. Skinner
(b) Address 944 N. Fremont st

MAY 4-1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1st 1940, at 1 10 a. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said autopsy (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hypertensive cardiovascular disease	
Due to	
Due to	
Other Conditions Bronchopneumonia terminal (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Date signed 5-1-40 Asst Medical Examiner.

68974 ✓ F 68974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4 E. York St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 2-10-9

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4 E. York St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Franklin Helmick ✓

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24 1937

8. AGE: Years	Months	Days	If less than one day
2	10	9	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Robert Helmick
13. Birthplace Elkin - W. Va.

MOTHER
14. Maiden Name Bella Johnson
15. Birthplace W. Va.

16 (a) Informant Mrs. Robert Helmick
(b) Address 4 E. York St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md.

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.

19 (a) (Date) (b) Signature Washington Williams, Registrar

VS Form 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1940, at 1:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 29, 40 to May 3 1940 and that I last saw [illegible] alive on May 3 1940

Immediate cause of death Lobar Pneumonia — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Rubin M. D.
Address 203 Cutaway Ave. Date signed

PLEASE WRITE PLAINLY, with unfading ink. Entries must be complete and correct as is especially important. Physicians: please write the causes of death clearly and legibly.

68975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 68975 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. If any item cannot be obtained, explain why. Be sure to give correct age in years, months, days, hours, or minutes. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7416 Harford Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 58

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4005 Pinewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 58 years

3 (a) FULL NAME Dr. Amalia Hanssen

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Dirk Hanssen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/9/1858

8. AGE: Years 82 | Months | Days 23 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Fredk. Lange
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace Germany

16 (a) Informant Dirk Hanssen
(b) Address 4005 Pinewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 6 40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. City

18 (a) Funeral director Tassaloni Funeral Home
(b) Address 7401 Belair Rd.

19 (a) 5-7-40 (Date rec'd by Registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2nd 1940, at 4.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Many Years 19.., and that I last saw h[illegible] alive on May 2nd 1940.

Immediate cause of death	Duration
Due to Chronic nephritis	
Due to	
Other Conditions Chronic Myocarditis & arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hiram Hanssen M. D.
Address #316 Med. Arts Bldg. Date signed May 3/40

VS 3

F 68976

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 68976 Registered No. 94-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 109 W Hughes St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ~
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 109 W. Hughes St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert Scott

3 (b) If veteran, name war W-W

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1897

8. AGE: Years	Months	Days	If less than one day
42-43	9	17	hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business Steamboat Co

FATHER 12. Name unknown
13. Birthplace —

MOTHER 14. Maiden Name unknown
15. Birthplace —

16 (a) Informant Clem Jobs
(b) Address 109 W Hughes St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-40 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Baltimore Md

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Monument St

19 (a) Date received by Registrar MAY 4 1940 (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1940, at 2 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. W. Blandford M.D. Medical Examiner.
Date signed 5-2-40

F 68977 ✓ F 68977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-C

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2nd
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 936 Warren Ave (If rural give location)
(e) If foreign born, how long in U. S. A.) ..... years

3 (a) FULL NAME Crawley Griffin

3 (b) If veteran, name war –
3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	single

6 (b) Name of husband or wife –
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1908

8. AGE: Years	Months	Days	If less than one day
32			..... hr. ..... min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Carpenter

FATHER
12. Name Ezekiel Griffin
13. Birthplace N.C

MOTHER
14. Maiden Name Sarah Willain
15. Birthplace N.C

16 (a) Informant Roland Griffin
(b) Address 936 Warren Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 5 40 (month) (day) (year)
(c) Cemetery or crematory .....
Location Fortress. N. C

18 (a) Funeral director Isaiah L Bramble
(b) Address 1008 W Monument St

MAY 4 – 1940 (Date rec'd by registrar) (b) Huntington Nottingham, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-2- 1940, at 2 30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Intracranial Hemorrhage	
Due to Fractured Skull	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy No Autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5-2-40
(c) Where did injury occur? Fremont & Warren St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Struck by auto - hit and ran driver
23. Signature Howard J Anderson M.D. Medical Examiner.
Date signed 5-3-40

VS 6

68978
379169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-D

F 68978 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1380 Whatcoat St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Sonitta

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location West Port
(a) Funeral director Wm Brooks
Address 1463 N. Carey St
19 (a) (Signature of registrar) Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 2-40

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1940 at 6 16-9 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1940 to April 30 1940. and that I last saw him alive on April 30 1940.

Immediate cause of death: Pulmonary Tuberculosis

Duration: 1 month at least

Due to

Due to

Other Conditions Bronchopneumonia or lobar pneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations Lobar pneumonia Bilateral Pul. Tuberculosis
Of autopsy Bil. Epidemiatia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. West
Address Johns Hopkins Hospital Date signed 5-1-40

PHYSICIAN: Please fill in all items, and sign in ink. Be sure that the cause of death is correctly stated. Underline the cause to which death should be charged statistically. Please write the cause of death clearly and legibly. Ages of infants and the correct age is especially important.

F 68979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D

Registered No. F 68979

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. correction is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lakeside Apts.
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) -
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
Street No. Lakeside Apts.
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Mary Sinwiddie Ellinger

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Benj. F. Ellinger
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) October 30 - 1852

8. AGE: Years 87 | Months 6 | Days 2 | If less than one day — hr. — min.

9. Birthplace Lynchburg, Va.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Gustavus Sinwiddie
13. Birthplace Virginia

MOTHER
14. Maiden Name Julia Persinger
15. Birthplace Virginia

16 (a) Informant Miss Virginia Ellyson (daughter)
(b) Address Lakeside Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4 40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Sherwin-Memorial Co.
(b) Address 1616 North Ave.

19 (a) MAY 3 40 (Date received by registrar) (b) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1940, at 11.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 to May 2 1940, and that I last saw h[illegible] alive on May 2 1940.

Immediate cause of death: Carcinoma of Lung (?) — Duration 6 mos.
Due to:
Due to:
Other Conditions: General Arteriosclerosis — Duration 1 year
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert W. Garis, M.D.
Address 700 Cathedral St. Date signed 5/3/40

F 68980

68980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4746 Park Heights Ave
(c) Hospital or institution: (Home)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4746 Park Heights (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Mary E. Chalmers

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Philemon Chalmers
6 (c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): About Sept-12-1867

8. AGE: Years: About 72 | Months: 7 | Days: 20 | If less than one day: hr. min.

9. Birthplace: Bullomd. (Town, county, and state)
10. Usual Occupation: none
11. Industry or business: none

FATHER
12. Name: Frank Stewart.
13. Birthplace: Baltimd.

MOTHER
14. Maiden Name: Catherine Stitcher.
15. Birthplace: Baltimd

16 (a) Informant: Howard Chalmers - (son)
(b) Address: 4746 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May-6-40 (month) (day) (year)
(c) Cemetery or crematory: Pikesville
Location: Balto. Md.

18 (a) Funeral director: Stewart Memorial Co.
(b) Address: 108 W. North Ave.

19 (a) (Date received by registrar) (b) Thurlington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2, 1940 at 11 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 2, 1939 to May 2, 1940 and that I last saw her alive on April 30 1940

Immediate cause of death: Coronary Occlusion — Duration: 1 month

Due to: Arteriosclerosis — Duration: 3 years

Due to:

Other Conditions: Diabetes — Duration: 8 years.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Edward J. Fitzgerald M.D.
Address: 613 E. North Ave. Date signed: 5-3-40.

68981

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

731-a

F 68981 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Please correct and especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2711 E. Biddle St (If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Margaret Brown

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Wallace H. Brown
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) May 14, 1884

8. AGE: Years	Months	Days	If less than one day
55	11	14	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation House work
11. Industry or business —

FATHER
12. Name Henry Snipe
13. Birthplace Maryland.

MOTHER
14. Maiden Name Unknown.
15. Birthplace Maryland.

16 (a) Informant Mrs. James E. Moylan
(b) Address 2711 E. Biddle St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old York Road.
18 (a) Funeral director John J. Conway & Son
(b) Address 901 Hoffman Street
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-3 1940 at 8 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-25 1940 to 5-3 1940 and that I last saw h[illegible] alive on 5-3 1940.

Immediate cause of death: arteriosclerotic myocarditis with — Duration
Due to Myocardial failure
Due to Chr. nephritis & acute retention
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Fehrmann
Address St. Joseph's Hosp. Date signed 5-5-40 M. D.

F 68982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

Registered No. F 68982

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 863 Watts Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert Daniels

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Negro

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 1 1915

8. AGE: Years 25 | Months 3 | Days ✓ | If less than one day hr. min.

9. Birthplace Newport News, Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Thomas Daniels
13. Birthplace N. C

MOTHER
14. Maiden Name Pauline Banks
15. Birthplace Va

16 (a) Informant Elizabeth Johnson
(b) Address 584 Lawrence St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Lee D. Nelson
(b) Address 1303 Presstman

MAY 4 - 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-3- 1940, at 1:45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Gun shot of head and stomach — Duration

Due to: Hemorrhage & Laceration of Brain

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 5-3-40
(c) Where did injury occur? 800 block Hampton St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Gun shot bullets.

23. Signature Thomas J. Watkins M.D. Medical Examiner.
Date signed 5-3-40

VS 6

F 68983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133a

Registered No. F 68983

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 1013 N. Arlington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16

3 (a) FULL NAME MARGARET DORSEY

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: F

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1909

8. AGE: Years 31 | Months 1 | Days 22 | If less than one day: hr. min.

9. Birthplace: Balto. Md (Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER
12. Name: Geo Dorsey
13. Birthplace: Md

MOTHER
14. Maiden Name: Nancy ?
15. Birthplace: Md.

16 (a) Informant: Geo. Dorsey
(b) Address: 1013 N. Arlington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/40 (month) (day) (year)
(c) Cemetery or crematory: Mt Auburn
Location

18 (a) Funeral director: Geo. G. Kelson
(b) Address: 1303 Pressman St

19 (a) MAY 4 - 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1940, at 5.25 p. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Acute suppurative pyelonephritis	
Due to	
Due to	
Other Conditions: Pulmonary embolism, right (Include pregnancy within 3 months of death)	

Major findings:
Of operations: no
Of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Dr. Lee Wollenweber M.D. Medical Examiner.
Date signed 5-3-40

F 68984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

125-B Registered No. F 68984

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2521 Salem st
(c) Hospital or institution:
D. D. A. Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2521 Salem st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Bailey

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1903

8. AGE: Years	Months	Days	If less than one day
36	9	13	hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Arthur Bailey
13. Birthplace Md

MOTHER
14. Maiden Name Mary Tate
15. Birthplace Md

16 (a) Informant Celia Cromwell
(b) Address 226 W. Biddle St

17 (a) Burial (b) Date thereof 5/4/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. L. Kelson
(b) Address 1300 Pleasant St

19 (a) MAY 4 - 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said I find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Jaundice and pulmonary Edema Undetermined	
Due to Etiology	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm Wanderstock M.D.
Medical Examiner.
Date signed 5/2/40

VS 6

F 68985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No. F 68985

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 643 N. Eutaw St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-2
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 643 Eutaw St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Genieve Emery

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed or divorced.
6 (b) Name of husband or wife: Arthur Emery.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb-10-63.

8. AGE: Years 77 | Months 2 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Conrad Streb
13. Birthplace Germany

MOTHER
14. Maiden Name Christina — ?
15. Birthplace Germany

16 (a) Informant Mrs Genevieve Baeuer
(b) Address 643 Eutaw St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location —

18 (a) Funeral director Wendell E. Humphreys
(b) Address N-61 N Broadway

19 (a) (Date rec'd by local registrar) MAY 4 1940 (b) Huntington Williams, M.D.

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-2 1940, at 7 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/2 1940 to 5/2 1940 and that I last saw [illegible] alive on 5/2 1940.

Immediate cause of death: acute cerebral Hemorrhage — Duration
Due to: ch Hypertension
Due to: —
Other Conditions: —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature A. L. Hornstein M.D.
Address 733 Arapuit St. Date signed 5/3/40

F 68986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No. F 68986

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 621 N Lakewood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 621 N. Lakewood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Jacob Stapf

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Minnie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 2 1871

8. AGE: Years	Months	Days	If less than one day
68	7		hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Retired Postal Clerk

11. Industry or business

FATHER 12. Name Frederick Stapf

13. Birthplace Germany

MOTHER 14. Maiden Name Rothauph

15. Birthplace Baltimore Maryland

16 (a) Informant Wife

(b) Address 621 N Lakewood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/40 (month) (day) (year)

(c) Cemetery or crematory Mereland Memorial

Location Taylor Ave & Harford Rd.

18 (a) Funeral director Charles E. Schimunek.

(b) Address 2601-03 E. Madison St.

19 (Date rec'd by registrar) MAY 4 - 1940 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1940, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1939, to May 2 1940; and that I last saw h.m alive on April 30 1940.

Immediate cause of death Cerebral Hemorrhage (1st attack was Aug 1937) — Duration stat.

Due to Hypertension — arteriosclerosis Cardio-vascular-renal — 2 yrs.

Due to Chronic nephritis — 2 yr.

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State) —

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Louis F. Krumrine M. D.

Address 722 N. Kenwood Ave Date signed MAY - 3 1940

68987 -

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. F 68987

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2832 Dillon St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2832 Dillon St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 54. years

3 (a) FULL NAME John Walkowiak

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: Male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife ✓

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 1854

8. AGE: Years 86 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER
12. Name Walkowiak
13. Birthplace Poland

MOTHER
14. Maiden Name not known
15. Birthplace

16 (a) Informant Martha Siegmund
(b) Address 2832 Dillon St

17 (a) X (Burial, cremation, or removal) (b) Date thereof 5-6-40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Dundalk Ave

18 (a) Funeral director John J. Ruddy
(b) Address 2529 Aisquith St

19 (a) ... (Date rec'd by registrar) (b) Huntingtn & Williams, Inc.

MAY 5 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1940, at 5:40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-21 1940, to May 3 1940 and that I last saw him alive on May 3 1940.

Immediate cause of death: Generalized Arteriosclerosis. Chronic Myocarditis.

Due to Myocardial Failure.

Due to ...

Other Conditions ...
(Include pregnancy within 3 months of death)

Major findings:
Of operations None.
Of autopsy None.

Duration
2-21-40

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence None.
(c) Where did injury occur? ... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... While at work? ... (Specify type of place)
(e) Means of injury ...

23. Signature Eschenmuth

Address 542 S. Ellwood Ave. Date signed 5-7-40 M. D.

F 68988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 51 C Registered No. F 68988

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

4-2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Wash
(c) City or town Hagerstown (If outside city or town limits, write RURAL and give town)
(d) Street No. 404½ N Prospect St (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Lester Bowers

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1915

8. AGE: Years	Months	Days	If less than one day
25	7		hr. min.

9. Birthplace Hagerstown Wash Md (Town, county, and state)
10. Usual Occupation Newsboy
11. Industry or business

FATHER
12. Name Lester A. Bowers
13. Birthplace Hag. Md

MOTHER
14. Maiden Name Irene V Cline
15. Birthplace Hag Md.

16 (a) Informant C.M. Hospital Records
(b) Address Baltimore Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7 1940 (month) (day) (year)
(c) Cemetery or crematory Rose Hill
Location Hagerstown Md

18 (a) Funeral director C. M. Sutter & Sons
(b) Address Hagerstown Md

19 (a) ____ (b) ____
(Date rec'd by registrar) MAY 5 - 1940 Registrar of Vital Statistics

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1940, at 10 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940, to May 4 1940, and that I last saw him alive on May 4 1940.

Immediate cause of death: Exsanguination & Dehydration — Duration: 1 week

Due to Pseudomucinous Papilloma & Sarcoma of Ovaries with Metastases — Duration: 1 week 3 months

Due to ____

Other Conditions Spastic Diplegia from Cranial Hemorrhage at Birth (Include pregnancy within 3 months of death) — Duration: 25 yrs.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. Mutall M. D.
Address University Hospital Date signed 5/4/40

F 68989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 1937

F 68989

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution: Franklin Square Hospital 19-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Mondeton Monkton.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edna McCauley

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles H. McCauley

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.): June 27 1880

8. AGE: Years 59 | Months 10 | Days 8 | If less than one day: hr. min.

9. Birthplace: Mondeton, Balto. Co., Md.
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER
12. Name: Henry Harvey
13. Birthplace: Mondeton, Md.

MOTHER
14. Maiden Name: Mary Pearce
15. Birthplace: Mondeton Md.

16 (a) Informant: E. H. McCauley
(b) Address: Mondeton, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7 1940 (month) (day) (year)

(c) Cemetery or crematory: Mondeton M-E Church
Location: Mondeton, Md.

18 (a) Funeral director: Landon M. Brooks
(b) Address: Sparks, Md.

19 (a) MAY 5 - 1940 (Date rec'd by registrar) Registrar of Vital Statistics

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5, 1940, at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 2, 1940, to May 5, 1940, and that I last saw h.r. alive on May 5, 1940.

Immediate cause of death: Cardiac insufficiency

Due to: Cerebral hemorrhage

Due to: Hypertension and cardio-vascular disease

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Woolf M. D.

Address Franklin Sq Hosp Date signed 5-5-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item is important and should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 68990

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Sinai Hospital
(b) Street address Monument & Rutland ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2643 Ouantico ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose Wasserstein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Wolf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 15 1884

8. AGE: Years	Months	Days	If less than one day
56	3	18	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Home Wife

FATHER
12. Name Joseph M. Goulot
13. Birthplace Russia

MOTHER
14. Maiden Name Marcia ?
15. Birthplace Russia

16 (a) Informant Rhea Wasserstein
(b) Address 2643 Ouantico ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5/46 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel
Location Edgewood St

18 (a) Funeral director Lol Levinson & Bro
(b) Address 1124-26 W. Baltimore
Huntington Woodward, M.D.

MAY 5 1940 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-3 1940, at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-27 1940, to 5-3 1940, and that I last saw h[illegible] alive on 5-3 1940.

Immediate cause of death	Duration
Cerebral hemorrhage	3 days.
Due to Hypertension & arteriosclerosis	3-5 yrs.
Due to	
Other Conditions Congestive Heart failure	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Pilla M. D.
Address Sinai Hospital Date signed 5-3-40

VS 3

F 68991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 68991 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4203 N. Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12d
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4203 N. Charles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ---- years

3 (a) FULL NAME Eloise Isabelle Spalding

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Leonard A. Spalding
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1876

8. AGE: Years	Months	Days	If less than one day
63	9	10	-- hr. --- min.

9. Birthplace ----- New Jersey (Town, county, and state)
10. Usual Occupation None
11. Industry or business --

FATHER
12. Name Nathan Putnam
13. Birthplace ----- Kentucky

MOTHER
14. Maiden Name Nannie E. Spalding
15. Birthplace ----- Kentucky

16 (a) Informant Mr. Leonard A. Spalding
(b) Address 4203 N. Charles Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/40 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Greenmount Ave. & Oliver St

18 (a) Funeral director H. W. Miesse and Son
(b) Address 805 North Calvert Street

19 (a) MAY 5 - 1940 (Date received by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2, 1940, at 1230 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1912, to May 1940, and that I last saw her alive on May 2, 1940.

Immediate cause of death: Coronary Thrombosis — Duration: Immediate
Due to: Angina Pectoris — Duration: 9 years
Due to: Had 3 attacks of Thrombosis
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard G. Rhesrom Jr. M. D.
Address 10 Whitfield Rd. Date signed May 4/1940

68992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

150

F 68992 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Temple Garden Apts.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-1
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Temple Garden Apts. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BELLE ADLER GOLDSMITH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Wm. E. Goldsmith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 12, 1873

8. AGE: Years 67 | Months 1 | Days 22 | If less than one day: hr. min.

9. Birthplace Milwaukee, Wis. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Louis Adler,
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown,
15. Birthplace Germany

16 (a) Informant Mr. Wm. E. Goldsmith,
(b) Address Temple Garden Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/40 (month) (day) (year)
(c) Cemetery or crematory Har Sinai
Location Balto. Md.

18 (a) Funeral director David Lemmelman & Son
(b) Address 1902 Eutaw Place

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MAY 5 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4th. 1940, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 1940, to May 4 1940, and that I last saw h alive on May 4 1940.

Immediate cause of death: Renal carcinomatosis — Duration: 4 Mos

Due to: Carcinoma of breast (removed by Jonathan 1937) — 3 yrs

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings: Of operations: Removal of breast 1937 for carcinoma

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Frederick Lantz M. D.
Address Temple Garden Apts. Date signed

F 68993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1220

F 68993

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 742 Waverly St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Grace Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: C

6 (a) Single, married, widowed, or divorced: M.

6 (b) Name of husband or wife: Burton Thompson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1896

8. AGE: Years 43 | Months 10 | Days — | If less than one day: hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation: Domestic

11. Industry or business

FATHER
12. Name: Wm E. Thomas
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Amelia Wilson
15. Birthplace: Baltimore, Md.

16 (a) Informant: Gwendola Taylor
(b) Address: 742 Waverly St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-40 (month) (day) (year)
(c) Cemetery or crematory: Mt. Auburn
Location: Balto. Md.

18 (a) Funeral director: Mrs. Geo. H. Hoffard
(b) Address: 1631 Druid Hill Ave

19 (a) (Date received by Registrar) (b) Registrar

MAY 5 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/4/40 19 at 5:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/29/40 19 to 5/4/40 19; and that I last saw her alive on 4/30/40 19.

Immediate cause of death: Shock — Duration: a few hours

Due to: Strangulated

Due to: R. femoral hernia — Duration: 3 days

Other Conditions: Strangulated R.F. femoral hernia (Include pregnancy within 3 months of death)

Major findings:
Of operation: gangrenous loop of ileum
Of autopsy: not obtained

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Eichelberger M.D.

Address Provident Hosp Date signed 5/5/40

68994 CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43D

5444 F 68994 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 Eastern Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frances Witkowski

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Pete

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
92	?	?	hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Catherine
15. Birthplace Poland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-6-40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Balto Co

18 (a) Funeral director Wilbur Witkowski
(b) Address 1618 Eastern Ave

19 (a) (Date rec'd by Registrar) (b) Registrar

MAY 5 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1940, at 3:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1940, to May 3 1940, and that I last saw her alive on May 3 1940.

Immediate cause of death	Duration
Hypertensive cardiovascular disease	unknown.
Due to	
Due to	
Other Conditions Terminal bronchopneumonia	3 days.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. Gerasky M. D.
Address Baltimore City Hospitals Date signed 5/4/40

F 68995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1314 ✓

F 68995 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1111 Bryn Mawr Rd.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-13
(e) Length of stay in Baltimore (yrs., mos., or days) 1900 to date

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1111 Bryn Mawr Rd.
(If rural give location) 1st Week.
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Betty Shirley Edwards Ewing

3 (b) If veteran, name war ✓

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife Geo Washington Ewing III

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 17, 1869

8. AGE: Years	Months	Days	If less than one day
70	5	16	hr. min.

9. Birthplace Lewisville, Ky. (Town, county, and state)

10. Usual Occupation Homes wife

11. Industry or business

FATHER
12. Name Shirley Louis Edwards Shirley
13. Birthplace Lewisville Ky.

MOTHER
14. Maiden Name Laura [redacted] Brannin
15. Birthplace Lewisville, Ky.

16 (a) Informant T. H. S. Warden
(b) Address 4721 East Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/40 (month) (day) (year)
(c) Cemetery or crematory St Thomas's Church Cemetery
Location Garrison, Baltimore County

18 (a) Funeral director H. W. Jenkins & Sons Co
(b) Address McCulloh & Oakland Street

19 (a) (Date rec'd by registrar) Huntington Williamsport

MAY 5 - 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item or information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1940, at 10:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 to May 3 1940, and that I last saw h[illegible] alive on May 3 - 1940.

Immediate cause of death	Duration
(Myocarditis) Hypertension	6 years
Due to Coronary Occlusion Dilated	4 days
Due to Hypertension with Arteriosclerosis	years
Other Conditions	years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. H. Greenleaf Jr. M.D.
Address 3918 N. Charles St Date signed 5-7-40
M. D.

F 68996

68996 Mack

BALTIMORE CITY HEALTH DEPARTMENT 937

CERTIFICATE OF DEATH

F 68996 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lunacy Hospital 17-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) same
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 410 Aisquith st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Mack

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Alfonso Mack
6 (c) If alive, give age 40 years
7. Birth date of deceased (mo., day, yr.) 5/11/1892
8. AGE: Years 47 | Months 11 | Days 22 | If less than one day: hr. min.
9. Birthplace Columbia S. C. (Town, county, and state)
10. Usual Occupation House work
11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Helen Mack
(b) Address 703 N. Fairmont ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 6 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Anne Arundel County Md

18 (a) Funeral director William A. Jackson
(b) Address 916 Pedora ave

19 (a) MAY 5 1940 (Date received by registrar) (b) Huntingtof Williams, M.D.

V8.6 MAY 5 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-3-1940, at 2.5 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy and Inquiry thereon and from the evidence obtained by said Autopsy and Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Chronic Myocardial degeneration	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Anderson M.D. Medical Examiner.
Date signed 5-3-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 68997

68997
LB 53677

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131a Registered No. F 68997

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days 1 mth.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 521 N. Gilmor St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Stevenson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	married

6 (b) Name of husband or wife Edward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1894

8. AGE: Years	Months	Days	If less than one day
45	4	10	hr. min.

9. Birthplace Ga. (Town, county, and state)
10. Usual Occupation domestic
11. Industry or business unemployed

FATHER
12. Name Joseph Hammock (d)
13. Birthplace Ga.

MOTHER
14. Maiden Name Amy Steward (d)
15. Birthplace Ga.

16 (a) Informant B. C. H. Hospitals
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-5-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd.
18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave.
19 (a) MAY 5 1940 (Local registrar) (b) Huntington Williams M.D. (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1940, at 4:00 A M
21. I certify that death occurred on the date above stated; that I attended deceased from March 11 1940, to May 3 1940, and that I last saw her alive on May 3 1940.

Immediate cause of death	Duration unknown.
Arteriolar nephrosclerosis	
Due to	
Due to	
Other Conditions Hypertensive Cardiovascular disease (Include pregnancy within 3 months of death)	unknown.

Major findings:
Of operations
Of autopsy as always.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. Murphy Lee M. D.
Address Balto City Hosp. Date signed 5-3-40

F 68998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. F 68998

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-3
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 17 Yrs life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 Vincent St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Colston

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Lizzie Colston

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown 1883

8. AGE: Years	Months	Days	If less than one day
57	?	?	? hr. ? min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Unknown Laborer

11. Industry or business

FATHER 12. Name Unknown James Colston

13. Birthplace Charlestown W. Va. Unknown

MOTHER 14. Maiden Name Unknown Randall ?

15. Birthplace Unknown

16 (a) Informant Records Margaret Nurse 1105 Fairmount Ave

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-6-40 (month) (day) (year)

(c) Cemetery or crematory

Location Charlestown W. Va.

18 (a) Funeral director Samuel W. Cranston

(b) Address 638 N. Gilmor St.

MAY 5 - 1940 (Date rec'd by Registrar) Hamilton Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1940 at 2:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1940, to May 3 1940, and that I last saw him alive on May 3 1940.

Immediate cause of death Hypertension Cardio Vascular Disease

Due to

Due to

Other Conditions Unemployed Arteriosclerosis - Old (Include pregnancy within 3 months of death)

Duration
? ?
? ?

Major findings:
Of operations None done.

Of autopsy Not done.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Adolf Weinberg M. D.

Address Baltimore City Hospitals Date signed 5/4/40

68993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

44B Registered No. E 68993

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Payson Sts
(c) Hospital or institution Bon Secours Hosp 28
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5307 Liberty Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie Estelle Padgett

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Charles A. S

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 16, 1865

8. AGE: Years 75 | Months 2 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Samuel A Patrick

13. Birthplace Germany

MOTHER 14. Maiden Name Bush

15. Birthplace Germany

16 (a) Informant Mr Edgar J Padgett

(b) Address 5307 Liberty Hgts Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7 1940 (month) (day) (year)

(c) Cemetery or crematory Congressional

Location Washington D.C.

18 (a) Funeral director Hallgren & Jackson & Sons

(b) Address North & Pennsylvania Aves

19 (a) MAY 5 1940 (b) [illegible] Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1940, at 5 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3 1940, to 5-4 1940, and that I last saw h alive on 5-3 1940.

Immediate cause of death	Duration
Hodgkins disease	4 mo
Due to	
Due to	
Other Conditions Terminal pneumonia	4 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. MacCafferty M. D.

Address Bon Secours Hosp. Date signed 5-4-40

F 69000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56B

F 69000 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 19 Balto City Jail Hosp
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1603 Marshall Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Evelyn Knight
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Norman Knight
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 31, 1909
8. AGE: Years 34 | Months 3 | Days 27 | If less than one day hr. min.
9. Birthplace Balto Md. (town, county, and state)
10. Usual Occupation Housewife
11. Industry or business
FATHER 12. Name Lemuel Myers
13. Birthplace Carroll Co. Md.
MOTHER 14. Maiden Name Jessie Lippson
15. Birthplace Md. 1603 Marshall Balto

16 (a) Informant Norman J. Knight
(b) Address 1603 Marshall.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location A. A. Co.
18 (a) Funeral director A. Raymond Evans
(b) Address 1400 W. Pratt St.
19 (a) MAY 5 1940 (Date received by Registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1940, at 2:20 PM
21. I certify that death occurred on the date above stated; that I attended deceased from 4-29 1940 to 5-3 1940
and that I last saw h[illegible] alive on 5-3 1940

Immediate cause of death Pulmonary Collapse
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration: over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature A. Bernstein M. D.
Address Balto City Jail Hosp Date signed 5-3-40

VS 3

F 69001

OK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

833 55270 F 69001 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3444 Roland Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Williams

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-90-6555

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1882

8. AGE: Years	Months	Days	If less than one day
57	11	18	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Eugene C. Williams
13. Birthplace Washington D.C. England

MOTHER
14. Maiden Name ~~Virginia Hussey~~ Sarah E. Rice
15. Birthplace Portsmouth ~~England~~ Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Balto.

18 (a) Funeral director Laning Bros.
(b) Address 5005 Reisterstown Rd.

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 5 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1940, at 6⁰⁰ P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1940, to May 3 1940, and that I last saw h.im alive on May 3 1940.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

Duration between onset and death

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hgoldberg M. D.
Address Baltimore City Hospitals Date signed 5/7/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and

F 62002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 F 5[illegible]

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Bon Secours Hosp. 2-E
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 66 1/28

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 N. Belnord (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Katherine Stein

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F M.	W	M.

6 (b) Name of husband or wife Jacob E. Stein
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Apr 5 1874

8. AGE: Years	Months	Days	If less than one day
66	0 1	28	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Adam F Lautenschlager
13. Birthplace Balto

MOTHER
14. Maiden Name Katherine Hagelschmidt
15. Birthplace Balto

16 (a) Informant Jacob E Stein
(b) Address 618 N Belnord Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E North Ave. Ext.

18 (a) Funeral director William M Maresh
(b) Address 715 Light St

MAY 5 1940 (Date filed by Registrar) (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1940, at 5 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-2 1940 to May 3 1940, and that I last saw h in alive on May 2 1940.

Immediate cause of death Carcinoma of breast — Duration 4 mo.

Due to .....

Due to .....

Other Conditions Metastasis to spine & pelvic bones
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature William J. Fra Clafferty M.D.
Address Bon Secours Hosp. Date signed 5-3-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Erase ... Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 69003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 C

F 69003 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2901 Chelsea Terrace
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2901 Chelsea Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME ~~Kittson Lee~~ Charles H. Sumwalt

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	Married

6 (b) Name of husband or wife Florence E. Sumwalt

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 3-1863

8. AGE: Years	Months	Days	If less than one day
76	5	2	— hr. — min.

9. Birthplace Gettysburg Pa (Town, county, and state)

10. Usual Occupation .....

11. Industry or business .....

FATHER 12. Name Charles Sumwalt
13. Birthplace Baltimore, Maryland

MOTHER 14. Maiden Name ~~Emily Jane~~ Emily Jane Idorner
15. Birthplace Baltimore, Maryland

16 (a) Informant Charles E. Sumwalt
(b) Address 220 W. Monument St.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof May 6-1940 (month) (day) (year)
(c) ~~Cemetery~~ or crematory Loudon Park Crematory
Location Balto Md.

18 (a) Funeral director Charles G. Black
(b) Address 742 W. North Ave.

19 (a) Date received MAY 5 1940 (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1940, at 9.45 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture Sternum Pericardial hemorrhage ~~Coma~~ Asphyxia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5/7/40
(c) Where did injury occur? Druid Hill Lake Drive (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Auto struck stone wall

23. Signature J. M. B. Vandeberg M.D. Medical Examiner.
Date signed 5/5/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill in all blanks. Be sure and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 69004 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1123 N. Eutaw St.
(c) Hospital or institution: 11-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) ~~4 mos.~~
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 N. Eutaw St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth T. McPherson

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife: none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 19. 1849

8. AGE: Years	Months	Days	If less than one day
90	8 9	16	hr. min.

9. Birthplace Washington D.C. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name John D. McPherson
13. Birthplace Va.

MOTHER
14. Maiden Name Elizabeth Webster
15. Birthplace ?

16 (a) Informant Mrs. Lynde P. Wheeler
(b) Address 2317 20th St. N.W. Wash. D.C.

17 (a) cremation (Burial, cremation, or removal) (b) Date thereof May 7. 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Hill Cemetery
Location Washington D.C.

18 (a) Funeral director John A. Mitchell & Son
(b) Address 1900 Eutaw Place

MAY 5 - 1940 Registered by Registrar — Washington Millimans M.D.

VS 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and report correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5. 1940 19 , at 10 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1940, to May 1940, and that I last saw her alive on May 5 1940.

Immediate cause of death	Duration
Hypertensive Cardio Vascular Disease	20 yrs.
Cardiac decompensation	1 day
Due to Generalized Arteriosclerosis	20 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh T. Whitehead, Jr. M. D.
Address 1123 N. Eutaw St. Date signed 5/5/40

Dr Whitehead

69005
379416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 69005 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 29

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 600 Columbia Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W. Sumpster Jr

3 (b) If veteran, name war: no | 3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-21-18

8. AGE: Years	Months	Days	If less than one day
22	2	13	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name George Sumpster
13. Birthplace Md

MOTHER
14. Maiden Name Mary Foelzer
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location London Park

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 (a) MAY 6 1940 (Date received by registrar) (b) Registrar Huntington Williams M.D.

VS 3

PLEASE WRITE plainly. Physicians: please write the cause of death in terms which convey a definite conception of the pathological condition. Indefinite or unusual terms should be avoided. Be sure that the correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1940 at 2 hrs M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1940 to May 4 1940 and that I last saw him alive on May 4 1940

Immediate cause of death	Duration
uremia	1 mo.
Due to chronic glomerulonephritis.	?
Due to	
Other Conditions uremic Pericarditis.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy contracted kidneys - fibrinous pericarditis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John S. Hunt M. D.
Address Johns Hopkins Hosp Date signed 5-7-40

F 69006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered No. F 69006

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 20 E 24th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLOTTE S. GIBSON

3 (b) If veteran, name war: No —
3 (c) Social Security Account No. 4BR—

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1854

8. AGE: Years 86 | Months 1 | Days 2 | If less than one day hr. min.

9. Birthplace New Jersey (Town, county, and state)

10. Usual Occupation none
11. Industry or business

FATHER 12. Name John Gibson
FATHER 13. Birthplace Ireland

MOTHER 14. Maiden Name Sarah Harper
MOTHER 15. Birthplace Philadelphia Pa.

16 (a) Informant Baltimore City Hosp. Records
(b) Address "

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6, 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Catonsville Md

18 (a) Funeral director Wilhoms Coe
(b) Address 1219 E Pratt St

19 (a) MAY 6 1940 (Date received by Registrar) (b) Huntingtown Williamsville Md

VS 6

MEDICAL CERTIFICATION 1940

20. DATE OF DEATH May 3 1940, at 10 45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Bronchopneumonia	
Due to: Fracture, left femur.	
Due to:	
Other Conditions: none	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: April 28, 1940
(c) Where did injury occur? 20 E 24th St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? —
(Specify type of place)
(e) Means of injury: fell down on floor

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 5-4-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correct age is especially important.

69007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69007 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 702 W North Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 73 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 W North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM O'NEAL.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Florence Pleasants
6 (c) If alive, give age 6 years

7. Birth date of deceased (mo., day, yr.) Aug. 20, 1866

8. AGE: Years	Months	Days	If less than one day
73	8	13 14	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John L. O'Neal
13. Birthplace ----- Maryland

MOTHER
14. Maiden Name Sallie Hammontree
15. Birthplace ----- Maryland

16 (a) Informant Mrs. Florence B. H. O'Neal
(b) Address 702 West North Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Maryland

18 (a) Funeral director H W Mears and Son
(b) Address 805 North Calvert Street

19 (a) (Date received by Registrar) (b) Registrar.

MAY 6 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1940, at 7:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hypertensive cardiovascular disease — Duration —
Due to
Due to
Other Conditions no
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 5-3-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made for each item. Insert "none" where necessary. If unknown, or if doubtful in part, state so. Do not use abbreviations or ditto marks. Be sure to state the causes of death clearly and legibly. Give full name of deceased. Do not report residence as institution. Be sure to correct age is especially important. Physicians: please write the

69008 -

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

Reg. No. 69008 -

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University of Maryland Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 43 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1128 N. Carrollton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Duppens

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-4986

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced (If married, widowed, or divorced give name of husband or wife)
male	colored	~~218-09-4986~~

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 15 1894

8. AGE: Years	Months	Days	If less than one day: hr.	min.
45	6	17		

9. Birthplace Calvert Co. Md
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name James A. Duppens
13. Birthplace Md

MOTHER
14. Maiden Name Barbara Holland
15. Birthplace Md

16 (a) Informant Mrs. Susie Rogers
(b) Address 1128 N. Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md

18 (a) Funeral director Mrs. Frances G. Hensley
(b) Address 578 W. Baltimore St

19 (a) MAY 6 - 1940 Washington Williams M.D. Registrar
(Local reg. for city registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3rd 1940, at 10:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-21 1940, to 5-3 1940, and that I last saw him alive on 5-3 - 1940.

Immediate cause of death	Duration
Hepatic Cirrhosis	Unknown
Due to	over
Due to	
Other Conditions Syphilis - tertiary	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Calvin Garcia M. D.
Address University Hospital Date signed 5-3-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

69009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E

F 69009 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4006 Maine Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4006 Maine Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

6 D
15

3 (a) FULL NAME William E. Wellmann Jr

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-01-2374

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6. 1910

8. AGE: Years	Months	Days	If less than one day
30	1	27	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Vice President

11. Industry or business Rennie Salmon Co.

FATHER
12. Name William E. Wellmann
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Carrie L. Villman
15. Birthplace Balto Md.

16 (a) Informant William E. Wellmann
(b) Address 4006 Maine Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6. 1940 (Month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Balto Co Md

18 (a) Funeral director Mr. Mrs. John N. Geisel & Son
(b) Address 501 W. Fayette St

19 (a) MAY 8 1940 (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1940, at 5.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 21, 1939 to May 3 1940. and that I last saw him alive on May 3, 1940.

Immediate cause of death	Duration
Lyphadenoma	1 Yr
Due to (Hodgkins Disease)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Wellmann

Address 2757 W North Ave. Date signed May 8 1940

PLEASE WRITE PLAINLY. WITH UNFADING INK. Be sure that the information given is correct as far as it goes. Physicians: please write the causes of death clearly and especially important.

69010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-D

F 69010 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2307 E Monument Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2307 E Monument Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Lillian Greng

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Henry C Greng

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 13 1863

8. AGE: Years 77 | Months 3 | Days 20 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Gustav Englemann
13. Birthplace Germany

MOTHER
14. Maiden Name Mary German
15. Birthplace Germany

16 (a) Informant Mrs Joseph Daly
(b) Address Old Rd Middleborough Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6, 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Balto Md

18 (a) Funeral director Albert L Hilt Jr
(b) Address 1616 N Charles Street

MAY 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1940, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 4 1940, to May 3 1940, and that I last saw h alive on May 3 1940.

Immediate cause of death Valvular Heart disease — Duration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Janet Fisher M. D.
Address 1823 N. Wash st. Date signed 5/4/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if convenient. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 - C Registered No.

F 69011

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) O 6

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTIMORE
(c) City or town DUNDALK
(If outside city or town limits, write RURAL and give town)
(d) Street No. 22 ADMIRAL BLVD
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Frances Jane Mattison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife WILLIAM H. MATTISON
6 (c) If alive, give age 7 years

7. Birth date of deceased (mo., day, yr.) FEB 27 1880

8. AGE: Years	Months	Days	If less than one day
60	2	7	hr. min.

9. Birthplace WILMINGTON, DELAWARE
(Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name JOHN HUGHES
13. Birthplace ?

MOTHER
14. Maiden Name JANE FORREST
15. Birthplace IRELAND

16 (a) Informant William H Mattison Jr
(b) Address 22 Admiral Boulevard

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7th 40 (month) (day) (year)
(c) Cemetery or crematory Arlington National
Location Washington D C

18 (a) Funeral director John Ellis
(b) Address 2106 Orleans St

MAY 6 - 1940 (Date rec'd by registrar) Hunting ton Hill (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 4 1940, at 3:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from MARCH 29 1940 to MAY 4 1940, and that I last saw HER alive on MAY 4 1940.

Immediate cause of death CEREBRAL EMBOLISM — Duration 3 days

Due to RHEUMATIC C.V. DISEASE — Duration many years

Due to — Duration

Other Conditions CHR AURICULAR FIBRILLATION — Duration 1 month
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John F. Coolahan M. D.
Address Church Home & Inf Date signed 5-7-40

PLEASE WRITE PLAINLY, with ... correct age is especially important. Physicians: please write the cause of ...

F 69012

69012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital St. 137 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant Balderston

If U. S. Veteran specify WAR .....

(a) Residence: No. 3810 Elsm Ave, St., Ward. Baltimore Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 28 1940

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	—	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Everett Allison Balderston

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Doris Elizabeth Eaton

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Doris Balderston

(Address) 3810 Elsm Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place St Mary's Hampden Date May 6, 1940

19. UNDERTAKER Edmonston & Dorsey

(Address) 2615-17 Lakewood Ave.

20. FILED ..... 19...

MAY 6 — 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 1940

22. I HEREBY CERTIFY, That I attended deceased from April 28 1940 to May 4 1940

I last saw him alive on May 4 1940 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Prematurity (Induced for Placenta Previa).	
Other contributory causes of importance: Jaundice	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. Allen Deckert M. D.

(Address) 1127 St Paul St

information should be carefully ... state CAUSE OF DEATH in plain terms, so that it may be properly ... OCCUPATION is very important. See instructions on back of certificate.

F 69013

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-A Registered No. F 69013

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5801 Winner Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 5801 Winner Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

27 yrs 7

3 (a) FULL NAME Albert Brooks Bland

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single ✓
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1867

8. AGE: Years 73 72 | Months ? | Days ? | If less than one day hr. min.

9. Birthplace Baltimore Co Md (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business Retired

FATHER
12. Name William Jones Bland
13. Birthplace Dawson Co. Va.

MOTHER
14. Maiden Name Mary Ellen Davis
15. Birthplace Va.

16 (a) Informant Edward Lee Bland
(b) Address 5801 Winner Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Wyllam J Tuckers + Son
(b) Address North + Pennsylvania Ave

19 (a) [illegible] MAY 8 1940 [illegible] for Williams M.D.

PLEASE WRITE PLAINLY. [illegible] correct age is especially important. Physicians: please [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1940, at 4.15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1 1940 to 5/4 1940 and that I last saw [illegible] alive on 5/3 1940

	Duration
Immediate cause of death Uremia	
Due to Chronic Nephritis	2
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature Daniel Wilson
Address 5721 Park Heights Ave Date signed 5/9/40

69014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

F 69014 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12 E. Madison St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 12 E. Madison St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John M Naill

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 218-07-5800

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sarah M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4 1867

8. AGE: Years 72 | Months 10 | Days 29 | If less than one day hr. min.

9. Birthplace Frederick Co. Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business Inporter

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs. Sarah M. Naill
(b) Address 12 E. Madison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7-40 (month) (day) (year)
(c) Cemetery or crematory New Windsor
Location Md

18 (a) Funeral director Wm. J. Tydings Sons
(b) Address North & Pa. Aves.

19 (a) MAY 6 1940 (Registered by Registrar) (b) Registrar's signature Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1936 to May 3 1940, and that I last saw h— alive on 5/3/40.

Immediate cause of death: Coronary Thrombosis — Duration 6-12 Mo
Due to: Hypertension — Duration 6-12 Mo
Due to: Myocarditis — Duration Several
Due to: Arterio Sclerosis — Duration Several
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W H Moody M.D.
Address 1403 Park Ave Date signed 5/4/40

PLEASE WRITE PLAINLY with pen and ink. Fill in all blanks. Be sure to give the cause of death in terms understood by a physician. Do not use abbreviations or symbols. Do not state mode of dying, such as heart failure, asphyxia, or uremia, without assigning the disease or injury causing this condition. Do not report occupation of housewife, but do report occupation of any woman who has been employed. Be sure to answer all questions. Be sure to report time of death. Be sure to sign certificate. Be sure to give correct age. It is especially important. Physicians: please write the cause of death in terms understood by a physician.

69015

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-W F 69015
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5600 Nansemond Ave
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5600 Nansemond Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME George Louis Bodmer (Buderer)

3 (b) If veteran, name war: No
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Wht.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Cath. Elizabeth
6 (c) If alive, give age: 70 years
7. Birth date of deceased (mo., day, yr.): Feby 24/1870
8. AGE: Years 69 | Months 3 | Days 9 | If less than one day: hr. min.
9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual Occupation: Laundry Salesman
11. Industry or business:

FATHER
12. Name: Henry Bodmer
13. Birthplace: Balto. Md

MOTHER
14. Maiden Name: Mary E. Bauer
15. Birthplace: Balto. Md

16 (a) Informant: Mrs. Cath. Eliz. Bodmer
(b) Address: 5600 Nansemond Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 8-1940 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Md.
18 (a) Funeral director: The J. Fred Lanahan Sons Co.
(b) Address: 2 E. Fayette St.
19 (a) MAY 6 1940 (Date received by registrar) (b) Hamilton Stone Milanese, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1940, at 11:25 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1938 to May 5 1940, and that I last saw him alive on May 4 1940.

Immediate cause of death: Multiple Cirrhosis of Liver
Due to: Ascites, Cerebral Hem.
Due to: Cirrhosis of Liver
Other Conditions: Hypertension
(Include pregnancy within 3 months of death)

Duration: 7 days

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature: H. Hamilton Stone Milanese, M.D.
Address: 1605 N. Charles St. Date signed: 5/5/40

PLEASE WRITE PLAINLY, WITH ... correct age is especially important. Physicians: please write the cause of ...

69016

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V/3-B

F 69018 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2250 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 624 N. Pulaski St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick George Spencer (1379)

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rachel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4, 1904

8. AGE: Years	Months	Days	If less than one day
35	6	29	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Ice cream maker
11. Industry or business

FATHER 12. Name George Spencer
13. Birthplace Balto.

MOTHER 14. Maiden Name Julia Stadtlander
15. Birthplace Balto.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6, 1940 (month) (day) (year)
(c) Cemetery or crematory Oakdawn Cemetery
Location Catonsville Md.
18 (a) Funeral director Fred. H. Krause & Son
(b) Address 1216 S. Charles St.
19 (a) (Date received by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3, 1940, at 6:05 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from March 5, 19 34, to May 3, 1940, and that I last saw h im alive on May 3, 19 40.

Immediate cause of death: Multiple pulmonary emboli
Thrombosis of iliac veins — Duration: (a) April 1940
Due to Tuberculosis of the right hip and right femur — Duration: (b) April 1940
Due to Tuberculosis of the lungs — Duration: (c) 1932 — Duration: (d) 1933
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [signature]
Address Balto. City Hospitals Date signed 5-3-40 M. D.

PLEASE WRITE PLAINLY, with ... correct age is especially important. Physicians: please write the ...

VS 3

54759 - RB

69017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69017
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1418 Marshall St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Gregory (gregory) X

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-14-0038 ?

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 22, 1869

8. AGE: Years 71 | Months 3 | Days 18 13 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business Moving Picture Operators Hall

FATHER
12. Name John Gregory (dead)
13. Birthplace Maryland

MOTHER
14. Maiden Name Frances Corkran (dead)
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1940 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Edmondson Ave.

18 (a) Funeral director Margaret G. Flynn
(b) Address 1422 Light St.

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 6 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1940, at 9.15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/28 1940, to 5/5 1940, and that I last saw him alive on 5/5 1940.

	Duration
Immediate cause of death: Bronchopneumonia	
Due to: Unknown organism	
Due to:	
Other Conditions: Generalized Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Baltimore City Hospitals Date signed 5/6/40

PLEASE WRITE ... correct age is especially important. Physicians: please write the ...

69018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69018
Registered No.

PLEASE WRITE PLAINLY, WITH CARBON PENCIL. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1512 E Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1512 E Lombard st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3
3 (a) FULL NAME Lara Young
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Single

6 (b) Name of husband or wife Sm
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 1886

8. AGE: Years	Months	Days	If less than one day
53	11		hr. min

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Not none
13. Birthplace " "

MOTHER
14. Maiden Name Not none
15. Birthplace " "

16 (a) Informant Viola Pender
(b) Address 1512 E Lombard st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 44 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn

18 (a) Funeral director E O Wilson
(b) Address 1000 Brantley a

MAY 6 – 1940
(Date received by Registrar) (b) Hilton Williams, Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1940, at 12 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquery thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm Purdy Lynch M.D.
Medical Examiner.
Date signed 5/7/40

F 69019

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-3 F 69019 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland W
(b) Street address 171 Hamburg St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs W

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 171 Hamburg St (If rural give location)
(e) If foreign born, how long in U. S. A.? W years

3 (a) FULL NAME Charles Fernandis Jones

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1907

8. AGE: Years 33 | Months 22 | Days 4 | If less than one day — hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business —

FATHER 12. Name Wm Jones
13. Birthplace Md.

MOTHER 14. Maiden Name Maggie Golder
15. Birthplace Md.

16 (a) Informant Maggie Jones
(b) Address 171 Hamburg St

17 (a) (Burial, cremation, or removal) (b) Date thereof May 7-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto.

18 (a) Funeral director James A Hayes
(b) Address 1142 Wash Blvd

MAY 6 E 1940
(a) Registrar [illegible], M.D. (b) [illegible] Registered [illegible], M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1940 at 8.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1- 1940 to 5-2- 1940 and that I last saw him alive on 5-3- 1940.

Immediate cause of death Acute Endocarditis — Duration Imm.

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James C Cafritz M. D.
Address 1016 E. Fayette St (Physician signing)

M. D. B. 1208-0

F 69020 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 69020

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 N. Eden St. 10-K Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Reddick

(a) Residence: No. 717 N. Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col.	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Reddick

6. DATE OF BIRTH (month, day, year) 4-17-1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Hester Shotter

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Mamie Richards

(Address) 717 N. Eden

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date May 6, 1940

19. UNDERTAKER Alfred Williams

(Address) 1513 Pennsylvania Ave.

MAY 6 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13-1940

22. I HEREBY CERTIFY, That I attended deceased from 4-24-1940 to 5-13-1940

I last saw him alive on 5-11-1940 Death is said to have occurred on the date stated above, at 6:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hypertensive Cardiovascular Disease and Paralytic Stroke	5-11
Other contributory causes of importance Overwork and Cardiac Strain	

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jas. R. Blakey M. D.

(Address) 1327 N. Central

information should be carefully checked, and if found incorrect, write the correct information above. Use ink or indelible pencil, and state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 69021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-C

F 69021 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 123 W 22nd St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 W 22nd St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME ROBERT JOHNSON

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Olivia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 12, 1883

8. AGE: Years	Months	Days	If less than one day
56 57	6	21	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation none
11. Industry or business

MOTHER / FATHER
12. Name
13. Birthplace
14. Maiden Name
15. Birthplace

16 (a) Informant wife (b) Address 512 Eastern Ave.

17 (a) Burial (b) Date thereof 5/16/40 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo L Kelly
(b) Address 1303 Guilford Ave

19 (a) (b) Huntington Williams, M.D. Registrar
Date received by Registrar (month) (day) (year) MAY 6 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1940, at 10. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to: Arteriosclerosis general	over
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wollenweber M.D. Medical Examiner.
Date signed

PLEASE WRITE PLAINLY, WITH INK. ... correct age is especially important. Physicians: please write the causes of death clearly and accurately.

F 69022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 69022 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4215 Wilshire Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4215 Wilshire Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26

3 (a) FULL NAME William C. Sines

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Mary L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-23-1869

8. AGE: Years	Months	Days	If less than one day
70	6	11	hr. min.

9. Birthplace Vt. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Iron foundry

FATHER
12. Name Stephen Sines
13. Birthplace N. Y.

MOTHER
14. Maiden Name Amelia Shortsleeves
15. Birthplace Unknown

16 (a) Informant William C. Sines Jr.
(b) Address 5936 Delaware Ave Buffalo N.Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-40 (month) (day) (year)
(c) Cemetery or crematory Lot, Loraner
Location

18 (a) Funeral director Leonard Krantz
(b) Address 1940 Huntington Williamsport, Pa.

MAY 6 1940 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/4 1940 at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 31 19 39 to May 4 19 40
and that I last saw h alive on May 4 1940

Immediate cause of death Coronary Thrombosis
Myocarditis
Arteriosclerosis

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William C. Sines Jr.
Address 5707 Bodine Rd Date signed M. 5 D. 7-40

PLEASE WRITE PLAINLY. Physicians: please write correct age is especially important.

VS 3

F 69023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a ✓ F 69023 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1605 W Lexington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 W Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOHN HOOKER

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Lettie Hooker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Little Washington, N. C. (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Nathan Hooker
13. Birthplace Blounts Creek, N.C.

MOTHER
14. Maiden Name Matilda
15. Birthplace Blounts Creek, N.C.

16 (a) Informant Lettie Hooker
(b) Address 1605 W. Lexington St

17 (a) (Burial, cremation, or removal) (b) Date thereof May 6, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mr Katie P. Williams
(b) Address 1132 Pennsylvania Ave

19 (a) (b)
(Date rec'd by registrar) MAY 6 - 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3rd 19 40, at 1 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Cerebral hemorrhage — Duration —

Due to Arteriosclerosis

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Wallenmeier M.D.
Medical Examiner
Date signed 5-3-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill in the causes of death clearly and legibly; correct age is especially important. Physicians: please write the

VS 6

F 69024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 69024 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1405 Madison Av
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 3 wks

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Y. (b) County
(c) City or town New York (If outside city or town limits write RURAL and give town)
(d) Street No. 180 St. Nicholas Av (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna B. Randolph

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Charles

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) May 2. 1894

8. AGE: Years 46 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER: 12. Name Hezekiah Lightfoot
13. Birthplace Yorktown Va

MOTHER: 14. Maiden Name Annie Sample
15. Birthplace Accomac Co. Va

16 (a) Informant Charles Randolph
(b) Address New York City.

17 (a) ... (Burial, cremation, or removal) (b) Date thereof May 6, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 E. Schroeder St

19 (a) MAY 6 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1940, at 4:30PM A

21. I certify that death occurred on the date above stated; that I attended deceased from 4/11 1940, to 5/2 1940 and that I last saw h e r alive on 5/1 1940.

Immediate cause of death ... Duration

Carcinomatosis (mammary) Due to ... sev. months

Due to ...

Other Conditions ...

(Include pregnancy within 3 months of death)

Major findings:
Of operations ...

Of autopsy ...

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ...
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... While at work? (Specify type of place)
(e) Means of injury ...
23. Signature ...
Address 1510 E. Madison St Date signed 5/6/40

PLEASE WRITE PLAINLY, with ... correct age is especially important. Physicians: please write the cause of death clearly ... the

9026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45-F

F 69025 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1302 Morling Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1302 Morling Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Leeman Harper

3 (b) If veteran, name war —
3 (c) Social Security Account No. 216-01-6550

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Sylvia R. Harper
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 22-1892
8. AGE: Years 48 | Months 3 | Days 12 | If less than one day hr. min.
9. Birthplace Baltimore Md. (town, county, and state)
10. Usual Occupation Chief Service Mary
11. Industry or business Addressograph Co.

FATHER
12. Name Charles Harper
13. Birthplace Maryland

MOTHER
14. Maiden Name Osceola Koenell
15. Birthplace Maryland

16 (a) Informant Mrs. Sylvia R. Harper
(b) Address 1302 Morling Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7-1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Horace F. Burger
(b) Address 3631 Falls Road

19 MAY 6 — 1940 Wellington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4- 1940, at 10-40 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 4 1940, to May 4 1940, and that I last saw h. l. alive on May 4 1940.

Immediate cause of death: Carcinoma naso-pharynx — Duration 2 1/2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J N Wilson M. D.
Address 617 W 40th Date signed 5/6/40

VS 3

Please write plainly. Physicians: please write correct age is especially important.

F 69026 LB 55279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69026 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 min. 13 hr.

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 20 S. Chester St. (If rural give location)

(e) If foreign born, how long in U. S. A.? 30 yrs. years

3 (a) FULL NAME Ignatius Seluzicki

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-1945

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Anna Sawicki

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/18/1891

8. AGE: Years 48 | Months 4 | Days 16 | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER

12. Name George (d) Seluzicki

13. Birthplace Russia

MOTHER

14. Maiden Name Theodorea (d) ?

15. Birthplace Russia

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/40 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary Cem

Location Baltimore County

18 (a) Funeral director John M. Welby

(b) Address 401 S. Chester St.

19 MAY 6 — 1940 (Date received by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1940, at 2:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1940, to May 4 1940, and that I last saw him alive on May 4 1940.

Immediate cause of death: Hypertensive Cardiovascular disease — Duration between

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy not done.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. Gregory M. D.

Address Baltimore City Hospitals Date signed 5/7/40

VS 3

F 69027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-c Registered No. F 69027

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3102 Abell Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3102 Abell Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Francis L. Coan

3 (b) If veteran, name war No.
3 (c) Social Security Account No. none

4. Sex: male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Blanche Coan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 3 1880

8. AGE: Years 59 | Months 5 | Days 2 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county and State)
10. Usual Occupation Laborer Balto. City
11. Industry or business

FATHER
12. Name James Coan
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Hoban
15. Birthplace Ireland

16 (a) Informant Mrs. Mary Murphy
(b) Address 3102 Abell Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. H. Mayo Undertaking Co. Inc.
(b) Address 1804 W. Mt. Royal Ave.

19 (a) MAY 8 - 1940 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1940, at P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1940, to May 5 1940, and that I last saw him alive on May 3 1940.

Immediate cause of death: Central Nervous Syphilis — Duration: 3 weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. L. Smith, M. D.
Address 1213 E. Monument Ave Date signed 5/6/40

PLEASE WRITE correct age is especially important. Physicians: please write the

VS/3

69028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Reg. No. B 69028

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3803 6th Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 3803 6th Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Webster E Lott

3 (b) If veteran, name war —

3 (c) Social Security Account No. 705-07-9444

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mabel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 25 1878

8. AGE: Years	Months	Days	If less than one day
61	6	10	hr. min.

9. Birthplace Shamokin Pa (Town, county, and state)
10. Usual Occupation Conductor B & O.
11. Industry or business

FATHER
12. Name Alfred Lott
13. Birthplace Pa

MOTHER
14. Maiden Name Dont Know
15. Birthplace Pa

16 (a) Informant Mrs Mabel Lott
(b) Address 3803 6th St

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof May 7 1940 (month) (day) (year)
(c) Cemetery or crematory Sunbury Pa
Location Sunbury Pk

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) MAY 6 1940 (Registrar) (b) for Whitelaw Hall Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5th 1940, at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 25 1940 to May 5 1940 and that I last saw h[illegible] alive on May 4 1940.

Immediate cause of death: Cerebral Hemorrhage, Duration 5 Min.
Due to Chronic Nephritis 2 yrs
Due to Hypertension 20 yrs
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. F. Kaufman M.D.
Address 66 Rowland Date signed 5/6/40

PLEASE WRITE PLAINLY, with ... correct age is especially important. Physicians: please write the causes of death ...

69029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 a

F 69029 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1829 Riggs Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1829 Riggs Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leland Dyke

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15 1863

8. AGE: Years	Months	Days	If less than one day
76	10	19	hr. min.

9. Birthplace Essex Co. Va. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business retired

FATHER
12. Name Warner Dyke
13. Birthplace Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. L. Dyke
(b) Address 1829 Riggs ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Nelson J. Tekner & Sons
(b) Address Pratt & Argyle ave

19 (a) (Date received by registrar) Huddleston Williams M.D. Registrar

VS 3

PLEASE WRITE PLAINLY. Physicians: please fill in all items. Accuracy and completeness are especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1940, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 20 1940 to May 4 1940, and that I last saw h[illegible] alive on May 4 1940.

Immediate cause of death: Cerebral Hemorrhage — Arteriosclerosis — Duration: 3 days

Due to: — 1926

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Homer A. Todd
Address 735 N. Fulton Ave Date signed 5/6/40 M. D.

F 69030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 69030 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 523 Harwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 523 Harwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 70 — years

3 (a) FULL NAME Elizabeth R. Kline

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Willis E. Kline
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 26-1868

8. AGE: Years 71 | Months 9 | Days 27 | If less than one day: hr. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business: Home

FATHER
12. Name: John Ross
13. Birthplace: Germany

MOTHER
14. Maiden Name: Anna Löwer
15. Birthplace: Germany

16 (a) Informant: Mary K. House
(b) Address: 523 Harwood.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May. 7-40 (month) (day) (year)
(c) Cemetery or crematory: Parkwood.
Location: Taylor. Ave.

18 (a) Funeral director: John A. Mason
(b) Address: 3000 E. Balto St.

MAY 6 - 1940 (Date rec'd by registrar)

(b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3- 1940, at 9.25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 28 1938, to May 3 1940, and that I last saw her alive on May 3 1940.

Immediate cause of death: Myocardial Insufficiency — Duration: 9 wks.
Nephritis — 3 yrs.
Due to Hypertension and arteriosclerotic cardiovascular — 3 yrs.
Due to disease
Other Conditions Auricular Fibrillation
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Clark H. Benson, M.D.
Address: 5111 York Rd
Date signed: May 4, 1940

M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to give correct age in especially important. Physicians: please write the causes of death clearly.

VS 3

F 69031 !

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B ✓

Registered No. F 69031

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1602 N Chester Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days).
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1602 N Chester Street (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME John Brauer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Barbara Brauer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1856

8. AGE: Years 83 | Months 5 | Days 5 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Retired Worker
11. Industry or business Bethlehem Steel Works

FATHER
12. Name John Brauer
13. Birthplace Germany

MOTHER
14. Maiden Name Maria Roesmer
15. Birthplace Germany

16 (a) Informant Mrs Edward Dunsworth
(b) Address 1602 N Chester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Balto Md

18 (a) Funeral director Albert L Hilz Jr
(b) Address 1604 N Chester Street

19 (a) MAY 6 1940 (b) Huntington Williams M.D. (Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-5- 1940, at 5:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-26- 1940, to 5-5- 1940, and that I last saw him alive on 5-5- 1940.

Immediate cause of death: Cerebral Thrombosis - Left middle cerebral artery — Duration: 4-26-40 to 5-5-40

Due to: Arteriosclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton C Lang M. D.
Address 2117 Belair Rd Date signed 5-5-40

Correct age in especially

VS 8

89032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69068

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Bon Secours Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs

(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3832 Old Frederick Rd (If rural give location)

(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Mrs. Mary O'Hara

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14. 1868

8. AGE: Years	Months	Days	If less than one day
71	11	22	hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER

12. Name P. Martin Hosten

13. Birthplace Ireland

MOTHER

14. Maiden Name Unknown

15. Birthplace Ireland

16 (a) Informant Mr. L. E. O'Hara

(b) Address 3832 Old Fredrick Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9/40 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Fredrick Rd.

18 (a) Funeral director Margaret E. Flynn

(b) Address 1422 Light St.

19 (a) MAY 6 1940 (Date received by registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6 1940 at 3:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-5 1940 to 5-6 1940 and that I last saw h[illegible] alive on 5-5 1940

Immediate cause of death: Congestive heart failure — Duration: 3 days

Due to

Due to arteriosclerotic heart disease & auric. fibrillation — 5 yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William J. McClaffert

Address Bon Secours Hosp. Date signed 5

Physician's age is especially important. Physicians: please write

69033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-a Registered No. F 69033

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Raynor ave & Garland Pl
(c) Hospital or institution:
West Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) about 4½ hours
(e) Length of stay in Baltimore (yrs., mos., or days) 4½ hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Pikesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 126 Clarendon Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Baby boy Arndorff

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife .....

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 5 1940

8. AGE: Years	Months	Days	If less than one day
—	—	—	4 hr. 30 min.

9. Birthplace West. Balto. Gen. Hosp.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Noah Arndorff
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Dorothy Horner
15. Birthplace Balto. Md.

16 (a) Informant Dorothy Arndorff (mother)
(b) Address 126 Clarendon, ave. Pikesville Md.

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)

(c) Cemetery or crematory .....
Location UNIVERSITY MEDICAL SCHOOL MAY 6 - 1940
Commissioner of Health

18 (a) Funeral director .....
(b) Address ..... Per M. A. Moore

19 MAY 6 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

5594

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5, 1940, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1940 (5:30 A.M.) to May 5, 1940, and that I last saw him alive on May 5, 1940.

Immediate cause of death Congenital Atelectasis of left lung

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations not performed

Of autopsy was performed and atelectasis of left lung found

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Thos. J. Abbott M. D.
Address 4509 Liberty Hgts Ave Date signed 5-5-40

Please write correct age is especially important. Physicians: please write the

F 69034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 69034

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 114 So Callington Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 114 So Callington Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wilbert Michael Hergenroeder

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/23/02

8. AGE: Years	Months	Days	If less than one day
37	9	12	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Jacob Hergenroeder
13. Birthplace Balto Md

MOTHER
14. Maiden Name Mary A Koetzinger
15. Birthplace Balto Md

16 (a) Informant Mary A Koetzinger (Mother)
(b) Address 114 So Callington Ave

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 8 1940 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location 4400 BELAIR RD

18 (a) Funeral director MARTIN W. EDIPPEL
(b) Address 4407 LOMBARD ST.

19 MAY 6 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1940, at 7:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said —: find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Saudergrass M.D.
Medical Examiner.
Date signed 5/8/40

Please correct age is especially important. Physicians: please write

VS 6

F 69035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-N

Registered No. F 69035

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1309 Wirton Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 Wirton St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

9-9

3 (a) FULL NAME David T. Russell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret Reynolds
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1863

8. AGE: Years	Months	Days	If less than one day
76	10	3	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation
11. Industry or business (Old age pension) OK

FATHER
12. Name Wm. Russell
13. Birthplace Md.

MOTHER
14. Maiden Name McGivney
15. Birthplace Md.

16 (a) Informant Mrs. Margaret Russell
(b) Address 1309 Wirton Street

17 (a) Burial (b) Date thereof May 7, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) Filed MAY 6 1940 (b) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1/1940 to 5-4-1940, and that I last saw him alive on 5-2-1940.

Immediate cause of death	Duration
Carcinoma Larynx	Unknown
Due to	
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jno. B. Sylvester M. D.
Address 2862 Harford Ave Date signed 5-5-40

correct age is especially important

VS 3

69036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. 69036

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 Englewood Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1 Englewood Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kate Crane Lucas

3 (b) If veteran, name war: no

3 (c) Social Security Account No. no

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 31. 1887

8. AGE: Years 53 | Months 1 | Days 5 | If less than one day hr. min.

9. Birthplace W. Va. (Town, county, and state)

10. Usual Occupation Social Investigator

11. Industry or business Baltimore City

FATHER
12. Name George Wm. Lucas
13. Birthplace W. Va.

MOTHER
14. Maiden Name Mary Read
15. Birthplace Va.

16 (a) Informant Mrs. J.A.Sellman
(b) Address 1 Englewood Road

17 (a) burial (Burial, cremation, or removal) (b) Date thereof May 7.1940 (month) (day) (year)
(c) Cemetery or crematory Edge Hill
Location Charles Town W. Va.

18 (a) Funeral director John A. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (c) MAY 8 1940 Huntington Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5.1940 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1940 to May 5 1940. and that I last saw h alive on May 5 1940.

Immediate cause of death
Carcinoma
Due to Metastases - Lung
Mediastinum

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation Carcinoma Breast Amputation Mar. 1936.
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W H Brooks
Address 1403 Park Date signed 5/6/40

Physicians: Please write the cause of death in terms which convey a definite meaning. Indefinite terms, such as "heart failure," "exhaustion," "old age," "senility," "cancer," "tumor," "abscess," "blood poisoning," "pneumonia," "tuberculosis," "paralysis," "convulsions," "hemorrhage," "uremia," "septicemia," "pyemia," "meningitis," "peritonitis," "nephritis," "Bright's disease," "cirrhosis," "jaundice," "dropsy," "debility," "malnutrition," "marasmus," "infection," "toxemia," "shock," "coma," "asphyxia," "suffocation," "drowning," "fracture," "injury," "wound," "burn," "scald," "electrocution," "poisoning," "gangrene," "ulcer," "stricture," "obstruction," "rupture," "perforation," "embolism," "thrombosis," "aneurism," "accident," "homicide," "suicide," "pregnancy," "childbirth," "abortion," "operation," "malpractice," "neglect," "unknown," "undetermined," "probably," "supposed," "apparently," "presumably," "likely," "possibly," "perhaps," "doubtful," "questionable," "uncertain," "unconfirmed," "unofficial," "reported," "alleged," "said to be," "believed to be," "thought to be," "suspected," "suspicious," "similar," "resembling," "like," "as," "or," "and," "with," "without," "of," "from," "to," "due to," "caused by," "complicated by," "secondary to," "following," "after," "before," "during," "while," "if," "when," "whether," "because," "since," "for," "about," "around," "near," "by," "at," "in," "on," "under," "over," "through," "between," "among," "against," "toward," "into," "out," "up," "down," "off," "back," "forward," "backward," "left," "right," "upper," "lower," "middle," "anterior," "posterior," "lateral," "medial," "proximal," "distal," "superficial," "deep," "internal," "external," "primary," "secondary," "tertiary," "acute," "chronic," "subacute," "recurrent," "intermittent," "remittent," "continuous," "progressive," "rapid," "slow," "sudden," "gradual," "severe," "mild," "moderate," "extensive," "localized," "generalized," "bilateral," "unilateral," "multiple," "single," "double," "triple," "quadruple," "first," "second," "third," "fourth," "fifth," "sixth," "seventh," "eighth," "ninth," "tenth," "eleventh," "twelfth," "thirteenth," "fourteenth," "fifteenth," "sixteenth," "seventeenth," "eighteenth," "nineteenth," "twentieth," "thirtieth," "fortieth," "fiftieth," "sixtieth," "seventieth," "eightieth," "ninetieth," "hundredth," "thousandth," "millionth," "billionth," "trillionth," "quadrillionth," "quintillionth," "sextillionth," "septillionth," "octillionth," "nonillionth," "decillionth," "undecillionth," "duodecillionth," "tredecillionth," "quattuordecillionth," "quindecillionth," "sexdecillionth," "septendecillionth," "octodecillionth," "novemdecillionth," "vigintillionth," "centillionth," "googolplex," "infinity," "eternity," "forever," "never," "always," "sometimes," "often," "rarely," "seldom," "usually," "normally," "abnormally," "unusually," "strangely," "oddly," "peculiarly," "curiously," "interestingly," "surprisingly," "unexpectedly," "unfortunately," "fortunately," "luckily," "unluckily," "hopefully," "regrettably," "sadly," "happily," "joyfully," "sorrowfully," "tearfully," "laughingly," "smilingly," "frowningly," "angrily," "furiously," "violently," "peacefully," "quietly," "loudly," "softly," "gently," "roughly," "harshly," "kindly," "cruelly," "mercifully," "mercilessly," "heartlessly," "coldly," "warmly," "hotly," "freezingly," "boilingly," "steamingly," "icily," "snowily," "rainily," "windily," "stormily," "calmly," "serenely," "tranquilly," "peacefully," "restfully," "sleepily," "wakefully," "alertly," "attentively," "carefully," "cautiously," "warily," "suspiciously," "doubtfully," "questionably," "uncertainly," "unconfirmedly," "unofficially," "reportedly," "allegedly," "supposedly," "apparently," "presumably," "likely," "possibly," "perhaps

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69037

CERTIFICATE OF DEATH

93-D F 69037

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Val. of America Hospital St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME HENRY DUNBAR

(a) Residence: No. Pimlico Race Track St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Not known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Race Track

10. Date deceased last worked at this occupation (month and year) 1939 | 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Not known

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT
(Address)

18. BURIAL, CREMATION OR REMOVAL MAY 6 - 1940
Place Date 19

Commissioner of Health

19. UNDERTAKER Per H. A. Moore
(Address)

20. FILED MAY 6 - 1940 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from Apr 29 1940 to Apr 29 1940

I last saw him alive on Apr 29 1940 Death is said to have occurred on the date stated above, at 5:14 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Debilitation	
Uremia	
Chr. Myocarditis	
Other contributory causes of importance: Chronic Alcoholism	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Willard Appleget M. D.

(Address) 11 W Lexington St

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

5595

H L Wollenweber, Mo D

F 79065.
F 69038

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107 Registered No. F 69038

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town York (If outside city or town limits, write RURAL and give town)
(d) Street No. 325 Prospect (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John P. Dressel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-21-83

8. AGE: Years 57 | Months 3 | Days 15 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Blacksmith

11. Industry or business

FATHER
12. Name Edward Dressel
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Backen
15. Birthplace Germany

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Rose
Location York, Pa.

18 (a) Funeral director Loring Byers
(b) Address 5006 Park Heights Ave.

19 MAY 6 1940 (Date rec'd by registrar) Wellington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1940 at 3:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 26 1940 to May 6 1940, and that I last saw him alive on May 6 1940.

Immediate cause of death	Duration
Pneumonia	
Uremia	over
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations cerebral atrophy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Pickrell M.D.
Address J. Hopkins Date signed

Correct age in expressing

VS 2

69039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-T

F 69039
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1813 Light St.
(c) Hospital or institution: So Balto Genl Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1537 Hanover St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

23

3 (a) FULL NAME John T. Balla

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Mary F. (Benson)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 11 1879

8. AGE: Years	Months	Days	If less than one day
80	6	24	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Special Police.
11. Industry or business

FATHER
12. Name Charles T.
13. Birthplace Balto.

MOTHER
14. Maiden Name
15. Birthplace Balto.

16 (a) Informant John T. Balla
(b) Address 1537 Hanover

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Road.
(d) Funeral director J. F. McCauley
(e) Address 130 E. Fort Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1940, at 1 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/3 1940 to 5/5 1940, and that I last saw him alive on 5/5 1940.

Immediate cause of death
Hypertensive C-V Disease
Decompensated
Generalized Anasarca
Due to
Other Conditions
Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel L. Lee M. D.
Address So Balto Genl Hosp. signed 5/7/40

Please correct age is especially important. Physicians: please write

9040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 69040

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3900 Harrison Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3900 Harrison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis L Ziegenhein

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-9539

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Hilda Eisenman

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) June 26, 1893

8. AGE: Years	Months	Days	If less than one day
47	10	8	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business B. & O. R.R.

FATHER
12. Name John
13. Birthplace Balto.

MOTHER
14. Maiden Name Francis McCabe
15. Birthplace Balto.

16 (a) Informant Mrs. L. L. Ziegenhein
(b) Address 3900 W. Harrison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Park Heights Ave.

18 (a) Funeral director D. J. McCully
(b) Address 130 E. Fort Ave.

19 (a) MAY 6 1940 (Date rec'd by registrar) (b) Thurlow Tolson Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1940, at 9 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. W. Vandersall M.D. Medical Examiner.
Date signed 5/5/40

Please write the cause of death correct age is especially important. Physicians: please write the cause of death

F 69041

Gleeson

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F-69041 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3214 Brightwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balto Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3214 Brightwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susan M Gleeson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Richard Gleeson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 5 1862

8. AGE: Years	Months	Days	If less than one day: hr.	min.
77	5	1		

9. Birthplace Norwalk Conn (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Thomas Cooney
13. Birthplace New York

MOTHER
14. Maiden Name Ellen Murphy
15. Birthplace Ireland

16 (a) Informant Richard E Cooney
(b) Address 3214 Brightwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Meriden Conn

18 (a) Funeral director Harry N Lamonaco
(b) Address 4704 Rockwood Ave

19 (a) By 1940 (Date received by registrar) Huntington Williams MD (Registrar)

MAY

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1940, at 5:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1940, to May 6 1940, and that I last saw h&r alive on May 6 1940.

Immediate cause of death	Duration
Bronchopneumonia	5/5/40
Due to Cerebral Hemorrhage Rt hemaplegia	5/2/40
Due to Hypertension Cardiovascular renal disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Helen J. Longenecker M.D.
Address 1445 N. Gay St Date signed 5/6/40

correct age is especially important. If unknown, please state.

VS 3

F 69042

37902 F 69042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 543 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 2089 Park Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert M. Chapin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Louise
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 10-5-78

8. AGE: Years	Months	Days	If less than one day
61 ~~62~~	7	1	hr. min.

9. Birthplace Mass.
(Town, county, and state)
10. Usual Occupation Bureau of Agriculture
11. Industry or business

FATHER
12. Name Franklin P. Chapin
13. Birthplace Mass

MOTHER
14. Maiden Name Marg. Mac Farlane
15. Birthplace Mass

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5-8-40 (month) (day) (year)
(c) Cemetery or crematory
Location Washington D.C.

18 (a) Funeral director Wm J. Dickson & Sons
(b) Address Monte & Paves.

19 (a) MAY 7 1940 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1940, at 3 1/2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 27 1940, to May 6 1940, and that I last saw h[illegible] alive on May 6 1940.

Immediate cause of death Infiltrating Brain tumor — Duration: one

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Infiltrating brain tumor
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John H. Ridley M. D.
Address J H Hosp. Date signed 5/6/40

CORRECT ERRS IN SPELLING

F 69043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69043 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 E. Eager St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 600 E. Eager St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Turbutt

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) ~~Single, married~~, widowed, ~~or divorced~~: Widowed
6 (b) Name of ~~husband or~~ wife: Mary E. Turbutt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 13th 1875

8. AGE: Years 65 | Months 3 | Days 22 | If less than one day: hr. min.

9. Birthplace Easton Md. (Town, county, or state)
10. Usual Occupation House Painter
11. Industry or business Wiggins Painting Co.

FATHER
12. Name Wm H. Turbutt
13. Birthplace Easton Md.

MOTHER
14. Maiden Name Rachael A. Rothall
15. Birthplace Easton Md.

16 (a) Informant Raymond E. Turbutt
(b) Address 600 E. Eager St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/8/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Western
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) ~~Filed~~ MAY 1940 (Date rec'd by local registrar) (b) ~~by~~ [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5th 1940, at 8 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1940 to May 5 1940, and that I last saw him alive on May 5 1940.

Immediate cause of death	Duration
pulmonary edema	2 days
coronary thrombosis	2 days
Due to arteriosclerosis	?
Due to arteriosclerosis and hypertension	
Other Conditions rt. side paraplegia due to an old apoplexy	18 mos.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Litterfield M. D.
Address 714 E. Preston St. Date signed 5/6/40

correct age is especially important

CGK

69044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 69044 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospitel or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 109 N. Aisquith St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Thomas Henry Shaffer

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-2-1885

8. AGE: Years	Months	Days	If less than one day
55	1	3	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Shaffer
13. Birthplace Md.

MOTHER
14. Maiden Name Laura
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 5/8/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) 1940 Registrar
(Date received in State Office) (Registrar)

MAY
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1940, at 8⁰⁰ P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1933, to May 5 1940, and that I last saw him alive on May 5 1940.

Immediate cause of death
Carcinoma peripheral

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above.

Duration unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Baltimore City Hospitals Date signed 5/9/40

correct age is especially important for persons [illegible]

69045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓1636 Registered No. F 69045

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 602 N. Luzerne St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 N. Luzerne St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Eckhoff

3 (b) If veteran, name war: Wrld
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Pearl M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan 16 1885

8. AGE: Years	Months	Days	If less than one day
45	3	19	hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: Unemployed
11. Industry or business:

FATHER
12. Name: John N. Eckhoff
13. Birthplace: Germany

MOTHER
14. Maiden Name: Catherine S. Freitag.
15. Birthplace: Baltimore Md

16 (a) Informant: Pearl M Eckhoff
(b) Address: 602 N Luzerne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 9 1940 (month) (day) (year)
(c) Cemetery or crematory: U.S. National
Location: Baltimore Md

18 (a) Funeral director: Wilbur Cook
(b) Address: 1219 E Lanvale St

19 (a) (Date) (Registrar) (Registrar)

Correct age is especially important. Physicians, please write plainly.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 5 1940, at 12 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chloral hydrate poisoning	
Due to history of Chronic alcoholism and insanity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 602 N. Luzerne St
(c) Where did injury occur? 5/4/40 (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Chloral hydrate by mouth

23. Signature [illegible] M.D. Medical Examiner.
Date signed 5/5/40

F 69046

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 123

F 69046
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) one year
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 N. Gay Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME John B. Eastwood

3 (b) If veteran, name war — (Civil, Spanish, World)

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4th 1896

8. AGE: Years 43 | Months 10 | Days 2 | If less than one day: hr. min.

9. Birthplace Penna (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name William Eastwood
13. Birthplace England

MOTHER
14. Maiden Name Sadie Vaughn
15. Birthplace Pa

16 (a) Informant Dora Shoemaker
(b) Address 1123 N. Gay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/40 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1219 St. Paul St

19 (a) (Date rec'd by registrar) Inquest for Williams, M.D.

MAY 6 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6-1940, at 6:40 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Peri-Gastric Abscess

Due to Colon Bacillus

Due to Hemorrhage

Other Conditions Secondary Anemia

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Williams M.D.
Medical Examiner
Date signed 5-6-40

FILL IN ALL ITEMS—correct age is especially important. Physicians: please write plainly.

F 69047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69047

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1810 Dukeland St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1810 Dukeland St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME J. Hamilton Lewis

3 (b) If veteran, name war No | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Cornelia G.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 12. 1860

8. AGE: Years 79. | Months 5 | Days 23 | If less than one day hr. min.

9. Birthplace Clarksburg Md.
(Town, county, and state)

10. Usual Occupation Painter & Paperhanger Retired

11. Industry or business

FATHER 12. Name Arnold T Lewis

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Mary Burdette

15. Birthplace Clarksburg Md

16 (a) Informant Mrs Cornelia Lewis

(b) Address 1810 Dukeland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May. 8. 1940 (month) (day) (year)

(c) Cemetery or crematory Loraine

Location Baltimore Md

18 (a) Funeral director Wilbur Cook

(b) Address 1219 Lombard St

19 (a) Date received MAY 7 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May. 5 1940, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1940, to May 5 1940, and that I last saw him alive on May 3 1940.

Immediate cause of death	Duration
chronic myocarditis	
Due to generalized atherosclerosis	
Due to hypertension	
Due to	
Other Conditions chronic arthritis (degenerative)	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Rosen

Address 206 S Gilmor St Date signed 5-6-40 M. D.

correct age is especially important. If uncertain, say so.

F 69048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A

Registered No. F 69048

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3922 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3922 Edmondson Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

1648

3 (a) FULL NAME William Schmidt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
M	W	Married

6 (b) Name of ~~husband or~~ wife Lillian Margaret Schmidt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2 1873

8. AGE: Years	Months	Days	If less than one day
66	10	2	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Barber

11. Industry or business Own Business

FATHER
12. Name W. Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Z.
15. Birthplace Germany

16 (a) Informant Lillian M. Schmidt
(b) Address 3922 Edmondson Ave

17 (a) Burial (b) Date thereof 5/8/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Milburn Co
(b) Address 1219 E Pratt St

MAY 7 - 1940 (b) Huntington Williams Md
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1940, at 6:40 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Cerebral hemorrhage
Hypertension

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm H Landeyatt M.D.
Medical Examiner.

Date signed 5/5/40

VS 4

correct age is especially important. Physicians; please write the cause of death plainly and

F 69049 X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

F 69049 Registered No. 52

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 272 S. Highland ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits write RURAL and give town)
(d) Street No. 272 S. Highland ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Isaac H. Knight

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 27 1875

8. AGE: Years 65 | Months 3 | Days 9 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation attendant at Park
11. Industry or business Balto City

FATHER
12. Name Isaac H. Knight
13. Birthplace Balto

MOTHER
14. Maiden Name Mary G. Miller
15. Birthplace Balto

16 (a) Informant Chas. H. Knight
(b) Address 272 S. Highland ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 9 1940 (Month) (day) (year)
(c) Cemetery or crematory Mt. Lebanon
Location Balto

18 (a) Funeral director J. J. Moran
(b) Address 1360 Hollins Baltimore, Md.

19 (a) 5 — 1940 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/6 1940 at 1 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1 1939 to May 6 1940, and that I last saw him alive on May 5 1940.

Immediate cause of death: Cancer of stomach — Duration one yr.

Due to

Due to

Other Conditions X

(Include pregnancy within 3 months of death)

Major findings: No.
Of operations X-Ray findings.
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Allen C. Cheatham M. D.
Address 3139 E. Baltimore St. Date signed

correct age is especially important. Registrar

VS 3

69050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-13

F 69050 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Years 100 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4217 Seidel Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Crampton (52335)

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-7165

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1875

8. AGE: Years	Months	Days	If less than one day
65	4	0	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Foreman of laundry
11. Industry or business

FATHER
12. Name John Thaddius
13. Birthplace Md.

MOTHER
14. Maiden Name Marie Costelis
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Luck
(b) Address 5305 Harford Rd

19 (a) 5-7-1940 (Date received by registrar) (b) Huntington Mitchell M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6, 1940, at 8:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 27, 1940, to May 6, 1940, and that I last saw him alive on May 6, 1940.

Immediate cause of death: Tuberculosis of lungs — Duration 1 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Delaney M. D.
Address Balto. City Hospitals Date signed 5-6-40

VS 2

F 68051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

1. PLACE OF DEATH: 706 Aisquith St
(a) Baltimore City, Maryland
(b) Street address 706 Aisquith St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 72

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 706½ Aisquith St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Becker
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Geo Becker Deceased
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 24th 1852
8. AGE: 87 Years | Months 10 | Days 10 11 | If less than one day hr. min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business —

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Katherine Becker
(b) Address 706 Aisquith St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8th (month) (day) 1940
(c) Cemetery or crematory London Park Cemetery
Location Baltimore City
18 (a) Funeral director Geo H Schelling
(b) Address 1124-1126 E Monument St
(c) Filed (Date filed by registrar) May 8 1940 Huntington Williams M.D. Registrar

MAY 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1940, at 10 A. M.
21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1940 to May 5 1940, and that I last saw her alive on May 5 1940.

Immediate cause of death	Duration
(a) Myocarditis	
Due to Acute Pulmonary edema	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —
23. Signature A. L. Hornstein M.D.
Address 733 Aisquith St Date signed 5/6/40

VS 2

Please correspondence is especially important. Physicians: please write the

F 69052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69052

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1317 Wilton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1317 Wilton St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME RAYMOND W. TRACEY

3 (b) If veteran, name war —
3 (c) Social Security Account No. 217-02-7535

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Minnora Coffman
6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) Sept 28, 1898

8. AGE: Years	Months	Days	If less than one day
41	7	18	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Orderly
11. Industry or business Johns Hopkins Hospital

FATHER
12. Name Thomas Tracy
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Elizabeth V.
15. Birthplace

16 (a) Informant Wife Minnora Tracy
(b) Address 1317 Wilton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10/40 (month) (day) (year)
(c) Cemetery or crematory Magothy Cemetery
Location Jacobsville A.A.Co

18 (a) Funeral director William M Marech
(b) Address 715 Light St

MAY 7 - 1940
(a) (Date rec'd by registrar) (b)

correct age is especially important. Physicians, please write plainly.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1940, at 11 45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeier M.D.
Medical Examiner.
Date signed 5-6-40

VS 6

F 69053 — Evains Edward Bridges

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 69053

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Keyser & Dukeland
(c) Hospital or institution West Balto Gen'l. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2716 W. North Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.) ? years

3 (a) FULL NAME Evains Edward Bridges
3 (b) If veteran, name war /
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1877

8. AGE: Years 62 | Months 9 | Days 28 | If less than one day: hr. min.

9. Birthplace Hadley England
(City or town, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name John Evains Bridges
13. Birthplace England

MOTHER
14. Maiden Name Mary Parsons
15. Birthplace England

16 (a) Informant Father (Edward Bridges)
(b) Address 2716 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto Md

18 (a) Funeral director H. B. Jarrett & Son
(b) Address 2924 Edmondson Ave

19 (a) (Date) MAY 7 1940 (b) (Registrar) Huntington Williams, M.D.
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1940, at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 21, 1940, to May 6 1940, and that I last saw him alive on May 6 1940

Immediate cause of death — Duration

Coronary infarction

Due to Coronary atherosclerosis

Due to

Other Conditions Latent Syphilis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry R. Stead, M.D.
Address 1131 E. N. Ave. Date signed 5/6/40

Correct age is especially important. Physician: please write plainly.

F 69054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 69054 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 257 N. Wheeler Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Bernard J Fallon

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. Widower
6 (b) Name of husband or wife Late Katherine M. Fallon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/29/1856

8. AGE: Years 84 | Months 2 | Days 6 | If less than one day hr. min.

9. Birthplace Balto md
10. Usual Occupation Retired stone mason contractor 84 yrs.
11. Industry or business

FATHER
12. Name Bernard Fallon
13. Birthplace Ireland

MOTHER
14. Maiden Name Marie Cooney
15. Birthplace Thurles Ireland

16 (a) Informant Ernest C Fallon
(b) Address Camp Register 25 N Wheeler Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 5/8/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto Md

18 (a) Funeral director H. E. Browning Son
(b) Address 2924 Edmondson Ave

MAY 7 - 1940 Huntington Williams MD
(Date received by local registrar) (Signature of local registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-5 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3 1940 to 5-5 1940 and that I last saw h[illegible] alive on 5-5 1940

Immediate cause of death	Duration
Congestive Heart Failure	3 days
Due to Arteriosclerosis cardio vascular renal	10 yrs
Due to disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J M Collins M.D.
Address Bon Secours Hospital Date signed 5-5-40 M. D.

correct age is especially important. Payments will be made

F 69055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

98 14933 SD

F 69055 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 524 W. Lanvale Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Green

3 (b) If veteran, name war

3 (c) Social Security Account No. 9

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Widowed

6 (b) Name of husband or wife India (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan, ?, ? 72

8. AGE: Years	Months	Days	If less than one day
66 yrs	4		hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Deck Hand
11. Industry or business Tolchester Company

FATHER
12. Name John Green
13. Birthplace Cecil County, Maryland

MOTHER
14. Maiden Name Hanah Young
15. Birthplace Cecil County, Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Wm. G. Kelso
(b) Address 1323 Pennsylvania

19 (a) Hepburn & Williams M.D. (Date received by registrar) Registrar

MAY 7 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1940, at 9:5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 22 1940, to May 4 1940, and that I last saw h[illegible] alive on May 4 1940.

Immediate cause of death Gangrene of Right leg. — Duration 8 days.
Due to Generalized arteriosclerosis — Duration unknown.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy just done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
(f) Signature
Address Baltimore City Hospitals Date signed 5/7/40 M. D.

69056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 69056 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2122 Callow Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 44

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2122 Callow Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 44 years

3 (a) FULL NAME Dora Schenker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Hyman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business House Work

FATHER
12. Name Philip Cohen
13. Birthplace Russia

MOTHER
14. Maiden Name Leah Gobis
15. Birthplace Russia

16 (a) Informant Dr Paul Schenker
(b) Address 2122 Callow Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Belair Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W. North Ave

19 (a) 10 (Registered by registrar) (b) Washington Nitrous Oxide

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6, 1940, at 4.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1937 to May 6 1940 and that I last saw h. alive on May 6 1940.

Immediate cause of death	Duration
Coronary thrombosis	3 mos.
Due to Arteriosclerotic Cardiovascular disease mR	
Due to Hypertension	10 yr.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Jenner M. D.
Address 101 W. Read St Date signed 5/7/40

69057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 159

F 69057 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 325 E. LANVALE ST (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Dowis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/30/40

8. AGE: Years | Months | Days | If less than one day: 9 hr. 29 min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation New Born
11. Industry or business

FATHER
12. Name Franklin
13. Birthplace Baltimore

MOTHER
14. Maiden Name Doris Atkin
15. Birthplace Baltimore

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5/5/40 (month) (day) (year)
(c) Cemetery or crematory Crematory
Location Balto. City Hosp.

18 (a) Funeral director
(b) Address

19 (a) 1940 (This copy registered) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1940 at 4:37 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1940 to April 30 1940 and that I last saw him alive on April 30 1940.

Immediate cause of death: Prematurity (30 weeks) — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Dower Dawn

Address Balto. City Hosp. Date signed 5-7-40

F 69058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69058 Registered No. 53928 SD

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1307 Upton Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Capitola Garner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Bradley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1877

8. AGE: Years 63 62 | Months 153 | Days 17 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Truman (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Eliza Roberts
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-40 (month) (day) (year)
(c) Cemetery or crematory Byah Park
Location Howard Co. Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) Date received by Registrar MAY 11 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-5 1940, at 2:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-19 1940 to 5-5 1940, and that I last saw h e alive on 5-5 1940.

Immediate cause of death: Carcinoma of colon with metastasis — Duration 2

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Kleb Edwards Jr. M. D.
Address Balto City Hosp Date signed 5-5-40

W 69059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

W 69059 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2416 Francis St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County Co
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(Street) No. 2416 Francis
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Charles A. Haynes

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male
5. Color or race Colored
6 (a) Single, married, widowed, or divorced. Widower
6 (b) Name of husband or wife Carlie Haynes
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) June 15, 1869
8. AGE: Years 72 Months 10 Days 24 If less than one day ____ hr. ____ min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business Department Store

FATHER
12. Name Charles A Haynes
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Hoffman
15. Birthplace Portsmouth Va

16 (a) Informant Carlie Haynes
(b) Address 2416 Francis St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto Md
18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 431 Pennsylvania Ave Huntingtown Millinette, M.D.
19 MAY 7 — 1940 (Date rec'd by reg.) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1940 at 4:30 PM
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 15 1940 to May 4 1940 and that I last saw h alive on May 4 1940

	Duration
Immediate cause of death: Cerebral Hemorrhage	7 days
Due to	
Due to	
Other Conditions Chronic Myocarditis Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place; in public place? — While at work? (Specify type of place)
(e) Means of injury
23. Signature Charles A. Wardlaw M. D.
Address 8 E Eager St Date signed May 11 1940

correct age is especially important. If unknown, give approximate age.

VS 3

F 69060

COK

BALTIMORE CITY HEALTH DEPARTMENT

55232 F 69060

CERTIFICATE OF DEATH 42-C

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street address 830 George St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Luckas Lucas

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 28, 1927

8. AGE: Years	Months	Days	If less than one day
12	6	20 4	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation School Child

11. Industry or business

FATHER
12. Name Joseph T. Luckas
13. Birthplace Unknown

MOTHER
14. Maiden Name Dorothy Blackwell
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof May 7 1940
(month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 S. Schroeder St. Fulton Williams, M.D.

MAY — 1940 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1940, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940, to May 2 1940, and that I last saw him alive on May 2 1940.

Immediate cause of death	Duration
Pulmonary Hemorrhage	6 months
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. McCaughlan Fabian M. D.
Address City Hosp. Date signed 5-3-40

correct age is apparently impossible

VS 2

CMK.

F 69061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 69061 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1834 W Fairmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1834 W Fairmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Francis Joseph Snyder

3 (b) If veteran, name war None

3 (c) Social Security Account No. 218-09-3500

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Caroline

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26 1870

8. AGE: Years 70 | Months 0 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation American Ice Co

11. Industry or business Watchman

FATHER 12. Name Snyder

13. Birthplace Germany

MOTHER 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Mrs Caroline Snyder

(b) Address 1834 W Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7 1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md.

18 (a) Funeral director Wilson & Dukes - Sons

(b) Address [illegible]

MAY 7 1940 (Date Rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1940, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1940 to May 4 1940, and that I last saw h[illegible] alive on May 2 1940:

Immediate cause of death: Acute Cardiac Dilatation — Duration

Due to Chronic myocarditis — Duration

Due to Bronchial asthma — Duration

Due to Emphysema. — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A Cater M. D.

Address 41 N Fulton Ave Date signed

F 69062 ✓ F 69062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 8 South Exeter (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY L. MILES

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: HARRY MILES
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): FEB. 1-1868

8. AGE: Years 72 | Months 3 | Days 5 | If less than one day: hr. min.

9. Birthplace: BIG BEN WIS. (Town, county, and state)
10. Usual Occupation: HOUSE WORK
11. Industry or business: AT HOME

FATHER
12. Name: HART
13. Birthplace: WIS.

MOTHER
14. Maiden Name: JULIA MURPHY
15. Birthplace: WIS.

16 (a) Informant: MADELINE HEATH (DAUGHTER)
(b) Address: 8 S. EXETER ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MAY 9/40 (month) (day) (year)
(c) Cemetery or crematory: Western Cemetery
Location: [redacted]

18 (a) Funeral director: Lilly & Zeiler INC.
(b) Address: 403 S. WOLFE ST.

MAY 7 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1940, at 3:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1940, to May 6 1940, and that I last saw h[illegible] alive on May 6 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration
Due to: Hypertension Cardio Vascular Renal — Duration
Due to — Duration
Other Conditions — Duration
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Nelson F. Polak M. D.
Address: Mercy Hospital Date signed 5-6-40

VS 3

correct age is obtained only when date of birth is given

F 69063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69063 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. COLD SPRING LANE
(c) Hospital or institution:
HOFFMAN NURSING HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1136 INNER CIRCLE (CURTIS BAY) (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME GEORGE MORTON ESTEP

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	MARRIED

6 (b) Name of husband or wife JANNETTE ERMA ESTEP
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) JAN. 20, 1855

8. AGE: Years	Months	Days	If less than one day
85	3	16	hr. min.

9. Birthplace CHARLES COUNTY, MD. (Town, county, and state)
10. Usual Occupation Public Welfare
11. Industry or business

FATHER
12. Name THOMAS ESTEP
13. Birthplace —

MOTHER
14. Maiden Name (—) MORTON
15. Birthplace —

16 (a) Informant JANNETTE ERMA ESTEP
(b) Address 1136 INNER CIRCLE (CURTIS BAY)
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Hinderer Ave
18 (a) Funeral director Walter Brooks Bradley
(b) Address 922 W. Mount Ave. Balto. Md.
19 (a) [illegible] (b) Huntington, W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6, 1940, at 4:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1940 to May 6 1940 and that I last saw him alive on May 3 1940.

Immediate cause of death	Duration
Arteriosclerotic cardio-vascular disease	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard Sapp
Address 3101 W. Baltimore Date signed 5/8/40

correct age is especially important. Typewriter preferred.

VS 3

F 69064

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 164-E

F 69064 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2 East Preston St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 E. Preston
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Benson

3 (b) If veteran, name war: World War

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Irene G. Benson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 17, 1886

8. AGE: Years 53 | Months 10 | Days 18 | If less than one day hr. min.

9. Birthplace: Baltimore
(Town, county, and state)

10. Usual Occupation: Auditor

11. Industry or business

FATHER
12. Name: Summerfield Benson
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Sarah E. Ferguson
15. Birthplace: Baltimore

16 (a) Informant: Irene G. Benson
(b) Address: 2 E. Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7 1940 (month) (day) (year)
(c) Cemetery or crematory: Baltimore National
Location: Frederick Rd. Balto md

18 (a) Funeral director: Albert W Peregoy
(b) Address: 440 E Lanvale St

19 (a) Date received: MAY 7 1940 (Local Registrar) Huntington Williams, M.D. Registrar

VS 6

correct age is especially important. Typewrite or print plainly in ink.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1940, at 8:20 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Crushing injury of head — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 5/5/40
(c) Where did injury occur? 2 E. Preston St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Jumped from 3rd fl window

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 5/5/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

69065

CERTIFICATE OF DEATH 833 F 69065

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2901 Montebello Terrace, Ward 27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Kate Walper

If U. S. Veteran specify WAR

(a) Residence: No. 2901 Montebello Terrace St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frederick A. Walper

6. DATE OF BIRTH (month, day, year) July 14th 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Geo. Steinbrech

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Schmidtt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Lillian Walper

(Address) 2901 Montebello Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 9th 1940

19. UNDERTAKER Geo. Weber & Son

(Address) 2503 Edmondson Ave

20. FILED MAY 7 - 1940 Washington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5th 1940

22. I HEREBY CERTIFY, That I attended deceased from March 3rd 1940 to May 5th 1940

I last saw her alive on May 5 1940 Death is said to have occurred on the date stated above, at 11:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	
Monoplegia (Left) arm	
Other contributory causes of importance:	
Arteriosclerosis	

Was an operation performed? — Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Chas. Smith M. D.

(Address) Lynch Hospital Route

SEE CAUSE OF DEATH AND OCCUPATION is very important. See instructions on back of certificate.

VS 5

9066 94a F 69068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 25711 SD

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs 18 23
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1021 Boyd Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Lysher, crossfiled with Eliz. Leisher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Richard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1868 ?

8. AGE: Years: 72 yrs, Months: ? Days: If less than one day hr. min.

9. Birthplace: Ireland
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: William Honan (d)
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Mary Lyons (d)
15. Birthplace: Ireland

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location 4300 Old Frederick Rd

18 (a) Funeral director John Cowan & Son
(b) Address 901 Hollins St (Huntington Ave Station)

19 (a) MAY 7 1940 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1940, at 3.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 9 1937, to May 5 1940, and that I last saw h[illegible] alive on May 5 1940.

Immediate cause of death: Coronary Thrombosis — Duration: 3 days.

Due to:

Due to:

Other Conditions: Generalized arteriosclerosis — unknown.
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L A Gerstenberg M. D.
Address Baltimore City Hospitals Date signed 5/6/40

VS 3

69067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 69067

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2919 Westfield Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2919 Westfield Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A. Woolley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Alfred C. Woolley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 28. 1866

8. AGE: Years 73 | Months 6 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name John Finn
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Margaret Thalheimer
(b) Address 2919 Westfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Leonard J. Rucker
(b) Address 5305 Harford Rd.

19 (a) Hamilton Williams M.D. (Physician or coroner)
(Date received by registrar) MAY 7 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940 to May 6 1940 and that I last saw h[illegible] alive on May 6 1940

Immediate cause of death Bronchio-pneumonia. — Duration 2 Days.
Due to Cardio vascular failure.
Due to Acute attack indigestion
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin E. White, M.D.
Address 5214 Harford Rd. Date signed 5/7/40

F 69068

379256

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 69068 Registered No. 1220

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
Street No. 216 N. FREDERICK (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E Nellie FREDERICKS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	MARRIED

6 (b) Name of husband or wife GERALD

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4-1865

8. AGE: Years	Months	Days	If less than one day hr.	min.
71	10	2		

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation HW

11. Industry or business

FATHER
12. Name PATRICK RYAN
13. Birthplace Ireland

MOTHER
14. Maiden Name MARY
15. Birthplace IRELAND

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8th 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn.
Location Eastern Ave Road

18 (a) Funeral director Leo Gelsook
(b) Address 1701-03 N. Patterson Park Ave

19 (a) 5-10-40 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1940, at 6:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 30 1940 to May 6 1940, and that I last saw her alive on May 6 1940.

Immediate cause of death	Duration
uremia	
? p.o. hemorrhage in gr. tract.	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations paradigmoidal hernia
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John H. Ridley M.D.
Address J H Hosp. Date signed 5/6/40

F 69069

LB 55256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83N

F 69069 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 17 North Gilmor St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Phillips

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married (Sep.)

6 (b) Name of husband or wife unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ?

8. AGE: Years	Months	Days	If less than one day
58 ?	?	?	hr. min

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation on relief

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2nd 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Pisgah
Location O'Donnell St. Ext

18 (a) Funeral director Leo G. Brooks
(b) Address 1701-03 N. Patterson Park Ave

19 (a) (Undertaker's signature) (b) Registrar

MAY 7 1940

Deputy for Matthews, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-5-40 1940, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-30 1940 to 5-5 1940, and that I last saw h-- alive on 5-5-1940.

Immediate cause of death Right Cerebral Hemorrhage

Due to

Due to

Other Conditions Hypertension and Cirrhosis of Kidneys
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Baltimore City Hospitals Date signed 5/5/40

69070

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69070 Registered No. 464

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Sykesville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charlotte Anne Goodwin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1937

8. AGE: Years	Months	Days	If less than one day
2	7	19	hr. min.

9. Birthplace Frederick Md (Town, county, and state)

10. Usual Occupation Child - none

11. Industry or business

FATHER
12. Name Harold Goodwin
13. Birthplace Carroll Co. Md

MOTHER
14. Maiden Name Marie Fleming
15. Birthplace Carroll Co. Md

16 (a) Informant Harold Goodwin
(b) Address Sykesville, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10, 1940 (month) (day) (year)
(c) Cemetery or crematory Ebenezer
Location Winfield Carroll Co. Md.

18 (a) Funeral director C. M. Wolfe
(b) Address Winfield Md

19 (a) MAY 9 1940 (Date rec'd by Registrar) (b) [illegible] for Williams, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7th 1940, at 5:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 19 1940, to May 7th 1940, and that I last saw her alive on May 7th 1940.

Immediate cause of death	Duration
Cachexia	
Due to Retroperitoneal Sarcoma	
Due to	
Other Conditions Terminal bronchopneumonia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Retroperitoneal Mass
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas Linton M. D.
Address Mercy Hosp Date signed 5/7/40

correct age is especially important. If uncertain, give approximate.

69071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-V Registered No. F 69071

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Payne Ave
(c) Hospital or institution:
West Balto Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1193 Carrollton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME George B. Askew

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NO

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife Cassie Askew
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) August 2, 1889

8. AGE: Years	Months	Days	If less than one day: hr.	min.
50	9	2		

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name George Askew
13. Birthplace N. Carolina

MOTHER
14. Maiden Name Jennie Moore
15. Birthplace N. C.

16 (a) Informant George B Askew
(b) Address 1193 S Carrollton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore

18 (a) Funeral director Frederick A. Cole
(b) Address 1200 W. Lanvale st

19 (a) MAY 7 1940 (b) Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 / 4 1940, at 7:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/19 1940 to 5/4 1940 and that I last saw h[illegible] alive on 5/4 1940

Immediate cause of death: Perforated gastric ulcer — Duration: 15 days

Due to: /

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings: Perforated ulcer
Of operations: Laparotomy & closure Polya stomach operation performed
Of autopsy: Not obtained

PHYSICIAN: Upon the cause to the charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard Wallenstein M. D.
Address Balto Gen Hosp Date signed 5/4/40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

69072 Walker

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 69072
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Greene St
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) ——

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Woodlawn
(If outside city or town limits, write RURAL and give town)
Street No. ——
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME John a Walker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 3 1940

8. AGE: Years	Months	Days	If less than one day
	3	4	hr. min.

9. Birthplace MD
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Marion Walker
13. Birthplace Freelan MD

MOTHER
14. Maiden Name Hazel Dietz
15. Birthplace Va

16 (a) Informant Marion Walker
(b) Address Woodlawn MD

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9/40 (month) (day) (year)
(c) Cemetery or crematory Stubby Run
Location Md

18 (a) Funeral director Jacob Hartenstein
(b) Address Woodlawn Md

MAY 7 1940 (Date rec'd by Registrar) (b) [signature] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-7 1940, at 6⁴⁵ A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-5 1940, to 5-7 1940, and that I last saw h alive on 5-6 1940.

Immediate cause of death	Duration
(a) Pneumonia	1 wk.
(b) Meningitis	over
Due to (c) Pneumococcus infection	
Due to	
Other Conditions Marked abdominal distention (Include pregnancy within 3 months of death)	2 days

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frances M Laughlen M. D.
Address University Hospital Date signed 5-7-40

correct age is especially important. Typewriter preferred.

9073

379494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-C

Registered No. F 69073

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Cecil
(c) City or town Rising Sun
(If outside city or town limits, write RURAL and give town)
(d) Street No. Route 2
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stanley Mc Cummings

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-18-6842

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-10-18

8. AGE: Years	Months	Days	If less than one day
21	4	26	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation FARMER (Laborer)

11. Industry or business

FATHER 12. Name Arthur Mc Cummings

13. Birthplace

MOTHER 14. Maiden Name Bertha Moore

15. Birthplace

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13 1940 (month) (day) (year)

(c) Cemetery or crematory Brookview

Location Rising Sun, Md.

18 (a) Funeral director J. E. Tyson,

(b) Address Rising Sun Md.

19 (a) MAY 7 1940 (Date received by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 6 1940 at 9:12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 5 1940, to MAY 6 1940, and that I last saw h.IM alive on MAY 6 1940.

Immediate cause of death: Sub Arachnoid Hemorrhage — Duration 1940

Due to: Acute Rheumatic Heart Disease & Endocarditis

Due to: Bacterial Endocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Same

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James D. Hartland M. D.

Address Johns Hopkins Hospital Date signed MAY 7-40

H. D. D 1268-9

F 69074 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131-aF 69074

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 503 N. Stricker St. 19-1 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie Fuellwood Collins

(a) Residence: No. 503 N. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Collins

6. DATE OF BIRTH (month, day, year) March 16, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cochran, Georgia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Fannie Bryant

(Address) 503 N. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 7, 1940

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St

20. FILED MAY 7 1940 Lucretia Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5.3.40, 19

22. I HEREBY CERTIFY, That I attended deceased from 3.14.40, 19, to 5.3.40, 19

I last saw h[illegible] alive on 5.3.40, 19 Death is said to have occurred on the date stated above, at 11:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic Nephritis	
cerebral Hemorrhage	4.30.40

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Phy. Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M. Fair M. D.

(Address) 400 N. Carrollton Ave

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

V. S. 2

F 69075

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a ✓ Registered No. F 69075

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 232 N. Gilmor ST
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 232 N. Gilmor
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Goines

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex m | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Unknown (Town, county, and state)
10. Usual Occupation Labor
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Sarah Goines
(b) Address 108 N Gilmor St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-8-40 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cemetery
Location

18 (a) Funeral director Kate R. Williams
(b) Address 322 Pschoroder St

19 (a) MAY 7 - 1940 Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1940, at 4 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquest)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H M Hinderlight M.D.
Medical Examiner.
Date signed 5/5/40

correct age is especially important. Physicians: please write

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69076

CERTIFICATE OF DEATH

93-D

F 69076
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1520 Hollins St. 19-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME AGNES B. ROGAN.

If U.S. Veteran specify WAR ...

(a) Residence: No. 1520 HOLLINS St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles W. Rogan

6. DATE OF BIRTH (month, day, year) NOT KNOWN 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year) Since marriage
11. Total time (years) at this occupation

12. BIRTHPLACE (city or town) Ballinlass east (State or country) County Galway, Ireland

FATHER

13. NAME William J. Mannion
14. BIRTHPLACE (city or town) (State or country) Co. County Galway Ireland.

MOTHER

15. MAIDEN NAME Mary Ann Connelly
16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Charles W. Rogan
(Address) 1520 Hollins Street

18. BURIAL, CREMATION, OR REMOVAL Burial
Place New Cathedral Cemetery Date 5/9/ 1940

19. UNDERTAKER John F. Gowan & Son
(Address) 901 W. Pratt St.

20. FILED MAY 7 - 1940 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month) May 6, 1940.

22. I HEREBY CERTIFY, That I attended deceased from January 10, 1940. to May 6, 1940.
I last saw h... alive on May 6, 1940. Death is said to have occurred on the date stated above, at 10:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular disease	NOT KNOWN
Other contributory causes of importance: Coronary Thrombosis Acute Cardiac DILATATION.	MAY 6, 1940.

Was an operation performed? No Date of ...
For what disease or injury? ...
What test confirmed diagnosis? Physical Signs + Symptoms Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. Edward Norris M. D.
(Address) 107 East West Street

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

3077

BALTIMORE CITY HEALTH DEPARTMENT 44 B P 6307?

Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1523 E. 33rd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1523 E. 33rd St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John W. Cleary
3 (b) If veteran, name war: no
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Margaret E. Cleary
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 12, 1866

8. AGE: Years	Months	Days	If less than one day
73	5	22	hr. min.

9. Birthplace Balto. City Md. (Town, county and state)
10. Usual Occupation Locomotive Engineer
11. Industry or business Pensioned R.R.

FATHER
12. Name Thomas Cleary
13. Birthplace Balto. City Md.

MOTHER
14. Maiden Name Martha Broadbelt
15. Birthplace Phila. Pa.

16 (a) Informant M. E. Cleary
(b) Address 1523 E. 33rd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13 40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto. Co. Md.

18 (a) Funeral director Lasahn Funeral Home
(b) Address 7401 Belair Rd.

19 (a) 5-10-40 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4th 1940. at 5:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1940. to May 4 1940 and that I last saw h[illegible] alive on May 3 1940

Immediate cause of death: Cerebral Embolism

Due to: Hodgkin's disease

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Biopsy of gland showed Hodgkin's disease
Of autopsy:

Duration: Months; about 1 yr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph N. Zuerlein M. D.
Address 2019 Eutaw St. Date signed May 7/40

correct age is especially important. Physicians, please write plainly.

69078

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53

Registered No. F 69078

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Kennedy & Bruce Sts. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Herr

3 (b) If veteran, name war No
3 (c) Social Security Account No. ? None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Minnie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1872

8. AGE: Years	Months	Days	If less than one day
68	4	3	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Laborer Retired 1935
11. Industry or business

FATHER
12. Name Antonia
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Shipley
15. Birthplace Pa.

16 (a) Informant Records
(b) Address Baltimore City Hospitals
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8 '40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md
18 (a) Funeral director Wm Foy
(b) Address 1219 E Pratt St
MAY 7 1940 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/4/40 1940, at 6.55 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from 4-12-1940, to 5-4 1940, and that I last saw him alive on 5-4 1940.

Immediate cause of death Syncope, all carcinomas check

Duration
?
over

Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature L. Kulowski M. D.
Address Balto city Hosp Date signed 5-4-40

VS 3

F 69079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P Registered No. F 69079

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1055 S. Charles St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1055 S. Charles St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Lina Herman (Lina Herman)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 29 1868

8. AGE: Years 72 | Months — | Days 18 | If less than one day: hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Louis Herman
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Goldsmith
15. Birthplace Germany

16 (a) Informant Mrs Mamie Herman
(b) Address 1055 S. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9/40 (month) (day) (year)
(c) Cemetery or crematory Chet Shalom Cemetery
Location O'Donnell St

18 (a) Funeral director J. Abramson & Co
(b) Address 2453 Reisterstown Rd

19 MAY 7 – 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1940 at 2.05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 13 1927 to May 6 1940, and that I last saw h alive on May 6 1940.

Immediate cause of death: Congestion, heart failure & debilitating pulmonary edema

Due to Hypertension

Due to Myocardial Arteriosclerotic & cerebral thrombosis, Arterio-sclerosis (general)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None done

Of autopsy None done

Duration
1931
1934

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Chas C. W. Judd M. D.

Address 27 Wendover Road Date signed 5-6-40

correct age is especially important. Enlargement possible

VS 3

F 69080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 69080

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 916 Appleton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 916 Appleton St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank N. Lockhart,

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-3677

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Emma Lockhart

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) July 5. 1874

8. AGE: Years 65 | Months 10 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore
(City or county, and state)

10. Usual Occupation Watchman

11. Industry or business W.P.A.

FATHER
12. Name Howard Lockhart.
13. Birthplace Winchester Va

MOTHER
14. Maiden Name Mary Taylor,
15. Birthplace Winchester Va.

16 (a) Informant Mrs Emma Lockhart
(b) Address 916 Appleton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-94 (month) (day) (year)

(c) Cemetery or crematory Western
Location Baltimore City

18 (a) Funeral director Geo N Little
(b) Address 2700 Edmondson Ave.

19 (a) MAY 7 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7. 1940 19 , at 12.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/3/ 1940 to 5/7. 1940 and that I last saw him alive on 5/7/40 19 .

Immediate cause of death: Cerebral hemorrhage — Duration: 4 days

Due to

Due to

Other Conditions: Arterio sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deitel M.D.

Address 1226 Hanover St. Date signed 5/8.40

correct age is especially important. Physicians, please

VS 3

F 69081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 111-C

F 69081 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1023 Somerset st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 75

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1023 Somerset st (If rural give location)
(e) If foreign born, how long in U. S. A.? 75 years

3 (a) FULL NAME Joseph John Moelter

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 1st 1861

8. AGE: Years	Months	Days	If less than one day
78	9	6	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Farm

FATHER
12. Name Martin V. Moelter
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Kraus
15. Birthplace Germany

16 (a) Informant Kunigunda Mehl
(b) Address 1023 Somerset st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director William Bork
(b) Address 1217 St. Paul st

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 8 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7th 1940, at 3 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1940, to May 6 1940 and that I last saw him alive on May 6 1940.

Immediate cause of death
Hypostatic Pneumonia — 7 days
Due to
Due to Infirmities of age
Other Conditions Mal-nutrition
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. H. Magness M. D.
Address 124 E. Read st Date signed 5-7-40

Vernon 2689

55018 - MB

9082

F 69082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51-B

Registered No. 1541

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1559 N. Gilmor St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Edward Stewart

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Mary Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25, 1868

8. AGE: Years	Months	Days	If less than one day
71	9	12	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Oysterman
11. Industry or business

FATHER
12. Name Phillip Stewart
13. Birthplace Md.

MOTHER
14. Maiden Name Liza Lacy
15. Birthplace Md.

16 (a) Informant Records
(b) Address B.C.H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 9 40 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location ST. MARYs County, Md.

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna ave

19 (a) Date received MAY 8 1940 (b) Registrar's signature for Health Officer

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1940, at 8:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1940, to May 7 1940, and that I last saw h.im alive on May 7 1940.

Immediate cause of death Hypertensive cardiovascular disease

Due to

Due to

Other Conditions Carcinoma of the prostate

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above.

Duration: unknown.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. D.
Address Baltimore City Hospitals Date signed 5/7/40

69083

HEALTH DEPARTMENT—CITY OF BALTIMORE

69083

CERTIFICATE OF DEATH

124-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St. Agnes Hospital (St.) 9-3 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jokus Navruskas (Navarauskas) If U. S. Veteran specify WAR

(a) Residence: No. 132 S. Carey St., ... Ward. W 55

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Petras Navarauskas

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Mrs. Nellie Rokas

(Address) 923 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 9 1940

19. UNDERTAKER Joseph Kavinskas, Inc.

(Address) 846 Washington Blvd

20. FILED MAY 8 — 1940 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-7- 1940

22. I HEREBY CERTIFY, That I attended deceased from 3-21-40 to 5-7-40

I last saw him alive on 5-7-40. Death is said to have occurred on the date stated above, at 12 58 a. m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Bronchopneumonia	
Pulmonary Edema	
Ascites	
Cellulitis of L. leg	
Other contributory causes of importance:	
Portal Cirrhosis	years
Esophageal Varices	

Was an operation performed? Yes Date of Several times

For what disease or injury? Infection of leg for

Name of operation Cellulitis

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? Not definitely determined

(Signed) Samuel L. Lyp M. D.

(Address) St. Baltz Jewl Hosp.

BIRTH CERTIFICATE OF [illegible] OCCUPATION is very important. See instructions on back of certificate.

69084 F 69084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 173 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1347 Ward St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mollie Brown (50171)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 11, 1922

8. AGE: Years	Months	Days	If less than one day
18	3	25	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation School
11. Industry or business

FATHER
12. Name William Brown
13. Birthplace Va.

MOTHER
14. Maiden Name Elsie Thomas
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 10 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cmty
Location Balto.

18 (a) Funeral director Watts B. Boyd
(b) Address 1347 Ward St.

19 (a) (Date received by registrar) (b) Burial permit issued

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6, 1940, at 4:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15, 1939 to May 6, 1940, and that I last saw her alive on May 6, 1940.

Immediate cause of death Tuberculosis of lungs — Duration Unk 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balto. City Hospital Date signed 5-7-40

69085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131-A

F 69085

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2332 Madison Ave St. 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Willie A. Carter

If U. S. Veteran specify WAR

(a) Residence: No. 2332 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eli Carter

6. DATE OF BIRTH (month, day, year): June 15 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: Moses Layton

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Willie Layton?

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Eli Carter (Husband)
(Address): 2332 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL: Pl. Northumberland Co Va Date 5-8-40

19. UNDERTAKER: Archibald G. Gaddes
(Address): 2404 Madison St.

20. FILED MAY 8 — 1940
Harriette Williamson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from June, 1939 to May 6, 1940

I last saw h[illegible] alive on May 6, 1940 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	11 Mos
Other contributory causes of importance: Mitral Insufficiency, and Hypertension.	11 Mos

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Data Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. F. Young M.D.

(Address) 1429 E. Monument St

OCCUPATION is very important. See instructions on back of certificate.

V2 8

F 69086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69086 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 76 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Church Home & Infirmary (If rural give location) Home.
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mary Johnson Orrick

3 (b) If veteran, name war ____ | 3 (c) Social Security Account No. ____

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ____
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) November 1859

8. AGE: Years	Months	Days	If less than one day
81			____ hr. ____ min.

9. Birthplace Berkley Springs - W. Va.
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Johnson Orrick
13. Birthplace Shepherdstown, W. Va.

MOTHER
14. Maiden Name Margaret Cooke
15. Birthplace Shepherdstown, W. Va.

16 (a) Informant Mrs. Stockton Bentley
(b) Address Towson, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md.

18 (a) Funeral director J. Wyckliffe Jenkins & Son Co.
(b) Address Orchard & McCulloh Sts.

May 8 1940 (Date received by registrar) (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-7-40 19__, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1, 1939 to 5-7-40 19__, and that I last saw h[illegible] alive on 5-7-40 19__.

Immediate cause of death	Duration
Arteriosclerotic heart disease	?
Due to	
Due to	
Other Conditions, Arteriosclerosis, Generalized. (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John T. Coolahan M. D.
Address Church Home & Infirmary, Date signed 5-7-40

F 69087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

Registered No. F 69087

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert St
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 506 N Charles St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. S. Stansbury Brady (Muriel)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife S. Stansbury Brady

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 14th 1889

8. AGE: Years 50 | Months 5 | Days 23 | If less than one day hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Gerald Kelly
13. Birthplace New York

MOTHER 14. Maiden Name Isabel Mitchell
15. Birthplace New York

16 (a) Informant J. J. Brady
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9 1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Baltimore Md

18 (a) Funeral director H. Wenkens Inc
(b) Address Orchard & Mt Colbert Sts

19 (a) (Date received by Registrar) (b) Registered number

MAY 8 1940 VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1940, at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1940 to May 7 1940, and that I last saw her alive on May 7, 1940.

Immediate cause of death: Coronary occlusion — Duration: 16 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard H. Rimbach M. D.
Address Union Memorial Hospital Signed 5/7/40

F 69088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a Registered No. F 69088

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1362 N Calhoun
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1362 N. Calhoun St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jane Jordan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife James Jordan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 72 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace St Mary Co, Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Millie Dyke

15. Birthplace Md

16 (a) Informant Julia Dorsey

(b) Address 1362. N. Calhoun

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location A. A. Co.

18 (a) Funeral director Samuel N. Chandlee

(b) Address 638 N. Gilmor St.

MAY 8 1940 (a) (Date received by registrar) (b) Harry J. Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6th 1940, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3rd 1940 to May 6th 1940, and that I last saw h alive on May 6 1940.

Immediate cause of death

Cerebral Hemiplegia — Duration 4 days

Due to

Due to Cerebral Hemorrhage — 6 days

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry J. Brown M. D.

Address 1835 Madison Ave Date signed May 7. 40

correct age is especially important if under 1 year or over 65

F 69089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-P

Registered No. F 69089

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1914 Grindalds Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 3
(e) Length of stay in Baltimore (yrs., mos., or days) 56

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1914 Grindalds Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Catherine Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Henry L. Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Apr. 10, 1884

8. AGE: Years 56 | Months 8 | Days 25 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: August W. Scheidt
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Catherine Siemers
15. Birthplace: Front Royal Va

16 (a) Informant: Mr. Henry L. Smith
(b) Address: 1914 Grindalds Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 8 1940 (month) (day) (year)
(c) Cemetery or crematory: Western Cemetery
Location

18 (a) Funeral director: Wm. Fichtner Sons
(b) Address: North & Fulton Aves.

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 8 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1940, at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 21 1935 to May 5 1940, and that I last saw her alive on May 5 1940.

Immediate cause of death: Cardio Vascular Disease — Duration: 1935
Due to: Arteriosclerosis
Due to:
Other Conditions: Nodular Goitre — 1935
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature: Edward F. Nolan
Address: 682 Washington Blvd Date signed 5/7/40

69090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-0

F 69090

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3708 Harford Ave
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 31 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) No. 3800 Parkside Drive
(If rural give location)
(e) If foreign born, how long in U. S. A.? 31 years

3 (a) FULL NAME Marie Reichhart

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Theodore

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Jan 8-1890

8. AGE: Years	Months	Days	If less than one day
50	3	29	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name Louis Buehl
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr Theodore Reichhart
(b) Address 3800 Parkside Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9. 1940 (month), (day), (year)

(c) Cemetery or crematory Maryland Memorial
Location Arbutus - Baltimore Co Md

18 (a) Funeral director Mr Jackson Hoen
(b) Address North & Fulton Ave

19 (a) MAY 8 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 25 1940, to May 7 1940, and that I last saw h alive on May 6 1940.

Immediate cause of death Adenocarcinoma of uterus — Duration 1 Yr.

Due to

Due to

Other Conditions no other.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Novak M. D.

Address 101 W. Read St. Date signed May 8. 40

V8 8

9091
379238

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-A

F 69091
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 723 N Fremont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Crawford Hines

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Viola
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-15-92

8. AGE: Years	Months	Days	If less than one day
48	1	22	hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name William Hines
13. Birthplace N.C.

MOTHER
14. Maiden Name Epsy Puryear
15. Birthplace N.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 8, 1940 (month) (day) (year)
(c) Cemetery or crematory
Location New York City, N.Y.
18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Amsterdam Ave

MAY 8 — 1940 (Date rec'd by registrar) (b) Huntington, W. Va. Registrar, M. D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1940, at 445 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 30 1940, to May 7 1940, and that I last saw him alive on May 7 1940.

Immediate cause of death Uremia — Duration 7 days
Due to Hypertension
Due to Arteriosclerosis
Arteriosclerotic
Other Conditions Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W B McAllister Jr M. D.
Address Date signed 5-7-40

F 69092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 69092 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1234 Druid Hill Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1234 Druid Hill Av (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph F. Cummings

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-26-1920

8. AGE: Years	Months	Days	If less than one day
19	10	9	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation student

11. Industry or business

FATHER
12. Name Wm. Cummings
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Janie Burgess
15. Birthplace Baltimore Md

16 (a) Informant Mrs Ida Cummings
(b) Address 1234 Druid Hill Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto Md

18 (a) Funeral director Mrs Guy M Hopkins
(b) Address 1631 Druid Hill Ave

MAY 8 — 1940 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-5 1940 at 2 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1937 to 5-5 1940 and that I last saw him alive on 5-4 1940

Immediate cause of death — Duration

Pulmonary Tuberculosis — 3 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 500 E. Madison St Date signed 5/8/40

Registrar

Cancel age if especially unless necessary for identification

F 69093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

466

F 69093

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOH
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 911 W Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME DOROTHY ALSTON

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-26-1924

8. AGE: Years 15 | Months 8 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation School age

11. Industry or business

FATHER
12. Name Henry Lee Alston
13. Birthplace —

MOTHER
14. Maiden Name Janie Webb
15. Birthplace Gloucester Co. Va.

16 (a) Informant Janie Alston
(b) Address 911 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cemetery
Location Baltimore Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 674 W. Calhoun St.

19 (a) Date received MAY 8 1940 (Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1940, at 12½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Hemorrhage, right pleural cavity
Due to: Bullet wound of chest.
Due to:
Other Conditions: none

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence May 7, 1940
(c) Where did injury occur? 728 Pierce St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury, 38 caliber revolver

23. Signature H. L. Wallenmaier M.D. Medical Examiner.

Date signed 5-7-40

correct age is especially important. Physicians, please write

VS 6

F 69094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 W

F 69094 Registered No.

F 69094

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 721 S. Luzerne Av.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 721 S. Luzerne Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Edward Davis

3 (b) If veteran, name war: World War.
3 (c) Social Security Account No. none.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Lenora Davis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23 1857

8. AGE: Years 82 | Months 11 | Days 19 | If less than one day: hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Retired Light House
11. Industry or business Keeper.

FATHER
12. Name Unknown.
13. Birthplace

MOTHER
14. Maiden Name Unknown.
15. Birthplace

16 (a) Informant wife.
(b) Address 721 S. Luzerne Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Mr. Donald Lt.

18 (a) Funeral director C. E. SCHIMONEK
(b) Address 2601-09 E. MADISON. ST.

19 (a) MAY 8 - 1940 (Date rec'd by registrar) Walter L. Wilson, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 21 1940 to May 4 1940, and that I last saw him alive on Apr 30 1940.

Immediate cause of death: Generalized Arteriosclerosis
Coronary Sclerosis
Due to Coronary Occlusion
Due to
Other Conditions None.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None.

Duration
Feb 21, 1940
May 4, 1940

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None.
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. A. Schimunek M. D.
Address 842 S. Ewing Ave Date signed 5-7-40

Copy is especially important. Typewriter, please.

69095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69095
Registered No. 83a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~Hospital~~
(c) Hospital or institution:
U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 das
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1408 Patapsco St., (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Conrad Anzer

3 (b) If veteran, name war World War

3 (c) Social Security Account No. Unknown

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23, 1890

8. AGE: Years 49 | Months 11 | Days 13 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Mechanic

11. Industry or business Automobile

FATHER
12. Name Jacob Anzer
13. Birthplace ? Germany

MOTHER
14. Maiden Name Ursula ??
15. Birthplace ? Germany

16 (a) Informant Records, U.S. Marine Hospital
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** May 9 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A. A. Co. Md.
(d) Funeral director Bernard C Hartz
(e) Address 121 E West St

19 (a) (Date received by registrar) **(b)** Dayton Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1940, at 1:25A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 1940 to May 6 1940, and that I last saw h.im alive on May 6 1940.

Immediate cause of death Cerebral hemorrhage, right — Duration 5-5-40

Due to Arteriosclerosis, general — Unknown

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. N. Andrews, M.D.
Address U.S. Marine Hospital **Date signed** 5/7/40

VS 8

F 69096

BALTIMORE CITY HEALTH DEPARTMENT 48-a F 69096

CERTIFICATE OF DEATH ✓

58113 SD Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1368 N. Fremont Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

15 61

3 (a) FULL NAME Bertha Faison

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex F

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband ~~Harris~~ ?

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 9/12/1900

8. AGE: Years 39 | Months 7 | Days 14 24 | If less than one day ..... hr. ..... min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name Isaac Butler (dead)
13. Birthplace North Carolina

MOTHER
14. Maiden Name Margaret Gowdwin (dead)
15. Birthplace North Carolina

16 (a) Informant Records B.C.H.
(b) Address

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof May 9 1940 (month) (day) (year)
(c) Cemetery or crematory Clinton
Location North Carolina

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 MAY 8 - 1940 (Registered by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6 1940, at 9:45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-27 1940, to 5-6 1940, and that I last saw her alive on 5-6 1940.

Immediate cause of death Carcinoma Cervix — Duration ?

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature H. Huntington Williams M. D.
Address Balto City Hosp. Date signed 5-6-40

69097 50322--YD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V50

F 69097

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5mo.17 das.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1915 Wilhelm St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

20-3

3 (a) FULL NAME Mamie Condon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Albert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-13-1891

8. AGE: Years	Months	Days	If less than one day
49	0	24	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Typist & clerk

11. Industry or business

FATHER

12. Name Marion Ensey

13. Birthplace Balto.

MOTHER

14. Maiden Name Annie Jones

15. Birthplace Balto.

16 (a) Informant B.C.H. Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-10-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cem.

Location

18 (a) Funeral director G. Jones

(b) Address 111 S. Gilmor St.

19 (a) MAY 8 - 1940 Washington Williams, M.D.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-7 1940, at 3:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-20 1939 to 5-7 1940, and that I last saw her alive on 5-7 1940.

Immediate cause of death Carcinoma Breast with metastasis

Duration over 7 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L K Woodward M. D.

Address Balto City Hosp. Date signed 5-7-40

VE 3

69098 HEALTH DEPARTMENT—CITY OF BALTIMORE 69098

CERTIFICATE OF DEATH

✓131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 668 Hanover St. 22-F Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Sarah E. Hall

If U. S. Veteran specify WAR _____

(a) Residence: No. 668 Hanover St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Hall

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
70 69	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Hiram Woods

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Louvina Weaver

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Nellie Spindell

(Address) 668 Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date May 9 1939

UNDERTAKER James Apostakis

(Address) 142 W Pratt St

20. FILED _____, 19___ _____ Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1938 to May 6, 1939

I last saw her alive on May 6, 1939. Death is said to have occurred on the date stated above, at 11:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Nov. 1939

Other contributory causes of importance:

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) D. H. Connell M. D.

(Address) 911 Warren Ave

1940 Huntington Williams, M.D.

F 69099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-H Registered No. F 69099

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3002 Brendan Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3002 Brendan Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2623

3 (a) FULL NAME Calvin Milton Seitz

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 212-09-2623

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Margaret Elizabeth Seitz
6 (c) If alive, give age XX years

7. Birth date of deceased (mo., day, yr.) Dec. 18-1892

8. AGE: Years	Months	Days	If less than one day
47 48	4	17	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Drug

FATHER
12. Name Wm Seitz
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Margaret E. Seitz
(b) Address 3002 Brendan Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9-'40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director Jos J Stevenson
(b) Address 3011 Guilford Ave

MAY 8 - 1940 (Date received by registrar)
(b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-5- 1940, at 10 30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy found that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Asphyxiation	
Due to Pulmonary Edema	
Due to Mental Depression	
Other Conditions Dog Attack	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 5-5-40
(c) Where did injury occur? 3007 Brendan Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Examination for Intoxication

23. Signature Howard J. McKenzie M.D. Medical Examiner.
Date signed 5-6-40

correct age is especially important. Physicians: please write the cause of death plainly.

VS 6

69100 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 69100

CERTIFICATE OF DEATH

83-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hospt St. 15 13 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Solomon Milner

If U. S. Veteran specify WAR _____

(a) Residence: No. 2702 Clarence ave. St., _____ Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther

6. DATE OF BIRTH (month, day, year) Oct. 15 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	69	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Todel Milner

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachael

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cem Date 5/8/40, 19

19. UNDERTAKER Jack Levy's Inc.

(Address) 1437 E. Balto St.

20. FILED May 8 1940 Hampton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1940 to May 7, 1940

I last saw him alive on May 7, 1940 Death is said to have occurred on the date stated above, at 4.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart failure	5/6/40

Other contributory causes of importance:

Hypertension

Cerebral Hemorrhage - Rt.

Was an operation performed? NO Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19__

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify _____

(Signed) Leonard Wallenstein M. D.

(Address) West Balto Gen Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 69101

Grave #5 ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

F 69101 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Found in harbor
(b) Street address — ff pier 3 Pratt St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED: Unknown
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Unidentified white male

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
55 ?			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY MAY 7 - 1940
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) MAY 8 - 1940 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1940, at 6 55 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death — Drowning — Duration —
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Probably accident
(b) Date of occurrence unknown
(c) Where did injury occur? harbor (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Indefinite place While at work? Unknown (Specify type of place)
(e) Means of injury drowning

23. Signature H. L. Wallbrunn M.D. (Medical Examiner.)
Date signed 4-30-40

correct age is especially important. Physicians: please write the cause of death plainly.

69102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160-c

F 69102 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1512 Eutaw Place
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1512 Eutaw Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BABY BEEBOUR

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day 10 hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Richard Beebour
13. Birthplace East Liverpool Ohio

MOTHER
14. Maiden Name Anna Petrun
15. Birthplace Longdale Pa

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory PUBLIC CEMETERY
Location MAY 7 - 1940 Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) MAY 8 1940 (Local registrar) Hamilton Tor Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1940 at 11:20 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquest) thereon and from the evidence obtained by said (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death Prematurity — Duration

Due to Breech Presentation

Due to

Other Conditions Cyanosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. F. Wolfenstetter M.D.
for Medical Examiner.

Date signed 5-5-40

correct age is especially important. Physicians, please write

69103 F 69103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1241 Pleasant St. 5-1 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Edward Bryan

If U. S. Veteran specify WAR _____

(a) Residence: No. 1241 Pleasant St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Rees Bryan

6. DATE OF BIRTH (month, day, year) Mar. 6, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	71	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Undertaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) March 1940

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) West Market Md.

FATHER

13. NAME Robert Bryan

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Caroline Hughes

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Wife) Wilhelmina Bryan

(Address) 1241 Pleasant

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date May 11 1940

19. UNDERTAKER Milton Davis

(Address) 540 Hamburg Street, Md.

20. FILED MAY 8 - 1940 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20 1940 to May 7 1940

I last saw h[illegible] alive on May 7 1940 Death is said to have occurred on the date stated above at 6 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	1939
Chr. Cardio-vascular Disease	1940
Other contributory causes of importance:	
Uterine Sclerosis	1939

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Wm. L. Berry M. D.

(Address) 1420 E. Chase

OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69104 F 69104

CERTIFICATE OF DEATH

92-B

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2207 HOMEWOOD AVE. St. 9-8 Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME CATHERINE FALLON.

If U. S. Veteran specify WAR _____

(a) Residence: No. 2207 HOMEWOOD AVE. St., _____ Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank J Fallon

6. DATE OF BIRTH (month, day, year) Apr 8 1859

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
81		29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas Grogan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eason

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Fallon

(Address) 2207 Homewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date May 10 1940

19. UNDERTAKER Rita Wendfeld

(Address) 914 Greenmount Ave

20. FILED MAY 8 — 1940 Huntington Gillis Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 7 1940, 19

22. I HEREBY CERTIFY, That I attended deceased from APRIL 25 1940, to MAY 7 1940, 19

I last saw h.er alive on MAY 7 1940, 19 Death is said to have occurred on the date stated above, at 5. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
APOPLEXY MAY 5 1940.	
CHRONIS BRONCHITIS APRIL 25	1940.
ARTERIOR SCLEROSIS	1935.

Other contributory causes of importance:

CHONIC MITRAL REGURGITATION 1935.

CHRONIC MYOCARDIAL DEGENERATION 193

Was an operation performed? NO Date of NONE

For what disease or injury? NONE

Name of operation NONE

What test confirmed diagnosis? Clinical Was there an autopsy? NO.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas. J. Chandler M. D.

MAY 7/40 (Address) 3013 SAINT PAUL STREET.

F 69105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 69105

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 6000 Bellona Ave
(b) Street address 1720 N. Bethel St
(c) Hospital or institution:
Edgewood Sanatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1720 Bethel St
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miles Flanigan

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Katherine Lahey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
about 74			hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business City - laborer

FATHER
12. Name Flanigan
13. Birthplace Ireland

MOTHER
14. Maiden Name
15. Birthplace Ireland

16 (a) Informant Mrs. Flanagan
(b) Address 323 E. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wendfeld
(b) Address 914 Greenmount Ave

19 (a) MAY 8 1940 (Date received by registrar) (b) Signature of registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1940, at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940, to May 5 1940, and that I last saw h[illegible] alive on May 5 1940.

Immediate cause of death — Duration

Cerebral Hemorrhage — 4 days
Due to Arterio Sclerosis — 1 yr
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E. North Ave Date signed May 7-40

F 69106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

184

F 69106 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town 6164 Arlington Av (If outside city or town limits, write RURAL and give town)
(d) Street No. 164 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin ~~Herman~~ Willett

3 (b) If veteran, name war None

3 (c) Social Security Account No. 215-01-7565

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Izetta Willett.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) —

8. AGE: Years 37 | Months | Days | If less than one day hr. min.

9. Birthplace Calvert Co. Md. (Town, county and state)

10. Usual Occupation Laborer Indepent Ice Co.

11. Industry or business Ice Co

FATHER 12. Name Benj. Willett

13. Birthplace Calvert Co. Md.

MOTHER 14. Maiden Name Elizbth Grey

15. Birthplace Calvert Co.

16 (a) Informant Izetta Willett

(b) Address 634 Perkins Av E.

17 (a) (Burial, cremation, or removal) (b) Date thereof 5 11 1940 (month) (day) (year)

(c) Cemetery or crematory Berkshapel - Calvert Co Md

Location

18 (a) Funeral director Walter B. Rogers

(b) Address 1300 Hamilton St

(c) (Date rec'd by registrar) MAY 8 – 1940 (b) [illegible]

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1940 at 11½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet wound of abdomen	
Gun shot Bullet Wound	
Pulmonary tuberculosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence May 7 1939
(c) Where did injury occur? Hunting Nr Calvert Co (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Town While at work? No (Specify type of place)
(e) Means of injury [illegible]

23. Signature [illegible] M.D. Medical Examiner.
Date signed 5/7/40

107 Bishop University 2420 York Rd & SHERIDAN AVE.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 69107 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 905 Woodbourne Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 71 10

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City Balto
(c) City or town Balto Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 905 Woodbourne Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Margaret Beckmann.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Fem
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Herman Beckmann
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) DEC 26 1864

8. AGE: Years 75 | Months 4 | Days 109 | If less than one day ..... hr. ..... min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Gustav Lindeman
13. Birthplace Germany.

MOTHER
14. Maiden Name Magt Meyer
15. Birthplace Germany

16 (a) Informant Miss Dora Lindeman
(b) Address 905 Woodbourne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8 1940 (month) (day) (year)
(c) Cemetery or crematory St Pauls Cem.
Location Violetsville Md

18 (a) Funeral director Chas A F Rohde
(b) Address 2327 Edmondson Ave

19 (a) ..... (Date rec'd by registrar) (b) Huntington Mills Baltimore Md.

MAY 8 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5th 1940, at 5.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1940 to May 5 1940. That I last saw h[illegible] alive on May 5 1940.

Immediate cause of death: Chron Myocarditis
Chron Int Nephritis
Due to .....
Due to .....
Other Conditions Arterio Sclerosis

Duration: 1938, 1938, 1940

(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature D. W. Bishop M. D.
Address 521 S Linden Ave Date signed May 6-40

69108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 69108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3642 Roland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3642 Roland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret B. Smith.

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow.

6 (b) Name of husband or wife Jonathan Smith. 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6, 1869

8. AGE: Years	Months	Days	If less than one day
71	2	1	hr. min.

9. Birthplace Phila. Pa. (Town, county, and state)
10. Usual Occupation None.
11. Industry or business

FATHER
12. Name Thomas Figuers.
13. Birthplace Pa.

MOTHER
14. Maiden Name Anna J. Wills.
15. Birthplace Pa.

16 (a) Informant Rev. Benjamin Richardson
(b) Address 3642 Roland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10, 1940 (month) (day) (year)
(c) Cemetery or crematory Montrose Cemetery
Location Highland Park, Phila, Pa.

18 (a) Funeral director Townsend & Donovan
(b) Address 3615-17 Eastern Ave.

19 (a) (Date rec'd by registrar) (b) Washington Hill (Registrar)

MAY 9 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1940 at 11 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec - 1936 to May 7 1940, and that I last saw h[illegible] alive on May 7 1940.

Immediate cause of death Cerebral Hemorrhage. — Duration 10 days

Due to Arterio-sclerosis & Diabetes. — 5 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Duke M.D.
Address 3646 W. Pratt Date signed 5/9/40

correct age is especially important. A typewriter should be used if possible.

VS 5

32155 - mB

F 69109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 69109

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr., 7 mo., 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 117 S. Chapel St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Abel

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband ~~WIFE~~ Theodore (dead)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23, 1856

8. AGE: Years 84 | Months 3 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Beck
13. Birthplace Europe

MOTHER
14. Maiden Name Christina ? Hasselbacher
15. Birthplace ?

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10 1940 (month) (day) (year)
(c) Cemetery or crematory Glen Reform
Location 4430 Belair Rd.

18 (a) Funeral director Martin A. C. Deffet
(b) Address 372 Conn. Ave

19 (a) [illegible] (b) Huntington Williams M.D. Registrar

MAY 8 - 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1940, at 8:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 19 1938, to May 7 1940, and that I last saw h.. alive on May 7 1940.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Williams M. D.

Address Baltimore City Hospitals Date signed 5/7/40

F 69110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-F Registered No. F 69110

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 712 Carrollton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Mary E. Taylor
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) March 28 1880

8. AGE: Years	Months	Days	If less than one day
60	1	14	hr. min.

9. Birthplace Alabama (Town, county, and state)
10. Usual Occupation Cement worker for self
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mary E Taylor
(b) Address 712 N Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-1940 (month) (day) (year)
(c) Cemetery or crematory Mount Zion
Location Baltimore County

18 (a) Funeral director Joseph A. Lively
(b) Address 409 N. Mount Street.

19 (a) MAY 8 1940 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6th 1940 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 4th 1940 to May 6th 1940, and that I last saw h.s. alive on May 6th 1940.

Immediate cause of death Hypoglycemia

Due to Neoplasm of Pancreas

Due to

Other Conditions Generalized Arteriosclerosis — Coronary with Congestive (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Tumor of Pancreas - Volvulus

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Kelmenson M. D.
Address St. Joseph's Hosp Date signed 5-6-40

correct age is especially important. Physicians, please write plainly.

VS 3

F 69111

69111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-40 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 519 Somerset St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RUR. and give town)
(d) Street No. 519 Somerset St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice Mary Lephus (Cephus)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Female | 5 Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harry G. Lephus

6 (c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.) Sept 26 1890

8. AGE: Years 49 | Months 7 | Days 8 | If less than one day: hr. min.

9. Birthplace Trappe Md (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Philip Potts
13. Birthplace Talbot Co

MOTHER
14. Maiden Name Carrie Brummel
15. Birthplace Trappe Md

16 (a) Informant Harry A. Lephus (Cephus)
(b) Address 519 Somerset St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Robert Young
(b) Address 804 W. Caroline St.

19 (a) (Date rec'd by registrar) MAY 8 1940 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1940, at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1940, to May 4 1940, and that I last saw h[illegible] alive on May 4 1940.

Immediate cause of death: Cerebral Hemmorrhage — Duration: 2 hours

Due to: Systemic Hypertension, Arteriosclerotic type — Duration: Complete

Due to: 1 — Duration: Complete

Other Conditions: Chronic Nephritis and Mitral Insufficiency. — Duration: Complete

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph J. Young

Address 1424 E. Monument St. Date signed 5/6/1940

Incorrect age is especially important. Physician, please write in words.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69112

CERTIFICATE OF DEATH

131-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 Ensor St. 5-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Samuel Cann

If U. S. Veteran specify WAR

(a) Residence: No. 635 Ensor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rosie Cann

6. DATE OF BIRTH (month, day, year): 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Chestertown Md.

FATHER

13. NAME: Mathews Cann.

14. BIRTHPLACE (city or town) (State or country): Chester Town Md

MOTHER

15. MAIDEN NAME: Lamonia Wallis

16. BIRTHPLACE (city or town) (State or country): Chester Town Md

17. INFORMANT: Rosie Cann
(Address): 635 Ensor st

18. BURIAL, CREMATION, OR REMOVAL
Place: Chester Town Date: May 9th 40

19. UNDERTAKER: Elroy C Wilson
(Address): 100 b Bradley

20. FILED: MAY 8 - 1940 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-6-, 1940

22. I HEREBY CERTIFY, That I attended deceased from 5-5, 1940 to 5-6-, 1940

I last saw him alive on 5-6-, 1940 Death is said to have occurred on the date stated above, at 10:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic cardio vascular renal disease & pulmonary edema	4/1/40

Other contributory causes of importance:

uncr

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) T. E. Jackson M. D.

(Address) 609 Mulberry St

OCCUPATION is very important. See instructions on back of certificate.

F 69113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-6 Registered No. F 69113

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1533 Marshall Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Catherine Mister

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 21. 1896

8. AGE: Years 43 | Months 6 | Days 15/6 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Seamstress
11. Industry or business

FATHER 12. Name Albert Staedtfeldt
13. Birthplace Germany

MOTHER 14. Maiden Name Margaret Brunner
15. Birthplace Germany

16 (a) Informant John C Staedtfeldt
(b) Address 1803 E 29th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9/40 (month) (day) (year)
(c) Cemetery or crematory Frst Gen Per Cem
Location O Donnell St

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St

19 MAY 8 - 1940 (b) Huntington Williams M.D.
(Registrar's signature)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1940, at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1940, to May 6 1940, and that I last saw h[illegible] alive on May 6 1940.

Immediate cause of death: Myocardial Failure
Due to: Coronary Thrombosis
Due to:
Other Conditions: Bronchopneumonia
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Andrew F. Ulrich M. D.
Address Mercy Hospital Date signed 5-6-40

CORRECT IF ERASED OR CHANGED — Signature of Registrar

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69114

CERTIFICATE OF DEATH

94-a F 69114

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen. Hos. St. 12-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME (Mrs) Lydia Klinefelter

If U. S. Veteran specify WAR

(a) Residence: No. 2720 St. Paul St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F. | 4. Color or Race: W | 5. Single, Married, Widowed, or Divorced (write the word): W

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. E. Klinefelter

6. DATE OF BIRTH (month, day, year): Sept 9, 1865

7. AGE: Years 74 | Months 7 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bacto., Md.

FATHER

13. NAME: James Webb

14. BIRTHPLACE (city or town) (State or country): Bacto County, Md

MOTHER

15. MAIDEN NAME: Mary Sayland

16. BIRTHPLACE (city or town) (State or country): Anne Arundel Co Md

17. INFORMANT: Patient

(Address) 2720 St Paul Street

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Cemy Date: May 9th 40

19. UNDERTAKER: Jones Mitchell Sons

(Address) 1900 Eutaw Place

20. MAY 8 1940 Hamilton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1940 to May 7 1940

I last saw h[illegible] alive on May 7, 1940. Death is said to have occurred on the date stated above, at 7.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Atherosclerosis	
Acute Coronary Insufficiency	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. B. Spear, M. D.

(Address) 11. B. G. H.

OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 69115 91

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 B Registered No. F 69115

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Arkansas (b) County
(c) City or town Hot Springs - (If outside city or town limits, write RURAL and give town)
(d) Street No. 127 Flint Ln (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nellie Shanks

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 30, 1872

8. AGE: Years	Months	Days	If less than one day
67	5	8	hr. min.

9. Birthplace Missouri - (Town, county, and state)
10. Usual Occupation Housewife -
11. Industry or business

FATHER
12. Name Charles Jasper -
13. Birthplace Wisconsin -

MOTHER
14. Maiden Name Phoebe Norman -
15. Birthplace Vermont.

16 (a) Informant Records -
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof May 10 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Hot Springs, Ark.

18 (a) Funeral director John C. McDonnell & Son
(b) Address 806 Eutaw Place.

19 (a) MAY 8 1940 Registrar Wilson Register

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8, 1940, at 6 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1940 to May 8 1940 and that I last saw h[illegible] alive on May 8 1940

Immediate cause of death Pulmonary Embolism - Right

Due to Suprapubic Resection of bladder Tumor

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Brown M Dobyns M.D.
Address Johns Hopkins Hosp. Date signed 5-8-40

VS 3

F 69116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 69116

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 766 Bradley St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 766 Bradley St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EMMA BARTO

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Frank H. Barto

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Jan. 25, 1880

8. AGE: Years	Months	Days	If less than one day
60	3	12	..... hr. ..... min.

9. Birthplace Madonna, Md
(Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name William H. Zahrmann
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Eckhardt
15. Birthplace Baltimore Md

16 (a) Informant Frank H. Barto
(b) Address 766 Bradley St.

17 (a) Burial (b) Date thereof 5/10/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery
Location

18 (a) Funeral director Frederick A. Cole
(b) Address 1200 W. Baltimore St.

19 MAY 8 - 1940 (b)
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1940 at 8:05 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions Obesity	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. I. Wallenmeier M.D.
Asst. Medical Examiner.
Date signed 5-7-40

correct age is especially important. Physicians: please write plainly.

VS 6

69117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 69117

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1809 Chelsia Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1809 Chelsia Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MR. WILLIAM T. CULLISON

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO.	NO.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife Blanche E. Cullison
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1871

8. AGE: Years	Months	Days	If less than one day
68...	10.	..	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Police (Retired)
11. Industry or business Balto. City Police Dept.

FATHER
12. Name William Cullison
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Blanche Cullison
(b) Address 1809 Chelsia Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9, 1940 (month) (day) (year)
(c) Cemetery or crematory Hampstead Cemetery
Location Hamostead Maryland

18 (a) Funeral director J. B. Wippert & Son
(b) Address 1120 Eutaw Pl. Balto.

MAY 8 1940 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 6, 1940 19..., at 5 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1940, to May 6 1940, and that I last saw him alive on May 6 1940.

Immediate cause of death Cerebral Hemorrhage & paralysis — Duration: Apr. 26 '40
Due to Hypertension — ?
Due to Arterio-Sclerosis — ?
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hallie Dibbert M. D.
Address 5 Garrison Blvd. Date signed 5/7/40

VS 3

54428 - M

F 69118

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. F 69118

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo., 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 Madison Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Moody

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widowed

6 (b) Name of husband ~~Moody~~ Nelson (dead)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1860

8. AGE: Years	Months	Days	If less than one day
79	10	24?3	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name General Robinson (dead)
13. Birthplace Virginia

MOTHER
14. Maiden Name Marima Bowman (dead)
15. Birthplace Virginia

16 (a) Informant Records
(b) Address B.C.H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-40 (month) (day) (year)
(c) Cemetery or crematory Angel Visit Cem.
Location Ogeana Pages, Co. Va.

18 (a) Funeral director Mrs. Geo H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) (Date rec'd by local reg.) (b) Huntington Williams, M.D. Registrar

MAY 8 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-7 1940, at 3'15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-5 1940, to 5-7 1940, and that I last saw her alive on 5-7 1940.

Immediate cause of death	Duration
Carcinoma Left Breast with metastases	2
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy not completed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L Kuhadward Jr
Address Balto City Hosp. Date signed M. 5 D. 8-40

69119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a ✓ Registered No. F 69119

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3434 Elm Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3434 Elm Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years.

1936

3 (a) FULL NAME Horace McKendree McCauley

3 (b) If veteran, name war —
3 (c) Social Security Account No. 215-10-5881

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Irene C. McCauley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17 1876
8. AGE: Years 64 | Months — | Days 19 | If less than one day: hr. min.
9. Birthplace Baltimore Co. Md. (Town, county, and state)
10. Usual Occupation Overseer of Weaving Cloth Dept.
11. Industry or business Mt. Vernon Woolberry Mills

FATHER
12. Name Horace J. McCauley
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah R. Seymour
15. Birthplace Maryland

16 (a) Informant Mrs. Irene C. McCauley
(b) Address 3434 Elm Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9-1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (Signature) Huntington Williams M.D. Registrar
MAY 8 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1940, at 3:20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1940 to May 6 1940, and that I last saw h[illegible] alive on May 6 1940.

Immediate cause of death: Coronary Thrombosis — Duration: 4 days
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M.D.
Address 3434 Elm Ave Date signed 5/7/40

F 60120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

Registered No. F 60120

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town SUNNYBROOK, (RURAL)
(If outside city or town limits, write RURAL and give town)
(d) Street No. JARRETTSVILLE PIKE
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME HANS JACOB ANDERSON

3 (b) If veteran, name war: NONE

3 (c) Social Security Account No. NONE

4. Sex: MALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: MARY ANN CODE

6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) APRIL 10, 1872

8. AGE: Years 68 | Months — | Days 28 | If less than one day: hr. min.

9. Birthplace DENMARK (Town, county, and state)

10. Usual Occupation FLORIST (RETIRED)

11. Industry or business SELF

FATHER
12. Name JOHN NEILS
13. Birthplace DENMARK

MOTHER
14. Maiden Name MARY HANSEN
15. Birthplace DENMARK

16 (a) Informant MRS. MARY ANN ANDERSEN
(b) Address SUNNYBROOK, MARYLAND

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 11, 1940 (month) (day) (year)
(c) Cemetery or crematory MT. MARIE
Location TOWSON, MARYLAND

18 (a) Funeral director John Burns' Sons
(b) Address Towson, Md.

19 (a) MAY 9 — 1940 (b) Filed by registrar Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940 to May 8 1940, and that I last saw him alive on May 8 1940

	Duration
Immediate cause of death: Cardiac Vascular Collapse	48 hrs
Due to: Carcinomatosis	6 mos?
Due to:	over
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Generalized abdominal Carcinomatosis
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Douglas H. Stone M. D.
Address Mercy Memorial Hosp. Date signed 5/8/40

COPPICE ages is especially important. If uncertain, please write "about."

VS 3

F 69121

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 170

F 69121 — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address —
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Same as above
(a) State Md (b) County Prince George
(c) City or town Charlotte Hall
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adam Girsch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	w	m

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 13 1900

8. AGE: Years	Months	Days	If less than one day
40	0	25	hr. min.

9. Birthplace Europe (Town, county, and state)

10. Usual Occupation Blacksmith

11. Industry or business

FATHER
12. Name Frederick Girsch
13. Birthplace Europe

MOTHER
14. Maiden Name Emma Kleke
15. Birthplace Europe

16 (a) Informant Daniel Rank
(b) Address Mechanicsville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-40 (month) (day) (year)
(c) Cemetery or crematory Nuns Meyhut
Location Charlotte Hall Md

18 (a) Funeral director Elmer M. Speed
(b) Address Leonardtown Md

19 (a) MAY 9 1940 (Date rec'd by registrar) (b) Hamilton Wilcoxen, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1940, at 7:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture dislocation 1 occipito-atlas articulation 6
Due to: Subarachnoid hemorrhage about base of brain
Due to: Cerebral Edema
Due to: Crushing injury of upper chest

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
atlas
chest

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5/7/40
(c) Where did injury occur? Charlotte Hall Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work?
(Specify type of place)
(e) Means of injury Passenger in automobile - thrown

23. Signature W. P. Underhill M.D.
Medical Examiner.
Date signed 5/8/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

69122 CERTIFICATE OF DEATH 186-a F 69122

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2745 Edmondson Ave. St., 25th Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs. Nancy Ellen Johnson (nee Calvert)

If U. S. Veteran specify WAR ...

(a) Residence: No. 3550-9th St. Brooklyn, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Alexandria J. Johnson

6. DATE OF BIRTH (month, day, year): May 15th 1873

7. AGE: Years 66; Months 11; Days 22; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Benjamine F. Calvert

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Young

16. BIRTHPLACE (city or town) (State or country): Lebanon Pa.

17. INFORMANT: Mrs Ida C. McFarland

(Address) 2745 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill. Date: May 10th 1940

19. UNDERTAKER: Jno. Waters & Son

(Address) 2503 Edmondson Ave

20. FILED: MAY 9 1940 Huntington Williams, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 7th 1940

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1940 to May 7, 1940

I last saw her alive on May 7, 1940 Death is said to have occurred on the date stated above, at 4 P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arterio sclerosis and hypertensive cardio vascular disease.	?
Broncho-pneumonia (hypostatic). Also impacted fracture neck of right femur.	5/1/40

Was an operation performed? no Date of - -

For what disease or injury? - - -

Name of operation

What test confirmed diagnosis? p.r. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury Dec 31 1939

Where did injury occur? 9th St Brooklyn (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell off step in her home

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Deibel M. D.

(Address) 1225 Hanover St.

Dr. Howard J. Malloy, Chief Medical Examiner per B. Kitzes

OCCUPATION is very important. See instructions on back of certificate.

69123

BALTIMORE CITY HEALTH DEPARTMENT 193 D

CERTIFICATE OF DEATH

F 69123 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 704 S. Bouldin St
(c) Hospital or institution: No
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 76

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. City (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 S. Bouldin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME George Goeb

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Helen Goeb
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 121875

8. AGE: Years	Months	Days	If less than one day
65	01	26 25	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired Balto Fire Dept
11. Industry or business

FATHER
12. Name Andrew Goeb
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant John Goeb (son)
(b) Address 806 S. Clinton St

17 (a) burial (Burial, cremation, or removal) (b) Date thereof may 10 1940 (month) (day) (year)
(c) Cemetery or crematory Sacred Hearts
Location Balto Co

18 (a) Funeral director Lilly & Wilhelm
(b) Address 4035 Harford Ave

19 (Date) Rec'd by registrar May 10 1940 (Registrar) Thurlington Williams M.D.

VS 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1940, at 8 15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1940, to May 7 1940, and that I last saw h[illegible] alive on May 6 1940.

Immediate cause of death	Duration
Hypertensive C.V. Disease.	May 1935
Coronary Sclerosis.	
Due to Myocardial Failure.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None.
Of autopsy None.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ed Schumacher M. D.
Address 842 S. Eaton Date signed 5-8-40.

correction is especially important. Physician, please report promptly.

F 69124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 - C Registered No. F 69124

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3032 Strickland St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3032 Strickland St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 57 years

3 (a) FULL NAME CHRISTIAN ZILONKA

3 (b) If veteran, name war

3 (c) Social Security Account No. 718-09-7717

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary A. Zilonka
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) April 29 - 1862

8. AGE: Years	Months	Days	If less than one day
78	0	9	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business Pittsburg Plate Glass

FATHER
12. Name Unknown
13. Birthplace Poland

MOTHER
14. Maiden Name Annie Kaspara
15. Birthplace Poland

16 (a) Informant Mary A. Zilonka
(b) Address 3032 Strickland St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 - 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore City

18 (a) Funeral director Pott & B. M. Walters
(b) Address 847 Strickland St

MAY 9 - 1940 (Date rec'd by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8th 1940, at 5 55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940, to May 8 1940, and that I last saw h[illegible] alive on May 8 1940.

Immediate cause of death: Bronchial asthma — Duration: ?
Due to: ?
Due to:
Other Conditions: Cardiac decompensation — 5 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury ✓

23. Signature F. J. Kuper
Address 3521 Fremont Ave Date signed 5-8-40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 2

9125

F 69125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland.
(b) Street address Sinai Hosp.
(c) Hospital or Institution: Monument St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 N. Amity St. (If rural give location)
(e) If foreign born, how long in U. S. A.) 35 years

3 (a) FULL NAME Bessie Harris

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Ezra
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 84 | Months | Days | If less than one day hr. min.
9. Birthplace: Russia (Town, county, and state)
10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: Abe Baer
13. Birthplace: Russia

MOTHER
14. Maiden Name: Blumer
15. Birthplace: Russia

16 (a) Informant: Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-40 (month) (day) (year)
(c) Cemetery or crematory: Herring Run
Location: Phil Rd & Belvieu Lane
18 (a) Funeral director: Jas. L. Lewis Inc.
(b) Address: 1439 E. Balto St.
19 (a) 5-9-40 (Date) (b) Herrington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/8 1940 at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/2 1940, to 5/8 1940, and that I last saw her alive on 5/8 1940.

Immediate cause of death: Pneumonia

Due to: Congestive Failure

Due to: Arteriosclerotic Heart Disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: W Perrakin M.D.
Address: Sinai Hosp. Date signed 5/8/40

EKG

F 69126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 69126 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 12 E. Pleasant St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Johnson

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife: Anna G. Johnson
6 (c) If alive, give age: 67 years
7. Birth date of deceased (mo., day, yr.): Oct 30, 1864
8. AGE: Years 75 | Months 6 | Days 7 | If less than one day ... hr. ... min.
9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: Stone
11. Industry or business: [illegible]

FATHER
12. Name: George W. Johnson
13. Birthplace: Baltimore Md

MOTHER
14. Maiden Name: Sarah Thomas
15. Birthplace: Harford Co., Md.

16 (a) Informant: Wife Anna G. Johnson
(b) Address: 12 E. Pleasant St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 9, 1940 (month) (day) (year)
(c) Cemetery or crematory: Greenmount Cem
Location: Greenmount Ave

18 (a) Funeral director: L. Neumann & Son
(b) Address: 32 S. Broadway

19 MAY 9 – 1940 (Date rec'd by registrar) (b) Registered by [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1940, at 7:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1940, to May 7 1940, and that I last saw h[illegible] alive on May 7 1940.

Immediate cause of death: Multiple Cerebral Thrombosis — Duration: 1 year
Due to: Gen. arteriosclerosis C.R. Uremia
Due to:
Other Conditions: Hypertension
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: John T. Coolahan M. D.
Address: Church Home & Inf. Date signed 6-7-40

F 69127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-3 Registered No.

F 69127

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 412 Folsom St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 59-6-24

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
Street No. 412 Folsom St., (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles W. Vogelman

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-3453

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1880

8. AGE: Years	Months	Days	If less than one day
59	6	24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Guard- American District
11. Industry or business Protection Service

FATHER
12. Name William H. Vogelman
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Annie E. Nash
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Ida D. Vogelman
(b) Address 412 Folsom St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave.,

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.,

MAY 9 1940 (Date rec'd by registrar) (b) Registrar

Hamilton Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1940, at 8.15 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 24, 1940, to May 7, 1940, and that I last saw him alive on May 7, 1940

Immediate cause of death — Duration

Acute dilatation of heart — 1 day

Due to

Mitral regurgitation (Indefinite)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. L. Campbell M. D.
Address 1644 Hanover St. Date signed 5.8.40

VS 8

Hiley P Campbell

69128

HEALTH DEPARTMENT—CITY OF BALTIMORE F 69128

CERTIFICATE OF DEATH

131-a

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2131 McCulloh ST. 14-3 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Hiley P. Campbell

(a) RESIDENCE NO. 2131 McCulloh ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Colored	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Campbell

6 DATE OF BIRTH (month, day, and year) April 5-1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife

(b) General nature of industry, business, or establishment in which employed (or employer) Usual

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) King William Co Virginia

PARENTS

10 NAME OF FATHER William Whiting

11 BIRTHPLACE OF FATHER (city or town) (State or country) King William Co. Va

12 MAIDEN NAME OF MOTHER Robinette

13 BIRTHPLACE OF MOTHER (city or town) (State or country) King William Co Va.

14 Informant William H. Campbell

(Address) 2131 McCulloh St

15 Filed ____ 19 ____ Registrar

MAY 9 - 1940

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6-1940

17 I HEREBY CERTIFY, That I attended deceased from May 2 19 40 to May 6 19 40 that I last saw alive on May 6 19 40 and that death occurred, on the date stated above, at 4.55 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio-Sclerosis

(duration) 4 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Symptoms Physical

(Signed) Wm. H. Wright M. D.

May 6 1940 (Address) 1209 Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cem.

DATE OF BURIAL 5/9 1940

20 UNDERTAKER Geo. L. Nelson

Address 1303 Pennsylvania Ave.

F 69129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 69129 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 13 N Collington ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 13 N Collington ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

15

3 (a) FULL NAME Rebecca Altman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife Phillip

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation
11. Industry or business Housewife

FATHER
12. Name Solomon Dunner
13. Birthplace Russia

MOTHER
14. Maiden Name Freda Trubnik
15. Birthplace Russia

16 (a) Informant Phillip Altman
(b) Address 13 N Collington ave

17 (a) Burial (b) Date thereof 5/9/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowley Lane

18 (a) Funeral director Sol J Levin Bro
(b) Address 1124 W Fayette

19 MAY 9 1940 [illegible]
Where registered

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1940, at 9 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 - 1937 to May 8 1940, and that I last saw h[illegible] alive on May 8 1940.

Immediate cause of death	Duration
Cardio Vascular Renal Disease	3 yrs
Cerebral Apoplexy	
Due to	
Due to	
Other Conditions Myocardial Insufficiency	3 days
Pulmonary Edema.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. V. Hayd M. D.
Address 156 N Milton Ave Date signed

F 69130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-D

F 69130 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1900 St. Paul St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 1 Year

2. USUAL RESIDENCE OF DECEASED:
(a) State Oregon (b) County
(c) City or town Portland
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Milo R. Clare

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Vera Wolf Clare
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20th 1888

8. AGE: Years	Months	Days	If less than one day
51	11	18	hr. min.

9. Birthplace Sciota Pa.
(Town, county, and state)
10. Usual Occupation Teacher
11. Industry or business Reed College Portland Oregon

FATHER
12. Name Richard Henry Clare
13. Birthplace Albany N.Y.

MOTHER
14. Maiden Name Lydia Catherine Zeigler
15. Birthplace Gettysburg Pa

16 (a) Informant Rev. Robt. D. Clare
(b) Address 1900 St. Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ St. Johns Luth. Church
Location Abbottstown Pa.

18 (a) Funeral director Williams Bork
(b) Address 1217 St. Paul St.

19 (a) (Date filed by registrar) (b) Huntington Williams M.D. Registrar

MAY 9 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8th 1940, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 10 1939 to May 8 1940 and that I last saw him alive on May 8 1940.

Immediate cause of death
Primary Carcinoma
Due to Prostate
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Gordyce L. Oren M. D.
Address 287 Taylor St. Date signed 5/9/40

F 69131

F 69131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 705 Harlem Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur Washington

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Ova
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-26-94

8. AGE: Years	Months	Days	If less than one day
46	2	11	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Gas Station
11. Industry or business

FATHER
12. Name John Washington
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Green
15. Birthplace Md

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof May 11 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

19 MAY 9 - 1940 (b) (Date rec'd by registrar) Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1940 at 8 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 29 1940 to May 7 1940 and that I last saw him alive on May 7 1940.

Immediate cause of death: Bacterial Endocarditis — Duration 4 days
Due to ? Rheumatic heart disease
Due to
Other Conditions Cirrhosis of liver — Duration months
(Include pregnancy within 3 months of death) Yes
Major findings:
Of operations
Of autopsy Ditto

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W B McAllister Jr. M.D.
Address Date signed 5-8-40

F 69132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

148 B F 69132 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 753 N Franklin
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 753 N Franklin
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bertha Leggett

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Fem
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Esther Leggett
6 (c) If alive, give age: 39 years

7. Birth date of deceased (mo., day, yr.) Oct 11, 1910

8. AGE: Years 29 30 | Months 6 | Days 26 25 | If less than one day hr. min.

9. Birthplace Dumpster S.C. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name James Rich
13. Birthplace Dumpster S.C.

MOTHER
14. Maiden Name Bettie Martin
15. Birthplace Dumpster S.C.

16 (a) Informant [illegible]
(b) Address 827 George st

17 (a) (Burial, cremation, or removal) (b) Date thereof May 9, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) (Date received by registrar) MAY 9 1940 (b) [illegible] (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1940 at 2:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1940 to May 6 1940 and that I last saw [illegible] alive on May 6 1940

Immediate cause of death: Sinoma Systemic — Duration: 6 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm H. Watts M. D.
Address 5154 Belmont Date signed 5/7/40

F 69133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 69133 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 103 N. Fremont St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 103 North Fremont St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Jackson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	widow

6 (b) Name of husband or wife Florence Jackson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
about 80			hr. min.

9. Birthplace Alabama
(Town, county, and state)
10. Usual Occupation Retired Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (b) Date thereof 5-9-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) MAY 9 - 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1940, at 9a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Generalized arteriosclerosis
Due to Senility
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Wanbaugh M.D.
Medical Examiner.
Date signed 5/5/40

VS 6

correct age is especially important. Physicians: please see that the cause of death is stated clearly and correctly.

F 69134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a F 69134 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1040 Edmondson Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1040 Edmondson Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ELEANOR B JOHNSON

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, (married) widowed, or divorced.
F	Col	

6 (b) Name of husband or wife James R. Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation (Housewife)
11. Industry or business Unknown

FATHER
12. Name (Deceased)
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Emma Taylor
(b) Address 531 Robert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-40 (month) (day) (year)
(c) Cemetery or crematory Carlton Memorial
Location

18 (a) Funeral director Louis B. Wartenberg
(b) Address 1006 Pennsylvania Ave, Huntington, West Virginia

19 (a) MAY 9 1940 by [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5, 19 40, at 5:20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Coronary occlusion	—
Due to	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Williamson M.D.
Medical Examiner.
Date signed 5-5-40

VS 6

F 69135
LS 55258

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 43

F 69135
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 714 N. Bruce St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lenner Byrd (Lennie)

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Ella
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ?

8. AGE: Years	Months	Days	If less than one day
45 ?	?	?	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name Moscoe Byrd (d)
13. Birthplace Va.

MOTHER
14. Maiden Name Georganna
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Metompkin, Va. (Burial, cremation, or removal) (b) Date thereof May 9 1940 (month) (day) (year)
(c) Cemetery or crematory Metompkin
Location Metompkin, Va.
18 (a) Funeral director J. Edgar Thoman.
(b) Address Accomac Va.
19 MAY 9 - 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1940, at 5:45 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from April 22 1940 to May 8 1940, and that I last saw h.m. alive on May 8 1940.

Immediate cause of death: Hypertensive cardiovascular disease — Duration unknown.
Due to:
Due to:
Other Conditions Arteriosclerosis of the kidneys? — unknown.
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. Williams M. D.
Address Baltimore City Hospitals Date signed 5/9/40

F 69136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69136 Registered No. 133.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Montgomery
(c) City or town Silver Spring Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7806 Falkland Drive
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ellen Elizabeth Parrott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Mr. William Parrott
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) June-14. 1894

8. AGE: Years	Months	Days	If less than one day
45	10	824	hr. min.

9. Birthplace Centerville. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John C. Barnes
13. Birthplace Centerville - Md

MOTHER
14. Maiden Name Mary E Holt.
15. Birthplace Centerville Md

16 (a) Informant Wm. F Parrott
(b) Address 7806 Falkland Dr. Silver Spring Md

17 (a) (Burial, ~~cremation, or removal~~) (b) Date thereof (month) (day) (year)
(c) Cemetery or ~~crematory~~ Old St. Joseph Cemetery
Location Cordova. Queen Anne Co. Md.

18 (a) Funeral director John R. Kenney
(b) Address 1242 Leeds Ter. (Arlington) Md.

MAY 9 - 1940 Huntington Williams, M.D.
(Date rec'd by Local Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1940, at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1940, to May 8 1940, and that I last saw her alive on May 8 1940.

Immediate cause of death Toxic Myocarditis

Due to

Due to

Other Conditions Cystitis and pyelonephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations Cystitis
Of autopsy Above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Sexton M. D.
Address Mercy Hosp. Date signed 5-8-40

correct age is especially important. Physician: please write the cause of death very plainly.

VS 2

W 69137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W

Registered No. 69137

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1009 N. Bond Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1009 N. Bond Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Marie Wunderlich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife H. J. Wunderlich

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1871

8. AGE: Years 68 | Months 11 | Days 18 | If less than one day ... hr. ... min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Friedrich
13. Birthplace Austria

MOTHER
14. Maiden Name Anna Hanisih
15. Birthplace Austria

16 (a) Informant Mrs. J. R. Wunderlich
(b) Address 4301 Powell Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11, 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Avenue

18 (a) Funeral director Lasahn Funeral Home
(b) Address 7401 Belair Road

19 (a) MAY 9 1940 (Date received by Registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8th 1940 12:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 6, 1940, to May 8, 1940, and that I last saw her alive on May 7, 1940.

Immediate cause of death Hemiplegia left — Duration one
Acute dilation of heart
Pulmonary edema
Due to Arteriosclerosis
Hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert S. Webster M.D.
Address 6409 Belair Road Date signed 5/8/40

VS 2

F 69138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 69138 Registered No. 5

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1211 N Calvert St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1211 N. Calvert St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Henderson

3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Wm
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 6-1866

8. AGE: Years 74 | Months 2 | Days | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Wm T Young
13. Birthplace Balto Md

MOTHER 14. Maiden Name Elizabeth Stulgher
15. Birthplace Balto Md

16 (a) Informant Ethel Jones
(b) Address 500 E. 35th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-40 (month) (day) (year)
(c) Cemetery or crematory Corrains
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 Hartsdale Ave

MAY 9 - 1940 (Date rec'd by registrar)
(b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1940, at 8:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 19 37 to May 8 1940, and that I last saw h[illegible] alive on May 7 19 40.

Immediate cause of death: Cardio vascular renal dis. — Duration: 1937 yrs

Due to

Due to

Other Conditions: Diabetes, Malleturs — Duration: 7 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank D Johns M. D.
Address 732 S Catt Pl Date signed 5/9/40

F 69139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 69139

Registered No. ....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ....
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) ....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 641 W Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? .... years

3 (a) FULL NAME ABNER FOOTE

3 (b) If veteran, name war ....
3 (c) Social Security Account No. ....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Mollie Reeves
6 (c) If alive, give age .... years

7. Birth date of deceased (mo., day, yr.) July 22-1870

8. AGE: Years	Months	Days	If less than one day
69	9	14	.... hr. .... min.

9. Birthplace Balto. md. (Town, county, and state)
10. Usual Occupation Stationary Engineer
11. Industry or business

FATHER
12. Name Geo. A. Foote
13. Birthplace Balto. md.

MOTHER
14. Maiden Name Rebecca Stansbury
15. Birthplace Balto. md.

16 (a) Informant Geo. Foote
(b) Address Sudbrook Park

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9-40 (month) (day) (year)
(c) Cemetery or crematory Frederick Rd London
Location London Park

18 (a) Funeral director Frank H. Purnell
(b) Address Pikesville, md.

19 (a) MAY 9 - 1940 (Date rec'd by registrar) (b) .... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1940 at 5 30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Meningitis, pneumococcic	
Due to Septicemia, pneumococcic	
Due to Pneumonia, lobar, right	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ....
(b) Date of occurrence ....
(c) Where did injury occur? .... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? .... (Specify type of place) While at work? ....
(e) Means of injury ....

23. Signature H. Z. Wollenweber M.D.
Asst. Medical Examiner.
Date signed: 5-7-40

VS 6

69140 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 69140

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5508 Burton Hts Ave St., 21-H Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Paul Bauer

If U. S. Veteran specify WAR None

(a) Residence: No. 5508 Burton Hts Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha C Bauer

6. DATE OF BIRTH (month, day, year): Feb 17 1872

7. AGE: Years 68 | Months 2 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lithographer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 5 yrs
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): New York NY

FATHER

13. NAME: Herman Bauer
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Lena Mertel
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Bertha C Bauer
(Address): 5508 Burton Hts Ave

18. ~~BURIAL~~, CREMATION, OR ~~REMOVAL~~
Place: Druemmount Date: May 11, 1940

19. UNDERTAKER: Williams Tukner & Sons
(Address): North & Penna Aves.

20. FILED: May 13 1940 Thurston Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 8, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1939 to May 8, 1940

I last saw h-im alive on May 8, 1940 Death is said to have occurred on the date stated above, at 1.150 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
HYPERTENZION	1935
CARDIO-VASCULAR RENAL DISEASE	1935
CEREBRAL HEMORRHAGE	May 1940
UREMIA	May 5 1940

Other contributory causes of importance:
ARTERIOSCLEROSIS 1935

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert J. Hemelfarb M. D.

(Address) 5444 Belair Rd.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each blank OCCUPATION is very important. See instructions on back of certificate.

69141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B

F 69141 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd Streets
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4829 Park Heights (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bessie Bradbury

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband Carl W. Bradbury
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30, 1901

8. AGE: Years	Months	Days	If less than one day
38	10	8	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Social Security Board

FATHER
12. Name Jos. P. Brady
13. Birthplace Richmond, Va.

MOTHER
14. Maiden Name Elizabeth Bratzel
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. Jos. A. Brady,
(b) Address 4829 Park Heights Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10, 1940 (month) (day) (year)
(c) Cemetery or crematory Arlington Nat'l Cem.
Location Fort Meyer, Virginia

18 (a) Funeral director Wm. J. Tickner & Sons.
Address North & Pa. Avenues.

19 (a) (Date received by registrar) (b) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/8 1940, at 9:51 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2/24 1940 to 5/8 1940 and that I last saw her alive on 5/8 1940

Immediate cause of death: Cardio Vascular Collapse — Duration 48 Hrs.
Due to Leukemia — 30 days
Due to Leucinomatosis — 6 Mo?
Other Conditions — Ovn

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. F. Pearce M. D.
Address V. M. H. Date signed 5/8

correct age is especially important. Physicians, please write plainly in ink or use typewriter. Do not abbreviate.

3769143
69142

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

LKF 69142
55E
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Y. (b) County
(c) City or town New York.
(If outside city or town limits, write RURAL and give town)
(d) Street No. National City Bank 42
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth R. Parker

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-10-70

8. AGE: Years	Months	Days	If less than one day
70	1	28	hr. min.

9. Birthplace New York (town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Ray Lovis
13. Birthplace N. Y.

MOTHER
14. Maiden Name Teresa Glimmock
15. Birthplace N. Y.

16 (a) Informant Friends
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof May 8 (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Frederick Road

18 (a) Funeral director John F. Mitchell & Son.
(b) Address 400 Cathedral St.

19 (a) MAY 9 1940 (Date rec'd by registrar) (b) Huntington, West Virginia

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8, 1940 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 14 1940 to May 8 1940, and that I last saw her alive on May 6 1940.

Immediate cause of death	Duration
Bronchopneumonia, right lower lobe	24 hrs
Due to	
Other Conditions Multiple myeloma (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Arteriosclerosis; pneumonia	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ward W. Briggs M. D.
Address Johns Hopkins Hospital Date signed May 8 '40

VS 3

59143

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69143

CERTIFICATE OF DEATH

104-B

1. PLACE OF DEATH 217-03-2080 Social

CITY OF BALTIMORE: (No. 3533 Old York Rd. St. 9-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Phillip J. Hiebler

(a) Residence: No. 3533 Old York Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Hiebler (nee Knox)

6. DATE OF BIRTH (month, day, year) May-18-1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51Yrs.	11Mo.	19Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traffic Manager for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lyon & Conklin

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Peter Hiebler

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Rising

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Catherine Hiebler

(Address) 3533 Old York Rd.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. May-10-1940
Place Date 19

19. UNDERTAKER HENRY HOECK + SONS INC.

(Address) 1301 E. Eager St.

20. FILED 19 Registrar.

MAY 9 - 1940

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May-7-1940, 19

22. I HEREBY CERTIFY, That I attended deceased from April 23rd. 1940. to May 7th. 1940.

I last saw him alive on May 6th. 1940. Death is said to have occurred on the date stated above, at 8.10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	5/7/40

Other contributory causes of importance:

Sinusitis

Was an operation performed? yes Date of 5/6/40

For what disease or injury? Sinusitis

Name of operation Puncture of Antrum

What test confirmed diagnosis? Clinical Was there an autopsy? no

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Geo W Murgatroyd M.D.

(Address) 401 E. 25th St.,

69144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181 F 69144

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto Gen'l Hospital St. 243 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Marie Bacon

(a) Residence: No. 1010 Riverside Ave. St. Ward.

(Usual place of abode)

If U. S. Veteran, specify WAR

S. S. No. 218-01-9395

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin G. Bacon Jr.

6. DATE OF BIRTH (month, day, year) March 5. 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. D. Levy Co. (Hats)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME George L. Gross

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Margaret McNeal

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs. Margaret Gross

(Address) 1010 Riverside ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date May 11 1940

19. UNDERTAKER Margaret G. Ryan

(Address) 1422 Light St.

20. FILED

MAY 9 - 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1940 to May 8, 1940

I last saw h-er alive on May 8, 1940. Death is said to have occurred on the date stated above, at 2.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
2nd degree burns of legs, b. Flames x rt	5/2/40
forearm	
Secondary infection of burn areas	
Dehydration	
Other contributory causes of importance:	
Cachexia	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 5/2/ 1940

Where did injury occur? Baltimore Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home Clothes caught fire from oil stove

Manner of injury Burned when clothes caught fire

Nature of injury 2nd degree burns of legs, forearm

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) E. R. Eppinger M. D.

(Address) South Baltimore

O.K. Cook Vandenhoff for Harold D. Maldeis

F 69145

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

F 69145
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1 Marlborough Court (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Abraham Y. Gump

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Jennie H. Gump
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1862

8. AGE: Years	Months	Days	If less than one day
77	10	29	hr. min.

9. Birthplace Illinois (Town, county, and state)
10. Usual Occupation Retired Liquor Dealer
11. Industry or business

FATHER
12. Name Gabriel Gump
13. Birthplace Germany

MOTHER
14. Maiden Name Henrietta Mandstadt
15. Birthplace Germany

16 (a) Informant Mrs. A. Y. Gump,
(b) Address Marlborough Court.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/40 (month) (day) (year)
(c) Cemetery or crematory Ohab Shalom
Location Balto. Md.

18 (a) Funeral director Chas. Sonnheim's Son
(b) Address 1912 Eutaw Place

19 (a) (Date received by registrar) (b) [illegible]

MAY 9 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/8 1940 at 3:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/4 1940 to 5/8 1940.
and that I last saw h[illegible] alive on 5/8 1940.

Immediate cause of death Diabetic acidosis
Bronchopneumonia

Due to Diabetes Mellitus

Due to

Other Conditions Benign prostatic Hypertrophy
& Bilat. Pyelonephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Prostatic Hypertrophy & Bilat. Pyelonephritis

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature W Perkins M. D.
Address Sinai Hospital Date signed 5/8/40

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 69146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 69146

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 62 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1406 Hample Court (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Solomon (53515)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29, 1918

8. AGE: Years	Months	Days	If less than one day
22	3	8	hr. min.

9. Birthplace N. Car. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Harrison Solomon
13. Birthplace N. Car.

MOTHER
14. Maiden Name Mary Melissi Carr
15. Birthplace N. Car.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10th 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brooklyn Md. Co. Md.
18 (a) Funeral director Butler Funeral Home
(b) Address 128 Mc Elderry St. Balto. Md.
19 (a) (Date received by Registrar) (b) Registrar

MAY 9 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1940, at 5:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 6, 1940, to May 7, 1940, and that I last saw her alive on May 7, 1940

Immediate cause of death: Tuberculosis of the Lungs — Duration July 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Solomon M. D.

Address Balto. City Hospitals Date signed 5-7-40

F 69147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122 F. 69147

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 76

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 3602 E. Pratt st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pasquale Sessa

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-9045

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4 - 1909

8. AGE: Years	Months	Days	If less than one day
30	10	4	hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Caulker

11. Industry or business

FATHER
12. Name Gaetano Sessa
13. Birthplace Italy

MOTHER
14. Maiden Name Mary Micci
15. Birthplace Italy

16 (a) Informant mother Mary Sessa
(b) Address 3602 E. Pratt

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Frank V. Pipitone
(b) Address 2818 E. Balto st

19 (a) [illegible] (b) [illegible] Registrar

MAY 9 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/26 1940 to 5/8 1940, and that I last saw him alive on 5/6 1940.

Immediate cause of death Pulmonary embolism — Duration 15 min

Due to Bilateral inguinal herniaplasty & repair & bilateral hydroceles

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Bilateral indirect inguinal herniaplasty & bilateral hydroceles.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arnold A. Faed M. D.
Address Sinai Hosp. Date signed

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

69148 ✓ F 69148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 934 Brevard St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Amanda Bond

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	married-separated

6 (b) Name of husband or wife Frank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-7-1878

8. AGE: Years	Months	Days	If less than one day
62	2	29	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Unk
13. Birthplace Unk

MOTHER
14. Maiden Name Laura Hopkins
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (b) Date thereof 5-11-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Int. Auburn
Location Balto Md.
18 (a) Funeral director Chas. H. Alexander
(b) Address 1200 Mt. Carmel St.
19 (a) MAY 9 1940 (b) Balto Md.
Date Received (Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6 19 40 at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-30 19 40 to 5-6 19 40, and that I last saw h[illegible] alive on 5-6 19 40.

Immediate cause of death	Duration
Cardiac Failure	sudden
Due to Hypertensive cardio vascular disease ?	
Due to	
Other Conditions Cellulitis right leg	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L.K. Woodward Jr. M. D.
Address Balto City Hosp. Date signed 5-6-40

VS 3

F 69149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 69149 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2428 E. Monument St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2428 E. Monument St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Lauro

3 (b) If veteran, name war | 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Frank Lauro
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 27/1869

8. AGE: Years	Months	Days	If less than one day
71	2	8 10	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Wagner
13. Birthplace Germany

MOTHER
14. Maiden Name Hoffmann
15. Birthplace Germany

16 (a) Informant Frank Lauro
(b) Address 2428 E. Monument St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10/40 (month) (day) (year)
(c) Cemetery or crematory Near Cathedral
Location Balto Md

18 (a) Funeral director Philip Herring Sons
(b) Address 2024 Orleans St

19 (a) (b) Hunter Jones Williams, M.D. (Registrar) Registrar

MAY 9 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1940 8:15 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 4/29 194 to 5/7 1940, and that I last saw h alive on 5/7 1940

Immediate cause of death
Lobar Pneumonia
Due to
Due to acute dilatation of heart
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Jankus
Address 119 N. Milton Ave Date signed 5/8/40

correct age is especially important. Any mistake, please notify

F 69150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 69150

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 808 N. Patterson Park Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 808 N. Patterson Park Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 34 years

3 (a) FULL NAME Emilia Nowak

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Jan. 14, 1868

8. AGE: Years	Months	Days	If less than one day hr.	min.
72	3	24		

9. Birthplace Gologory, Poland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Frank Kinczel
13. Birthplace Horice, Czechoslavakia

MOTHER
14. Maiden Name Ludmila Zup
15. Birthplace Hradec Kralove, Czech.

16 (a) Informant Mr. Joseph Nowak, Jr.
(b) Address 808 N. Patterson Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Eastern Ave

18 (a) Funeral director M. J. Jadrowski & Sons
(b) Address 1808 Eastern Ave.

19 MAY 9 - 1940 Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1940, at 7:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 11 1939 to May 8 1940, and that I last saw her alive on May 8 1940.

Immediate cause of death Coronary Embolus — Duration 50 minutes

Due to Cardio Vascular Renal Disease — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Pakorny
Address 2200 E Madison St Date signed 5/8/40 M. D.

Physicians: please write the causes of death clearly and legibly. Be sure that the correct age is especially important.

69151 ✓ F 69151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1803 Linden Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1803 Linden Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella B. P. Moffett

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife William H. Moffett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 11, 1854

8. AGE: Years	Months	Days	If less than one day
86	4 3	27	..... hr. ..... min.

9. Birthplace Philadelphia, Pa.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Parvin
13. Birthplace Not obtainable

MOTHER
14. Maiden Name Mary Dobbins Budd
15. Birthplace ----- Pennsylvania

16 (a) Informant W. Edwin Moffett
(b) Address 2216 North Calvert Street

17 (a) Burial (b) Date thereof 5/10/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Woodlawn
(a) Funeral director H W Mears & Son
(b) Address 805 North Calvert Street

18 (a) ..... (b) Huntington Hill Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 - 1940, at 3 15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 29-1940. to May 8-1940. and that I last saw h-- alive on May 6-1940.

Immediate cause of death

	Duration
Acute coronary occlusion	
Due to ~	
Due to ~	
Other Conditions Prob. - Pneumo-pneumonia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ~
Of autopsy ~

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ~
(b) Date of occurrence ~
(c) Where did injury occur? ~
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ~ While at work? ~
(Specify type of place)
(e) Means of injury ~

23. Signature Herman Seidl M. D.
Address 2404 Eutaw Pl Date signed 5/9/40

VR 40 (ERS)

F 69152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 69152

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2214 Linden Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County 1
(c) City or town Balto. (If outside city or town limits write RURAL and give town)
(d) Street No. 2214 Linden Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 20 years

3 (a) FULL NAME Matilda Freida Penn

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F. | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Israel Penn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 84 | Months | Days | If less than one day: hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Russia

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Russia

16 (a) Informant: Lewis Penn
(b) Address: 2214 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-10-40 (month) (day) (year)
(c) Cemetery or crematory: Balto. Hebrew
Location: Belair Rd.

18 (a) Funeral director: Jack Lewis Inc
(b) Address: 1739 E. Balto. St.

MAY 9 1940 (Date received by Registrar) (c) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-8-40 1940, at 8:15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 1938, to May 8 1940
and that I last saw [illegible] alive on May 8 1940

Immediate cause of death: Arterio-Sclerosis C. V. D.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Hamish J. Hankins

Address 2331 Eutaw Pl. Date signed 5/9/40

F 69153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 69153

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6100 Baltona Ave
(c) Hospital or institution: Edgewood Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3016 Iona Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sophia Beatle Keppert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Widow

6 (b) Name of husband or wife George W. Keppert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 27-1861

8. AGE: Years	Months	Days	If less than one day
78	6	11	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Augustus C. Madinger
13. Birthplace Md

MOTHER
14. Maiden Name H. P. Taff
15. Birthplace Md

16 (a) Informant Louis F. Keppert
(b) Address 3016 Iona Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location

18 (a) Funeral director Leonard J. Cook
(b) Address 2305 Maryland Rd.

19 (a) MAY 9 - 1940 (Date filed by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/8 1940 at 6:10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/3 1940, to 5/8 1940, and that I last saw her alive on 5/7 1940.

Immediate cause of death	Duration
Generalized Carcinoma	1 yr
Due to Cancer of Ovary	3 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Guss M.D.
Address 4335 Harford Rd. Date signed 5/9/40

V8 3

Correct age in typewriting or by rubber stamp

54

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1866

F 69154

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 311 Ss Caroline St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Silas Holmes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Catletts Station Va.
(Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER 12. Name Jacob Holmes

13. Birthplace Va

MOTHER 14. Maiden Name not known

15. Birthplace

16 (a) Informant Albert Holmes Son

(b) Address 1528 Preston St,

17 (a) Burial (b) Date thereof 4/11-1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Baltimore Md.

18 (a) Funeral director Lether Gross

(b) Address 1408 Ashland Ave

19 (a) Filed (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1940 at 3 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said A
(Autopsy or Inquiry)
find that said deceased came to his death on the day stated above.

Immediate cause of death Death Occurred Ether Anesthesia for Reduction of Fracture of Left Mandible

Due to History of Epilepsy

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/11/40
(c) Where did injury occur? Belair Market Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Fell during epileptic seizure

23. Signature Wm H Garden M.D.
Medical Examiner.

Date signed 5/8/40

Please write the cause of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. Physicians: please write the cause of death clearly and legibly. Physicians:

F 69155 1

F 69155 ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 246 N Amity St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Bated

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Colored	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edward Shipley
13. Birthplace Maryland

MOTHER
14. Maiden Name Gertrude Bated
15. Birthplace Baltimore

16 (a) Informant Gertrude Bated.
(b) Address 246 N Amity St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAY 9 - 1940

18 (a) Funeral director Commissioner of Health
Per H. A. Moore
(b) Address Huntington Williams, M.D.

19 MAY 9 - 1940 (b) Registrar
(Date rec'd by registrar)

5605

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-3 1940, to 5-6 1940, and that I last saw him alive on 5-6 1940.

Immediate cause of death	Duration
Pneumaturesty	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Rowen M Laughlen M. D.
Address University Hospital Date signed 5-7-40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 69156 HEALTH DEPARTMENT—CITY OF BALTIMORE F 69156

CERTIFICATE OF DEATH

30-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp. St. 17-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Clarissa Adams

If U. S. Veteran specify WAR

(a) Residence: No. 722 E. Franklin St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 15 1940

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	2	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME George Ford

14. BIRTHPLACE (city or town) ? (State or country)

MOTHER

15. MAIDEN NAME Glenys Adams

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Glenys Adams

(Address) Baltimore Md.

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date MAY 9 - 1940

Commissioner of Health

19. UNDERTAKER Per H. A. Moore

(Address)

20. FILED MAY 9 - 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1940 to May 2, 1940

I last saw her alive on May 2, 1940 Death is said to have occurred on the date stated above, at 1:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Syphilis	
Malnutrition	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrence McLaughlin M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

V8 2

5606

F 69157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51-B

Registered No. F 69157

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1619 E. Lafayette Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1619 E. Lafayette Ave.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eugene Vernon Matthews

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-09-9632

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary E. Matthews

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12-1867

8. AGE: Years	Months	Days	If less than one day
73		27 25	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business Md. Casulty Co.

FATHER
12. Name Wm. T. Matthews
13. Birthplace Md.

MOTHER
14. Maiden Name Gwynn
15. Birthplace Md.

16 (a) Informant Mary E. Matthews (Wife)
(b) Address 1619 E. Lafayette Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10-40 (month) (day) (year)

(c) Cemetery or crematory London Pk. Cem.
Location Frederick Rd.

18 (a) Funeral director John L. Miller
(b) Address 2304 Jefferson St.

19 (a) MAY 9 - 1940 Huntington Williams M.D.
(Registrar's signature) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7th 19 at 11 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1939 to May 7 1940 and that I last saw him alive on May 7 1940.

Immediate cause of death Carcinoma Portion Stomach

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. N. Grayson M. D.

Address 1125 St. Paul St. Date signed 5/9/40

F 69158 F 6915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146-G Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) Hospital or institution: Methodist Old Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Muller

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 27 1865

8. AGE: Years	Months	Days	If less than one day
74	4	12	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Muller
13. Birthplace Germany

MOTHER
14. Maiden Name Christina Wagner
15. Birthplace Germany

16 (a) Informant Etta Cuddy
(b) Address 2211 Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 40 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Baltimore Md

18 (a) Funeral director Wilhelm Bros
(b) Address 1317 E Lond St

19 (a) MAY 10 1940 (Date rec'd by registrar) (b) Registrar's signature

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1940, at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1940, to May 9 1940, and that I last saw her alive on May 8 1940.

Immediate cause of death
Carcinoma Head of Pancreas.
Due to
Due to
Other Conditions Chr. Nephritis. Senility.
(Include pregnancy within 3 months of death)

Major findings:
Of operations none.
Of autopsy Carcinoma Pancreas.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos E. Shannon MD
Address 200 N. Fulton Ave Date signed 5/7/40 M. D.

F 69159

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 69159 Registered No. 149-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) 39

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5218 Linden Hgts Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Alice M. O'Brien

3 (b) If veteran, name war	3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Walter J
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1900

8. AGE: Years	Months	Days	If less than one day
40	11	19	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Richard Clk
13. Birthplace Md

MOTHER
14. Maiden Name Lizzie Grey
15. Birthplace Md

16 (a) Informant Self
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/40 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) [illegible] Huntington Williams, M.D. Registrar

MAY 10 1940 VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/9 1940, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1 1940 to 5-9 1940, and that I last saw h[illegible] alive on 5-9 1940.

Immediate cause of death	Duration
Carcinoma of ovaries	(?)
Due to (Bilateral)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Manahead M. D.
Address Md Gen. Hosp Date signed 5-9

69460 55327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1332a

F 69160 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1131 Argyle Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Nelson Green

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Brown	single

6 (b) Name of husband or wife
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 12/25/1893

8. AGE: Years	Months	Days	If less than one day
46	4	11	..... hr. ..... min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Bag Sewer
11. Industry or business

FATHER
12. Name Nelson Green
13. Birthplace Md.

MOTHER
14. Maiden Name Kate Watkins
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5 10 40 (month) (day) (year)
(c) Cemetery or crematory MT CALVARY.
Location ANNA ARUNDEL COUNTY MD

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna ave

19 (a) MAY 10 1940 (Date received by Registrar) (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6 1940, at 4:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-4 1940, to 5-6 1940, and that I last saw h[illegible] alive on 5-5 1940.

Immediate cause of death: Uremia — Duration: few days

Due to Pyelonephritis — Duration: P

Due to Perirectal abscess — Duration: ?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L K Woodward Jr.
Address Balto City Hosp. Date signed 5-6-40 (M. D.)

F 69161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 69161 Registered No.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Miami Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3731 Towanda ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Isadore Margolis
3 (b) If veteran, name war
3 (c) Social Security Account No. 213-61-7775
4. Sex male
5. Color or race white
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 9 1912
8. AGE: Years 28 Months 12 Days 29 If less than one day hr. min.
9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Gents Furnishing
FATHER 12. Name Jacob S. Margolis
FATHER 13. Birthplace Balto Md.
MOTHER 14. Maiden Name Dora Frank
MOTHER 15. Birthplace Balto Md.
16 (a) Informant Mrs Dora Margolis
16 (b) Address 3731 Towanda ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10 1940 (month) (day) (year)
17 (c) Cemetery or crematory Hebrew Rosedale Location Pikesville Rd
18 (a) Funeral director Sol Levinson & Bros
18 (b) Address 1124-26 W. North ave
MAY 10 1940 (Date received by Registrar) (Huntington Williams M.D. Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1940, at 8 45 M
21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1940, to May 8 1940, and that I last saw h[illegible] alive on May 8 1940.

Immediate cause of death: Hemorrhage Cerebral Accident — Duration 2 hrs.
Due to: Malignant Hypertension — Duration 3½ years.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Douglas H. Stone M. D.
Address Union Memorial Hosp. Date signed 5/8/40
H. L. Wollenweber, M.D. Coatesville, Pa.

VS 3

F 69162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 69162 Registered No. [illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 202 Moore St.,
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Willie Hall

3 (b) If veteran, name war World War

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887 (illegible)

8. AGE: Years	Months	Days	If less than one day
52	4	19	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name William Hall
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Martin ?
15. Birthplace Baltimore, Maryland

16 (a) Informant Records U. S. Marine Hospital
(b) Address Baltimore, Maryland

17 (a) (Burial, cremation, or removal) **(b) Date thereof** May 10-1940 (month) (day) (year)
(c) Cemetery or crematory U. S. National
Location

18 (a) Funeral director James A. Stayer
(b) Address 142 W. Fayette St.

19 (a) (Date received by Registrar) **(b)** [illegible] Williams M.D. Registrar

MAY 10 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1940, at 6:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 28, 1940, to May 7, 1940, and that I last saw him alive on May 7, 1940.

Immediate cause of death
Pulmonary tuberculosis, far advanced — Duration: Unknown

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. M. H. Anderson, Medical Officer in charge M. D.
Address U. S. Marine Hospital **Date signed** 5-7-40

69163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69163

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 924 Wood Year st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 924 Wood Year st (If rural, give location)
(e) If foreign born, how long in U. S.? years

3 (a) FULL NAME Mary Spears

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex F
5. Color or race Col.
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 8, 1872
8. AGE: Years 67 Months 7 Days 24 If less than one day hr. min.
9. Birthplace St. Mary's Co. Md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name John Spears
13. Birthplace St. Mary's Co. Md

MOTHER
14. Maiden Name Mary Pointer
15. Birthplace St. Mary's Co Md

16 (a) Informant Mary Spears
(b) Address 924 Woodyear St

17 (a) (Burial, cremation, or removal) (b) Date thereof May 10, 1940 (Month) (day) (year)
(c) Cemetery or crematory Mt. Lion
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) Date received MAY 10 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1940, at [redacted] M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 19, to May 7 1940
and that I last saw h alive on May 6 1940.

Immediate cause of death — Duration

(a) Chronic Myocarditis — 2 yrs
Due to
(b) Pulmonary Oedema — 4 days
Due to
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles Wesley Mayo
Address 861 Hanover St Date signed May 9 1940

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

69164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

Registered No. F 69164

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd St
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt.
(c) City or town Garrison Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. Cave's Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mrs. Clarence E. Tuttle Amy Tuttle
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, ~~married~~, ~~widowed~~, or ~~divorced~~: Married
6 (b) Name of husband or ~~wife~~: Clarence E. Tuttle
6 (c) If alive, give age 54 years
7. Birth date of deceased (mo., day, yr.) Sept. 10, 1887
8. AGE: Years 53 | Months 7 | Days 26 | If less than one day: hr. ____ min. ____
9. Birthplace Minneapolis, Minn. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Samuel Sterns
13. Birthplace Minnesota

MOTHER
14. Maiden Name Sarah Posner
15. Birthplace Maryland

16 (a) Informant Husband C E Tuttle
(b) Address same Garrison Md
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Thomas Cem
Location Garrison Md Baltimore Co Md
18 (a) Funeral director Henry H Jenkins & Son Co
(b) Address Orchard & McCollohs Sts Towson Md
19 (a) (Registrar) Mrs. Williams M.D. Registrar
(b) Date received MAY 10 1940
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1940, at 11:20 P M
21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1940 to May 8 1940, and that I last saw her alive on May 8 1940.

	Duration
Immediate cause of death: Cerebral Hemorrhage	3 days
Due to: Cerebral-vascular accident	3 days
Due to: Hypertension - C-V disease	? years
Other Conditions:	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Robert C. Crawford
Address Union Memorial Hospital Date signed 5/8/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69165

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

48 - a Registered No. F 69165

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd, Calvert St
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. Severn Apt 4K (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. John Jacob Thomsen Julia L Thomsen
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 12 1867
8. AGE: Years 73 | Months 2 | Days 27 | If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation
11. Industry or business
12. Name of FATHER B F Thomsen
13. Birthplace Pa
14. Maiden Name of MOTHER Mary Evans
15. Birthplace W Virginia
16 (a) Informant Mrs J L Howard
(b) Address 209 W Monument St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 40 (month) (day) (year)
(c) Cemetery or crematory Greenmount Ce
Location Baltimore Md
18 (a) Funeral director H W Jenkins & Son Co
(b) Address Orchard & Mc Culloh Sts
19 (a) Date received by registrar MAY 10 1940 (b) Registrar's signature Hilliard Hyde Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1940, at 6 35 P M
21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1940, to May 9 1940, and that I last saw her alive on May 9 1940
Immediate cause of death Cardiac Failure — Duration
Due to Terminal Carcinomatosis — Unknown
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Raymond J Duffy
Address Union Memorial Hosp Date signed 5/9/40

VS 3

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

69166

F 69166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 567 Dolphin St. 17-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Walter Brown

If U. S. Veteran specify WAR

(a) Residence: No. 567 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabella

6. DATE OF BIRTH (month, day, year) March 4, 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME See Brown

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Georgia ?

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Isabella Brown

(Address) 567 Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date May 11, 1940

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) 1631 Druid Hill Ave.

FILED MAY 10 1940 19... J. C. Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8. 1940

22. I HEREBY CERTIFY, That I attended deceased from October 5, 1939 to May 8, 1940

I last saw him alive on May 8 1940 Death is said to have occurred on the date stated above, at 8:10 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis (Chornic)	Unknown
Other contributory causes of importance:	
Arteriosclerosis	8 mo

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. White M. D.

(Address) 1344 Druid Hill Avenue

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Enter statement of OCCUPATION is very important. See instructions on back of certificate.

SOCIAL SECURITY NUMBER

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69167

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH South Balto Gen Hosp — Registered No.

CITY OF BALTIMORE: (No. 1213 Light St., 7th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andrew Fraley — If U. S. Veteran specify WAR ...

(a) Residence: No. 1316 Hull St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Fraley

6. DATE OF BIRTH (month, day, year) Jan 26th 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Manufact

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Michael Fraley

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bochon

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Thomas J Fraley
(Address) 1318 Hull St

18. BURIAL, CREMATION, OR REMOVAL Died
Place Holy Cross Cem Date May 13th 1940

19. UNDERTAKER Charles F Dill.
(Address) 1501 E. Fort Ave

20. FILED ... 19...
MAY 10 1940 Huntington Williams Registrar
EPC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-9, 1940

22. I HEREBY CERTIFY, That I attended deceased from 5-1- 1940 to 5-9 1940

I last saw him alive on 5-9 1940 Death is said to have occurred on the date stated above, at 12:20 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cachexia	
	about

Other contributory causes of importance:
Senility

Was an operation performed? Not Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Not

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Philip U Kenited M. D.

(Address) S B Genl Hosp

State CAUSE OF DEATH in plain words, so that it can be understood by the layman. Do not use abbreviations or symbols. OCCUPATION is very important. See instructions on back of certificate.

F 69168

Main

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69168 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 10 West Fifth St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? None years

3 (a) FULL NAME Miss Susan Main S. S. No. 214-10-2332

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife Mr. Charles Main
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Aug 31, 1883

8. AGE: Years	Months	Days	If less than one day
56 57	8	109	4 hr. 30 min.

9. Birthplace Frederick Md.
(Town, county, and state)
10. Usual Occupation Housewife Sewer
11. Industry or business Muse Tailoring Co.

FATHER
12. Name Daniel Dunkleman
13. Birthplace Frederick, Md.

MOTHER
14. Maiden Name Susan Boblein
15. Birthplace Frederick Md.

16 (a) Informant Mercy Hospital Records
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Woodstock
Location Frederick Md.

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick Md.

19 (a) (b)
(Date received by registrar) MAY 10 1940 (Registrar)
VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1940, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 24 1940, to May 10 1940, and that I last saw h[er] alive on May 10 1940.

Immediate cause of death Cerebral decerebration — Duration 2 days
Due to Extraventricular accumulation tuberculosis — 11 days
Due to arteriosclerotic C-V disease
Other Conditions Chronic cholecystitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations Chronic cholecystitis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Sexton M. D.
Address Mercy Hosp. Date signed 5/10/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B

F 69169

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 28 Charlotte Place
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED: Legal residence
(a) State Maine (b) County Androscoggin Co
(c) City or town Auburn - Me.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 17 - Drummond St
(If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME Edward Curtis True

3 (b) If veteran, name war: none

3 (c) Social Security Account No. ?

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Adele D. True

6 (c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): Sept-24-1869

8. AGE: Years 70 | Months 7 | Days 14 | If less than one day: hr. min.

9. Birthplace: Maine (Town, county, and state)

10. Usual Occupation: Chemist

11. Industry or business: Chemical Mfrs.

FATHER
12. Name: John F. True
13. Birthplace: New Hampshire

MOTHER
14. Maiden Name: Sarah Curtis
15. Birthplace: Maine

16 (a) Informant: Mrs Adele D. True - (wife)
(b) Address: 28 Charlotte Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May-10-40 (month) (day) (year)
(c) Cemetery or crematory: Green Mount
Location: Baltimore Md.

18 (a) Funeral director: STEWART & MOWEN COMPANY
(b) Address: (W. F. WOODEN SUC.) 104 W. NORTH AVENUE

19 (a) (Date rec'd by registrar) Huntington Hill

MAY 10 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 8 1940, at 5:50 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1940, to May 8 1940, and that I last saw him alive on May 8 1940.

Immediate cause of death: Bronchopneumonia — Duration: 3 days
Due to: Cerebral Thrombosis — 6 weeks
Due to: Hypertension and Arteriosclerosis — 5 years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Harvey J Beck M. D.
Address: 100 E 23rd St Date signed: 5/9/40

Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

69170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

115-B

F 69170

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 W. Rogers Avenue
(c) Hospital or institution:
Home for Aged of M. E. Church
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 W. Rogers Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma M. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ----------

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 28, 1861

8. AGE: Years	Months	Days	If less than one day
78	6	10	hr. min.

9. Birthplace Carroll County, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Smith,
13. Birthplace Carroll County, Maryland

MOTHER
14. Maiden Name Sarah Inigley
15. Birthplace Pennsylvania

16 (a) Informant Etta Cuddy,
(b) Address 2211 W. Rogers Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-40 (month) (day) (year)
(c) Cemetery ~~Woodlawn~~ Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues,

19 (a) (Date rec'd by registrar) (b) Huntington Indiana, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8, 1940, at 1:10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940, to May 8 1940, and that I last saw h[illegible] alive on May 7 1940.

Immediate cause of death: Streptococcus Infection Throat.
Due to
Due to
Other Conditions Toxemia.
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. E. Shannon M.D.
Address 208 N. Fulton Ave. Date signed 5/9/40 M. D.

Correct

69171

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83B

F 69171

55155

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home Hotel Kibler
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry A. Winter

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife UNKNOWN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 3, 1874

8. AGE: Years	Months	Days	If less than one day
66	4	6	hr. min.

9. Birthplace LOWELLE Mass.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Fitz Henry Winter
13. Birthplace GLOUCESTER Mass.

MOTHER
14. Maiden Name Priscilla Atwood
15. Birthplace LOWELLE MASS.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) CREMATION (b) Date thereof MAY 11 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory FOREST HILL
Location BOSTON MASS

18 (a) Funeral director WM J TISKNER & SONS
(b) Address NORTH & PA AVES Huntington Williams, Inc.

MAY 10 1940 (b)
(Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1940, at 4:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1940, to May 9 1940, and that I last saw h alive on May 9 1940.

Immediate cause of death	Duration
Cerebral Thrombosis	6 weeks
Due to	
Due to	
Other Conditions Terminal bronchopneumonia	2 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Baltimore City Hospitals Date signed 5/9/40 M. D.

69172
3798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-D

F 69172 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 1 5
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 19

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 101 N. Exeter St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 19 years

3 (a) FULL NAME Joseph Sandel

3 (b) If veteran, name war V | 3 (c) Social Security Account No. V

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Married

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1888

8. AGE: Years	Months	Days	If less than one day hr.	min.
52				

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Roofer
11. Industry or business

FATHER
12. Name Joseph Sandel
13. Birthplace Poland

MOTHER
14. Maiden Name Eva Bornstein
15. Birthplace Poland

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-40 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Herman Hall Rt
18 (a) Funeral director Jack Jones Inc
(b) Address 1438 E. Balto St
19 (a) (Date rec'd by Reg.) 5-10-1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1940, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1940 to May 9 1940 and that I last saw h[illegible] alive on May 9 1940.

Immediate cause of death Uremia — Duration

Due to Polycystic Kidneys

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation
Of autopsy no autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Brown M Hobyns M.D.
Address Johns Hopkins Hosp. signed 5-9-40

VS 3

69173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. F 69173

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Milton & Caton Aves.
(c) Hospital or institution:
St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Wash. Co.
(c) City or town Hagerstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 235 S. Cannon Ave.
(If rural give location)
(e) ~~If foreign born, how long in~~ U. S. A.? ..... years

3 (a) FULL NAME Mr. William Rauth

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb

8. AGE: Years	Months	Days	If less than one day
80			hr. ..... min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Retired tailor
11. Industry or business

FATHER
12. Name William Rauth
13. Birthplace Hagerstown, Md

MOTHER
14. Maiden Name Dorothy Barn
15. Birthplace Germany

16 (a) Informant Edward Rauth
(b) Address Washington, D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/40 (month) (day) (year)
(c) Cemetery or crematory Rose Hill Cem.
Location Hagerstown, Md.

18 (a) Funeral director Fred H. Kraus
(b) Address Hagerstown, Md.

19 (a) ..... (b) Hunter Corbin Williams M.D.
(Signature of registrar)

MAY 10 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-10- 1940, at 6.40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-2 1940 to 5-10 1940 and that I last saw him alive on 5-9 1940.

Immediate cause of death Coronary thrombosis — Duration .....
Due to Arteriosclerosis .....
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Major findings: —
Of operations .....
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature Charles V. Lewis M. D.
Address St. Agnes Hosp. Date signed 5-10-40

correct age is especially important. Physicians: please write the exact duration of death (day, month, year)

69174 F 69174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1223

Registered No. [illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mchenry & Caton Aves,
(c) Hospital or institution: St. Agnes' Hospital,
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Washington
(c) City or town Clear Spring (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary R. Mouse

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-19-92

8. AGE: Years	Months	Days	If less than one day
47	4	21	hr. min.

9. Birthplace Washington Co. Md (Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER 12. Name David W. Flory

13. Birthplace Clearspring Md.

MOTHER 14. Maiden Name Mary Amanda Mouse

15. Birthplace Washington Co. Md.

16 (a) Informant Mrs Aaron Bartles

(b) Address Clearspring Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-40 (month) (day) (year)

(c) Cemetery or crematory Catholic Cem

Location Clearspring Md.

18 (a) Funeral director Fred W Kramer

(b) Address Hagerstown Md.

19 (a) [illegible] (Date received by registrar) [illegible] Washington Co. Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/10 1940 at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/9 1940 to 5/10 1940 and that I last saw h[illegible] alive on 5/9/1940

Immediate cause of death — Duration

Intestinal obstruction.
Gangrene of distal half
Due to Intussusception of ileum,
descending colon &
Due to acquired
Thrombosis of left
Other Conditions Colitis [illegible]

(Include pregnancy within 3 months of death)

Major findings:
Of operations Thrombosis by
Ileocolostomy. Removal
of distal half of [illegible]

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James Crains M. D.

Address St. Agnes Hospital Date signed 5/10/40

Correct all items especially important. If unknown, please write the words to complete the record.

F 69175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 69175 Registered No.

1. PLACE OF DEATH: Edgewood Sanitarium
(a) Baltimore City, Maryland
(b) Street address 6000 Baltimore Ave
(c) Hospital or institution: Nurses Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
Street No. 2206 Desford Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Emma Staulpite

3 (b) If veteran, name war ____

3 (c) Social Security Account No. ____

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Pierce

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct 18-1861

8. AGE: Years 78 | Months 6 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland
(City, county, and state)

10. Usual Occupation None.

11. Industry or business ____

FATHER
12. Name John Staulpite
13. Birthplace Germany

MOTHER
14. Maiden Name ____
15. Birthplace ____

16 (a) Informant Mrs Staulpite
(b) Address 3100 Lawnwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director Jos J Stein & Sons
(b) Address 3001 W Centre St Ave

19 (a) Date received MAY 10 1940 (b) [illegible]
VS F

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/6/40 19 at 9 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/9/40 19 to 5/6/40 19, and that I last saw h[illegible] alive on 5/6/40 19

Immediate cause of death Arterial Sclerosis
Myocarditis

Due to ____

Due to ____

Other Conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____

Of autopsy ____

Duration 1 5 40

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____
(Specify type of place)
(e) Means of injury ____

23. Signature H W Wheaton M. D.
Address 4309 Ft Ave Date signed 5/6/40

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 69176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-a Registered No. F 69176

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 Ashland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Nelson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Walter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-23-84

8. AGE: Years	Months	Days	If less than one day
55	6	16	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation H. Wife

11. Industry or business

FATHER 12. Name Robert Ellis

13. Birthplace Md

MOTHER 14. Maiden Name Lilly Bailey

15. Birthplace Md

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/40 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location

18 (a) Funeral director Roberth. Grimes

(b) Address 824 W. Caroline St

19 MAY 10 1940 (Date rec'd by registrar) (b) Hunt. & St. Wilmington, N.C.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1940, at 305 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 5 1940, to May 9 1940, and that I last saw h CR alive on May 9 1940.

Immediate cause of death Cardiac failure

Duration 5 wks.

Due to Subacute bacterial endocarditis

Due to & streptococcus mitis

Other Conditions Rheumatic aortic valve.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy As above.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature K B McAllister Jr M. D.

Address Date signed 5-9-40

F 69177

Aston

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69177 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Sq. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1165 N. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henrietta Aston

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Fe | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Chas Carechell Aston
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 15 - 1873

8. AGE: Years 66 | Months 8 | Days 27 | If less than one day: hr. min.

9. Birthplace Cincinnati Ohio (town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER 12. Name Benjamin Johnson
13. Birthplace Unknown

MOTHER 14. Maiden Name Frances Tyrell
15. Birthplace Ireland

16 (a) Informant Arthur Caston
(b) Address 802 Tunbury Pl. N. W. Wash. D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/40 (month) (day) (year)
(c) Cemetery or crematory Western
Location

18 (a) Funeral director Chas. F. Gaya & Son Inc.
(b) Address 118 W. Mt. Royal Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 10 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-9 1940, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-6 1940 to 5-9 1940, and that I last saw her alive on 5-9 1940.

Immediate cause of death: Cerebral Thrombosis — Duration:
Due to: Cerebral arteriosclerosis
Due to:
Other Conditions: Hypertensive Cardiovascular Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A B Daugherty M. D.
Address Franklin Sq. Hosp. Date signed 5-9-40

60178

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

193-D F 69178 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2939 Keswick Rd
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2939 Keswick Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Laura J Day

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: James N Day
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 10-1880

8. AGE: Years	Months	Days	If less than one day
60	1	27	hr. min.

9. Birthplace Baltimore Co Md (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Jackson Palmer
13. Birthplace Baltimore Co Md

MOTHER
14. Maiden Name unknown
15. Birthplace Baltimore Co Md

16 (a) Informant James N Day
(b) Address 2939 Keswick Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-1940 (month) (day) (year)
(c) Cemetery or crematory Pine Grove
Location Rayville Balto Co. Md

18 (a) Funeral director Grand H Seitz
(b) Address 4414 36 St.

19 (a) MAY 10 1940 (Date received by Registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 19 40, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 5 1940, to May 7 1940, and that I last saw h[illegible] alive on May 6 1940.

Immediate cause of death
Cardiac Failure — Duration 3 Wks.
Due to Chr. Myocarditis
Due to —
Other Conditions Obesity
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature G V Grande M. D.
Address 950 W 36 St Date signed 5-9-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69179

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-A

Registered No. F 69179

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 122 Market Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 122 Market Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LINNES REAMS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (a) MAY 10 1940 (Date rec'd by registrar) (b) Registrar

UNIVERSITY MEDICAL SCHOOL MAY 10 1940
Commissioner of Health
Per H. A. Moore
Huntington Williams, M.D.
5609

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1940, at 12 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Asphyxia, chronic interstitial	
Due to (Coronary thrombosis)	
(Arteriosclerotic kidney)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Williams M.D.
Medical Examiner.
Date signed 5-2-40

V8 6

F 69180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130-D

Registered No. F 69180

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. of A. So. Balt. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 W. Henrietta St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Driggs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 66 9

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

UNIVERSITY MEDICAL SCHOOL MAY 10 1940
Commissioner of Health
Per H. A. Moore.

18 (a) Funeral director
(b) Address

19 MAY 10 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

T 5608

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1940, at 7:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Syphilitic aortitis with aneurysmal deletion of arch and relative aortic insufficiency	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Ward Smith M.D.
Medical Examiner.

Date signed 5/2/40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

69181 F 69181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-D

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) HRS. - 5
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 609 Jasper St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Howard

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Virginia (City, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name George Howard
13. Birthplace Va.

MOTHER 14. Maiden Name Lydia
15. Birthplace Va.

16 (a) Informant Charity Howard
(b) Address 609 Jasper St.

17 (a) (Burial, cremation, or removal) (b) Date thereof May 11-1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem. May 11 1940
Location Baltimore Md.

18 (a) Funeral director A. Dolphy Hall
(b) Address 910 Pennsylvania Ave.

19 (a) (b) Huntington Williams, M.D. Registrar

MAY 10 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1940, at 2 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 5, 1940, to May 6 1940, and that I last saw h[illegible] alive on May 6, 1940.

Immediate cause of death: Hemorrhage from esophagus
Due to Aneurysm of Aorta and erosion into esophagus
Due to Syphilitic Aortitis
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy Aneurysm of Aorta with erosion into esophagus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
(f) Signature L. T. Lisansby M.D.
Address University Hosp. Date signed 5/6/40

69187 10366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 69187

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 206 Hilton ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Charles R. Preston

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife:
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb 7, 1896

8. AGE: Years	Months	Days	If less than one day
44	3	2	____ hr. ____ min.

9. Birthplace Md (town, county, and state)
10. Usual Occupation Chemist
11. Industry or business Balto. City

FATHER
12. Name William R.
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Bailey
15. Birthplace Md.

16 (a) Informant [redacted] Wm. E. Preston
(b) Address 206 Hilton Ave., Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.
Funeral director John O. Mitchell & Sons
(b) Address 1400 Eutaw Place

19 (a) 1940 (Date rec'd by registrar) (b) Thornton Williams (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9, 1940, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1940 to May 9, 1940, and that I last saw him alive on May 9, 1940.

Immediate cause of death	Duration
Cardiac failure	
Due to Respiratory failure	
Due to Pneumonia	4 days
Other Conditions Left hemiplegia	
Gutpay? (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy Report later

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank W. Sutterlin M. D.
Address Union Memorial Hosp. Date signed 5-9-40

F 69183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. 89147

F 69183

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Eaton + Wilkens ave

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 119 N. Kenwood ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Amelia Bardroff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife William J.

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Feb 13 - 1878

8. AGE: Years	Months	Days	If less than one day
62	2	25	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Louis Bettinger

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Willie Crist

15. Birthplace Balto. Md

16 (a) Informant William J. Bardroff

(b) Address 119 N. Kenwood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd.

18 (a) Funeral director John A. Moran

(b) Address 3000 E. Baltimore

19 (Date received by registrar) MAY 10 1940 Hattie Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1940, at 11-05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 30, 1940, to May 8 1940, and that I last saw her alive on May 8 1940.

	Duration
Immediate cause of death Cardiac failure	
Due to Arteriosclerotic (degenerative) cardio-vascular disease	
Due to	
Other Conditions Chronic Cholecystitis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Charles V. Lewis M.D.

Address St Agnes Hosp. Date signed 5-8-40

VS 3

correct age is especially important. If unknown, please write the number of years that would nearly fit the registry.

F 69184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registration No. F 69184

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4002 Chatham Rd
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
Street No. 4002 Chatham Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Walter R. Slade

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary M. Slade
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Feb. 1861

8. AGE: Years 79 | Months 3 | Days | If less than one day hr. min.

9. Birthplace Harford County, Md.
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business —

FATHER
12. Name Benj. Slade
13. Birthplace Wash. D.C.

MOTHER
14. Maiden Name Kathryn Zachary
15. Birthplace Md.

16 (a) Informant Mrs. Mary M. Slade
(b) Address 4002 Chatham Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/1940 (month, day, year)
(c) Cemetery or crematory St. Ignatius Cem.
Location Belair, Harford County, Md.

18 (a) Funeral director J. G. Brosan
(b) Address 3000 Gelston

19 (a) MAY 10 1940 Registrar
Thurlington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/9/1940 at 10.20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10 1940. to May 8 1940. and that I last saw h. alive on May 9 1940.

Immediate cause of death — Duration
Stenosis — over
Due to —
Due to Senility & General Arterio Sclerosis
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Wm. Queen M. D.
Address Med Arts Date signed 5-10-40

correct age is especially important. Typewriter, pencil or ink must be used. Use black ink only.

VS 3

69185 X F 69185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √ 13/a

Registered No. 67

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver
(c) Hospital or institution: St Joseph's Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Clarksville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Almara Bentley

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	married

6 (b) Name of husband or wife Frank Bentley
6 (c) If alive, give age 1 years

7. Birth date of deceased (mo., day, yr.) July 22 - 1878

8. AGE: Years	Months	Days	If less than one day
61	4	20	hr. min.

9. Birthplace Howard County (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Frank Bentley
(b) Address Clarksville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 12 40 (month) (day) (year)
(c) Cemetery or crematory Northern Chapel
Location Ellicott City, Md.

18 (a) Funeral director J. C. Kirkpatrick & Son Jr.
(b) MAY 10 1940 Ellicott City, Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-10 1940 at 12 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-10-1940 to 5-10-1940 and that I last saw h[illegible] alive on 5-10 1940

Immediate cause of death

	Duration
Acute coronary thrombosis (Coronary)	hours
Due to Hypertension Cerebral arteriosclerosis	years
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Kolmenson M. D.
Address St Joseph's Hosp Date signed 5-10-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

5896b--FD

F 69186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

Registered No. F 69186

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo.19da
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town 2055
(If outside city or town limits, write RURAL and give town)
(d) Street No. 315 S. Pulaski St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Aul

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-2804

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Florence

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-21-1894

8. AGE: Years 45 | Months 10 | Days 16 | If less than one day hr. min.

9. Birthplace Ill.
(Town, county, and state)

10. Usual Occupation Auto repairer

11. Industry or business

FATHER
12. Name Conrad Aul
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Welch
15. Birthplace Baltimore

16 (a) Informant B.C.H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10 1945 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto

18 (a) Funeral director Frederick A. Pohle
(b) Address 1200 W. Lombard
(Name of Undertaker or Licensed Embalmer)

MAY 10 1945

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-7 1945, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-18 1945 to 5-7 1945, and that I last saw him alive on 5-7 1945.

Immediate cause of death: Pulmonary embolism — Duration: sudden

Due to: Sub-hepatic and sub-diaphragmatic abscess — Duration: several weeks

Due to: Peritonitis following ruptured appendix & peptic ulcer? — Duration: four months

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations see above
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. K. Woodruff Jr. M. D.
Address Balto City Hosp. Date signed 5-8-45

correct age is especially important if deceased was under one year of age or 65 years or more. Information should be obtained from relatives or other persons acquainted with the facts.

F 69187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C Registered No. F 69187

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3006 Gibbons Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3006 Gibbons Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helen O. R. Miller

3 (b) If veteran, name war —
3 (c) Social Security Account No. [illegible]

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: William H. Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 30 1856

8. AGE: Years 83 | Months 6 | Days 9 | If less than one day hr. min.

9. Birthplace Balto Md (town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name H. Jordan
13. Birthplace Md.

MOTHER
14. Maiden Name ? Cox
15. Birthplace Md

16 (a) Informant Orra M. France
(b) Address 3006 Gibbons Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/40 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Baltimore Md

18 (a) Funeral director William Cook
(b) Address 217 St Paul St

19 MAY 10 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9th 1940, at 2.50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 5 1939 to May 9 1940 and that I last saw h. alive on May 8 1940.

Immediate cause of death: Cardiac Decompensation — Duration: Apr 30 1940

Due to: Arterio sclerosis — Duration: a number 17 years

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? (City or town) (County) (State) ✓
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) ✓ While at work? ✓
(e) Means of injury ✓

23. Signature Morris B. Green M. D.
Address 3009 Eutaw Pl Date signed May 10 1940

F 69188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 69188

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 427 N. Exeter St. (If rural give location)
(e) If foreign born, how long in U. S. A.) - years

3 (a) FULL NAME MARGARET VICTOR GREEN

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5 1874

8. AGE: Years 65 | Months 11 | Days 4 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and State)
10. Usual Occupation Housekeeper Chief
11. Industry or business

FATHER
12. Name George W Green
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Margaret Riley
15. Birthplace Baltimore Md

16 (a) Informant Mrs Geo Johnson
(b) Address 148 N Lemmon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13. 1940 (month) (day) (year)
(c) Cemetery or crematory Woodland Park
Location Baltimore Co Md

18 (a) Funeral director Fellows Bros
(b) Address 1219 E Pratt St

MAY 10 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1940 at 5 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said autopsy (Autopsy or Inquest) find that said deceased came to her death on the day stated above.

Immediate cause of death: Hypertension and Cardiovascular disease
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallace M.D. Medical Examiner.
Date signed 5-9-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1163-M Registered No. F 69189

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Lake Montebello Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 Lake Montebello Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME MARTIN SCHUMANN

3 (b) If veteran, name war: —
3 (c) Social Security Account No. 1946

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Christine Schumann
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) May 24 1896

8. AGE: Years	Months	Days	If less than one day
47	11	16	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Street Sweeper
11. Industry or business

FATHER
12. Name Martin Schumann
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Elizabeth Beymer
15. Birthplace Baltimore Md

16 (a) Informant Christine Schumann
(b) Address 2101 Lake Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wilson & Son
(b) Address 1214 E. Saint St

MAY 10 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 10 1940, at 7 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Carbon monoxide poisoning	
Due to Suicide	
Due to mental dependency	
Other Conditions — and	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy and

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence May 10th, 1940
(c) Where did injury occur? Garage 2101 Lake Montebello Terrace (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Garage While at work? No (Specify type of place)
(e) Means of injury Exhaust gas from auto

23. Signature H. L. Wallenmeyer M.D. Asst. Medical Examiner.
Date signed 5-10-40

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

69190?

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-6 Registered No. F 69190

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 14 days
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 mths
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. no home
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Henry O'Brien

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married (sep.)

6 (b) Name of husband or wife: unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/3/1867

8. AGE: Years	Months	Days	If less than one day
73	2	6	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation carpenter
11. Industry or business

FATHER
12. Name John O'Brien
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Vassell
15. Birthplace Ireland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Kilmon Co.
(b) Address

19 (a) MAY 10 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-9 1940, at 11:10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-25 1939 to 5-9 1940, and that I last saw h[illegible] alive on 5-9 1940.

Immediate cause of death Carcinoma Head Pancreas — Duration over 5 months

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Kurbalewski Jr. M. D.
Address Balto. City Hosp. Date signed 5-9-40

correct age is especially important. Physician: please write the cause of death very plainly and legibly.

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69191 — 61 — Registered No. F 69191

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2008 Roth St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2008 Roth St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Priscilla Josephine Tiver

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Wilbert S Tiver
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec 6. 1863
8. AGE: Years 76 | Months 9 | Days 4 | If less than one day: hr. min.
9. Birthplace: Northumberland Co. (Town, county, and state) Pa.
10. Usual Occupation: Home
11. Industry or business:

FATHER
12. Name: Wilbert J Haynie
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Priscilla J Grosser
15. Birthplace: Pa

16 (a) Informant: Edward J Tiver
(b) Address: 2008 E Roth St

17 (a) Burial, cremation, or removal: Burial (b) Date thereof: May 13 1940 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Baltimore Md

18 (a) Funeral director: Wilbert Chas
(b) Address: 1210 Park Ave

19 (a) MAY 11 1940 (b) Registered: Harrington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 10 1940 at 2.10 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from MAR 10 1940 to MAY 10 1940 and that I last saw HER alive on MAY 10 1940

Immediate cause of death: Acute Dilatation of Heart, less than — Duration: 24 hrs
Due to: Chronic Myocarditis
Chronic Thyroiditis and
Due to: Diabetes Mellitus

Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: No
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Otto F Duker M.D. M. D.
Address: 928 E. North Ave Date signed: MAY 10

correct age is especially important. Physicians, please write the cause of death clearly and legibly.

VS 3

F 69192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1930 Registered No. F 69192

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1737 N Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1737 N Broadway
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Welsh

3 (b) If veteran, name war: No
3 (c) Social Security Account No. none
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Emma C Welsh
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 1, 1858
8. AGE: Years 82 Months 4 Days 7 If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name John Reisenweber
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Lefkner
15. Birthplace Germany

16 (a) Informant Mrs Irma C Lubofsky
(b) Address 1737 N Broadway
17. (a) Burial (b) Date thereof May 13 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or Crematory Baltimore
Location Baltimore Md
18 (a) Funeral director Wilhoyte Cook
(b) Address 1219 St Paul St
19 (a) MAY 11 1940 (b) Hampton Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1940, at 2 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1st 1940 to May 10th 1940 and that I last saw her alive on May 10th 1940

Immediate cause of death	Duration
Infirmities of age	
Due to: Myocardiatis	6 mo.
Due to Arteria Sclerosis	one year
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Chas. N. Magruder
Address 14 E. Read St Date signed May 10. 40

VS 3

Version 2689 7.30.8.24

correct age is especially important. Physicians: please write the cause of death plainly and legibly.

F 69193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

√83-0 Registered No. F 69193

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2620 N Charles St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2620 N. Charles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Washington Boswell

3 (b) If veteran, name war No. | 3 (c) Social Security Account No. No

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Theresa Boswell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7 - 1853

8. AGE: Years 87 | Months 9 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Plumber

FATHER
12. Name William Boswell
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Busey
15. Birthplace Baltimore Md

16 (a) Informant Mrs Genevieve DeGeorge
(b) Address 2620 N Charles

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11, 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Guilford Ave. & 39th Baltimore Md

18 (a) Funeral director H. J. Rushe & Son
(b) Address North & Fremont

19 (a) [illegible] (b) [illegible]

MAY 11 1940
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9, 1940, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1940, to May 9 1940 and that I last saw h[illegible] alive on May 8 1940.

Immediate cause of death

Apoplexy

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
15 days
2 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Morley Hoag M. D.
Address 729 Woodbourne Blvd Date signed May 10

correct age is especially important. Physicians: please write the cause of death plainly and legibly.

F 69194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 69194

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 522 N Kenwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Albert Stecker

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-3733

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret M. Stecker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 21-1883

8. AGE: Years	Months	Days	If less than one day
56	7	19	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Brass finisher
11. Industry or business

FATHER
12. Name Ernest Stecker
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary A Lubig
15. Birthplace Baltimore

16 (a) Informant Margaret Stecker
(b) Address 522 N. Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13th (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore

18 (a) Funeral director Jakob Ulrich
(b) Address 2202 Orleans St

MAY 11 1940
(Date rec'd by registrar)

Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-9 1940, at 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-9 1940 to 5-9 1940 and that I last saw him alive on 5-9 1940

Immediate cause of death	Duration
Lobar pneumonia organism undetermined	
Due to Cardiovascular disease	
Due to Chr. nephritis & acute	
Other Conditions functional shut down	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard S. Klemm, M. D.
Address St Joseph's Hosp Date signed 5-9-40

VS 8

Please write plainly in ink. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

69195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 69196

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1112 S. Conklin St.
(c) Hospital or institution: - - -
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 S. Conklin St. (If rural give location)
(e) If foreign born, how long in U. S. A.? - - years

269

3 (a) FULL NAME SOPHIE ELIZABETH BEYER

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 213-10-7062

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: - - -

6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Feb. 3. 1873

8. AGE: Years 67 | Months 3 | Days 23 | If less than one day: hr. min.

9. Birthplace Richmond Virginia (Town, county, and state)

10. Usual Occupation Seamstress - Tailoring

11. Industry or business Factory

FATHER
12. Name John Beyer
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Marie Zart
15. Birthplace Germany

16 (a) Informant Miss Mary & Miss Laura Beyer (Sisters)
(b) Address 1112 S. Conklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May. 12. 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Co.

18 (a) Funeral director HENRY SANDER & SONS. INC
(b) Address North Ave. & Broadway

19 (a) [illegible] (b) [illegible]

MAY 11 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May. 9. 1940 19 1.25 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1940 to May 9 1940 and that I last saw her alive on May 9 1940

Immediate cause of death: Myocardial Insufficiency — Duration: 4 wks.
Due to: Bronchopneumonia — 10 wks.
Due to: —
Other Conditions: —
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clarence W. LeGoup M.D.
Address 1012 S. Edmondson Ave. Date signed 5/9/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 501 McCabe Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 501 McCabe Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.) 53 years

3 (a) FULL NAME Mary Elizabeth Donnelly
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Frank C. Donnelly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 21, 1860

8. AGE: Years	Months	Days	If less than one day
79	4	9	hr. min.

9. Birthplace Cullen Town, County Wexford (Town, county, and state)
10. Usual Occupation Home Maker
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mary C. Donnelly
(b) Address 501 McCabe Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/40 (month) (day) (year)
(c) Cemetery or crematory Park Wood
Location Parkville

18 (a) Funeral director A. Ruley Slade
Address 4907 York Road

19 (a) MAY 11 1940 (Date received by registrar) (b) Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1940 at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1940 to May 9 1940 and that I last saw her alive on May 9 1940

Immediate cause of death Myocarditis

Antecedent Cardio-vascular dis-

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration
1 mo.
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Anthony J. Scarpa M. D.
Address 5217 York Rd Date signed 5/10/40

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

69197 SMITH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a F 69197 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 918 Madison Ave
(b) Street address 918 Madison
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 918 Madison
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-10-85

8. AGE: Years	Months	Days	If less than one day
53	6	1	hr. min.

9. Birthplace Howard Co. Md
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Mrs. Lydia Miller

(b) Address 918 Madison

17 (a) Burial (b) Date thereof 5-13-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore Md.

18 (a) Funeral director Wm. & Frances A. Heyward

(b) Address 578 N. Biddle St.

19 (a) (b) Huntington Ave.
(Date rec'd by registrar) Registrar

5-13-40

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/9/40 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/19/39 to 5/9/40, and that I last saw h alive on 5/1/40.

Immediate cause of death Lobar Pneumonia Entire Lung

Due to Syncope Asthenia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
2 days
1 Month

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Lee Ellis M. D.

Address 5 E. Mt. St. Date signed

69198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69198 ✓ Registered No. 170-e

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) less than 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1901 Lanvale ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Handy

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1921

8. AGE: Years 18 | Months 5 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Augustine Handy
13. Birthplace Md

MOTHER 14. Maiden Name Ethel Straight
15. Birthplace Md

16 (a) Informant Charles Handy
(b) Address 1111 Argyle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore Md

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 575 N. Biddle St.

19 (a) 5-7-1940 (Date received by Registrar) (b) Hattie E. Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6-1940, at 1 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death — Duration

Fractured Base of Skull

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5-6-40
(c) Where did injury occur? Howard Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? From Elevation 3 Story Bldg While at work? Yes (Specify type of place)
(e) Means of injury Auto-truck, turned over

23. Signature Howard J. Mooney M.D.
Medical Examiner.
Date signed 5-9-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69199

CERTIFICATE OF DEATH

94-a F 69199

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen. Hosp. St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred (2) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Margaret J. Carroll

If U. S. Veteran specify WAR

(a) Residence: No. 1606 John St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Howard R. Carroll

6. DATE OF BIRTH (month, day, year) Dec. 16, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52 53	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

FATHER

13. NAME James Dougherty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Agnes Creath

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Howard R. Carroll
(Address) 1606 John Street

18. BURIAL, CREMATION OR REMOVAL
Place Parkwood Cemetery Date May 13, 1940

19. UNDERTAKER P. Leroy Stoffler, Inc.
(Address) 1230 North Ave. Huntington Woods, Md.

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1940 to May 10, 1940

I last saw her alive on May 9, 1940. Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	(?)
Other contributory causes of importance:	

Was an operation performed? no Date of —

For what disease or injury? none

Name of operation —

What test confirmed diagnosis? chg. Ham' Was there an autopsy? not performed

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. A. Shea M. D.

(Address) H. C. Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Early symptoms or OCCUPATION is very important. See instructions on back of certificate.

VD 3 MAY 11 1940

(over)

F 69200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-E

Registered No. F 69200

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1761 E North Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 69 years

3 (a) FULL NAME FRANK E TIEMAN

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-9385

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: m

6 (b) Name of husband or wife Louise M Tieman

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) March 20, 1871

8. AGE: Years 69 | Months 1 | Days 19 | If less than one day: hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Retired Employee of Balto

11. Industry or business Transit Co

FATHER
12. Name Louis Tieman
13. Birthplace Germany

MOTHER
14. Maiden Name Christina Miran
15. Birthplace Germany

16 (a) Informant Mrs Louise M. Tieman
(b) Address 1761 E North Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Balto Md

18 (a) Funeral director Albert L Hilt Jr
(b) Address 1804 Chester St Balt

19 MAY 11 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9th 1940, at 3:35 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Shock, traumatic

Due to Fracture, left femur both tibia, compound

Due to

Other Conditions Bronchopneumonia terminal (Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 7th, 1940
(c) Where did injury occur? Clifton Park, Balt. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? no (Specify type of place)
(e) Means of injury struck by auto while he was crossing street

23. Signature H. L. Wollamaker M.D. Coroner Medical Examiner.

Date signed 5-9-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69201

Registered No. 89203

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Lansdowne (If outside city or town limits, write RURAL and give town)
(d) Street No. Hammonds Ferry Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George T. Grace

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mary C GRACE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29 1885

8. AGE: Years 55 Months 1 Days 11 12 If less than one day hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name Philip Grace
13. Birthplace Maryland.

MOTHER
14. Maiden Name Barbara Ellinger
15. Birthplace Maryland.

16 (a) Informant Mary C Grace
(b) Address Lansdowne Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13th 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md.

18 (a) Funeral director Bernard C. Harle
(b) Address 121 E West St.

19 (a) May 10 1940 (Date received by registrar) (b) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1940, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1940 to May 10 1940, and that I last saw him alive on May 10 1940.

Immediate cause of death Coronary thrombosis — Duration

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature May S Sadove M. D.
Address St Agnes Date signed May 13 1940

correct and is especially important. Physicians: please write the causes of death clearly and legibly.

F 69202

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

153 Registered No. F 69202

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 Whitelock St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dorey Skinner

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	ed	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2, 1931

8. AGE: Years	Months	Days	If less than one day
9	3	7	hr. min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation School Boy

11. Industry or business

FATHER
12. Name Geo. S Kinnes
13. Birthplace md.

MOTHER
14. Maiden Name Mary E Robinson
15. Birthplace Va

16 (a) Informant Geo. S Kinnes
(b) Address 1400 Whitelock St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/40 (month) (day) (year)
(c) Cemetery or crematory [redacted]
Location Mt Auburn

18 (a) Funeral director Geo. S. Kelson
(b) Address 1803 Presstman St

19 (a) MAY 11 1940 (Date rec'd by registrar) Livingston Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9, 1940, at 5:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-22-40 1940 to May 9, 1940, and that I last saw h i m alive on May 9, 1940.

Immediate cause of death Terminal Bronchopneumonia

Due to Post streptococcic infection

Due to Erysipelas multiforme Cellulitis gonionis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Tuberculous pneumonia bronchiectasis

Duration
2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman M. D.
Address 3400 Holman Ave Date signed 5/9/40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 8

69203 F 3766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 69203

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 544 Roberts St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME VINCENT LEON TYLER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 19, 1939

8. AGE: Years | Months 4 M | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name Minnie Tyler
15. Birthplace Md

16 (a) Informant Sara Tyler
(b) Address 544 Robert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-40 (month) (day) (year)
(c) Cemetery or crematory
Location Mt Auburn

18 (a) Funeral director George G Tolson
(b) Address 1303 Pennsylvania Ave

MAY 11 1940
(Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1940, at 7 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumonia, lobular acute, primary — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenweber M.D. Asst Medical Examiner.
Date signed 5-9-40

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 69204

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 906 North Pine St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 906 N. Pine St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES BLACKWELL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 22, 1887

8. AGE: Years	Months	Days	If less than one day
52	7	18	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name William B. Blackwell

13. Birthplace Md

MOTHER 14. Maiden Name Laura Bishop

15. Birthplace Md

16 (a) Informant Ruth Lawrence

(b) Address 1033 W. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-40 (month) (day) (year)

(c) Cemetery or crematory Location National

18 (a) Funeral director George Goldsborough

(b) Address 1303 Bloomsbury St

MAY 11 1940 (Date received by registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1940, at 5 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	sudden
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmaier M.D. Medical Examiner.

Date signed 5-10-40

Please write clearly. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 69205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 69205

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 421 East St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME DORA COOK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: M.

6 (b) Name of husband or wife James Cook

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) May 22nd 1881

8. AGE: Years 58 Months 11 Days 17 If less than one day: hr. min.

9. Birthplace Washington N. C.
(town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Henry
13. Birthplace Va

MOTHER
14. Maiden Name Cecil Allen
15. Birthplace Va

16 (a) Informant James Cook
(b) Address 421 East St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-1940 (month) (day) (year)
(c) Cemetery or crematory [redacted]
Location Washington N. C.

18 (a) Funeral director Bryant Francis & Knight
(b) Address 1218 McElderry St

19 (a) MAY 11 1940 Huntington Williams M.D.
(Date received by Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1940, at 12 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquest) (Autopsy or Inquest)

Immediate cause of death: Hypertensive cardiovascular disease — Duration:

Due to:

Due to:

Other Conditions: Polycystic kidneys
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.

Date signed 5-9-40

VS 6

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

F 69206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164

Registered No. F 69206

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2201 Eutaw Place
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4211 Springdale Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FITZHUGH L. LOEWENSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-4348

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Louise D. Loewenson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 1898

8. AGE: Years 42 | Months 2 | Days | If less than one day hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Jewelry Salesman
11. Industry or business

FATHER
12. Name Adolph Loewenson
13. Birthplace Hungary

MOTHER
14. Maiden Name Marie Goldstein
15. Birthplace Hungary

16 (a) Informant Mr. Max Blaker
(b) Address 2201 Eutaw Place

17 (a) (Burial, cremation, or removal) (b) Date thereof May 11 '40 (month) (day) (year)
(c) Cemetery or crematory Balto. Hebrew
Location

18 (a) Funeral director Harry Sondheim & Son
(b) Address 1902 Eutaw Place

19 (a) MAY 11 1940 Huntington Williams M.D.
(Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1940 at 8 10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral hemorrhage — Duration:
Due to Bullet wound of head
Due to Suicide –
Other Conditions mental depression
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence May 9, 1940
(c) Where did injury occur? 2201 Eutaw Place (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury .32 caliber revolver
23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 5-9-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

69207
37937.5

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

121 Registered No. F 69207

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1735 E. Biddle St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence Johnson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Robert -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1922
8. AGE: Years 18 | Months | Days | If less than one day hr. min.
9. Birthplace S. Carolina - (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Henry Forster
13. Birthplace S. Carolina -

MOTHER
14. Maiden Name Ella Young
15. Birthplace S. Carolina -

16 (a) Informant Records -
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof May 11 - 1940 (month) (day) (year)
(c) Cemetery or crematory Woodward. S. C.
Location
18 (a) Funeral director Mrs R. A. Elliott & Hrs.
(b) Address 1129 N. Caroline St
19 (a) Filed by registrar (b) Washington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8, 1940 at 10 55 A M
21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1940 to May 8 1940 and that I last saw her alive on May 8 1940

Immediate cause of death	Duration
Peritonitis	4 days
Due to Perforated Appendix	7 days
Due to	8 days
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings: Of operation: Perforated appendix Peritonitis
Of autopsy: not attended

PHYSICIAN
(Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Arthur Thomas Ward Jr. M.D.
Address Johns Hopkins Hospital Date signed 5/8/40

correct as is especially important. Physicians: please write the cause of death plainly and legibly.

F 69208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-M Registered No. F 69208

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5910 Sefton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5910 Sefton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bernard E. Appel Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Ida Appel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 12-1865

8. AGE: Years	Months	Days	If less than one day
74	8	27	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Roofing contractor
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Bernard E. Appel Jr.
(b) Address 5910 Sefton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-40 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location

18 (a) Funeral director Leonard F. Cooke
(b) Address 5305 Harford Rd.

19 (a) MAY 11 1940 Registrar Washington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1940 at 12 Noon M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 1 '40 19 to May 9 1940 and that I last saw h alive on May 9 1940.

Immediate cause of death Arteriosclerosis Cardiovascular Renal Disease — Duration 7

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lawrence J. Shumaker M. D.
Address 3711 Falls Rd Date signed 5-10-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VR 2

F 69209

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a

Registered No. F 69209

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 732 E.37th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 732 E.37th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

9a 3

3 (a) FULL NAME Margaretha J.Diering

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Henry Louis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 30, 1865

8. AGE: Years	Months	Days	If less than one day
74	6	8	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name not known
13. Birthplace Germany

MOTHER
14. Maiden Name not known
15. Birthplace Germany

16 (a) Informant Adam Diering
(b) Address 732 E.37th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11, 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E North Ave.

18 (a) Funeral director Leland P. Hoffman
(b) Address 1639 N.Broadway

19 (a) MAY 11 1940 (Date rec'd by registrar) (b) Washington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8, 1940 19 , at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1935 to May 8 1940 and that I last saw her alive on May 7 1940

Immediate cause of death Cardio - vascular renal disease — Duration 5 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eugene Zeller, M. D.
Address 739 Eastern Ave Date signed 5/10/40

VS 3

F 69210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-N Registered No. F 69210

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2920 Odonnell St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2920 Odonnell St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Leimbach

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife George W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8, 1872

8. AGE: Years	Months	Days	If less than one day
67	11	1	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Frederick E. Shreiber
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Louise Leimbach
(b) Address 2920 Odonnell St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May. 13, 1940 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Eastern Ave

18 (a) Funeral director Edward F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) Date received (Registrar) (b) Huntington Williams, M.D. Registrar

MAY 11 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9, 1940 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1st 19 40 to May 9 - 19 40 and that I last saw h.. alive on May 9 - 19

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Arteriosclerosis	
Due to	
Other Conditions Traumatic Diabetes	1 yr.
Hypertension Myocarditis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. N. Hermann, M.D.
Address 2913 E. Fallis St. Date signed 5/13/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A Registered No. F 69211

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2310 Roslyn Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2310 Roslyn Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

5-6

3 (a) FULL NAME Charles Frederick Stewart

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 217-05-2322

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Myra A. Stewart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4 1893

8. AGE: Years	Months	Days	If less than one day
47	3	6	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Salesman-
11. Industry or business Wholesale Liquor Business

FATHER
12. Name John E. Stewart
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Susie Nolan
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Myra Stewart
(b) Address 2310 Roslyn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director William J. Tickner & Sons
(b) Address North & Pennsylvania Aves.

19 MAY 11 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10th 1940, at 4 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1908, to May 10 1940, and that I last saw him alive on May 10 1940.

Immediate cause of death: Cardio Dilatation Hea — Duration: 2 hours
Due to: Hypertention — 4 yrs
Due to: Chronic Nephritis — 4 yrs
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Goldberg M.D.
Address 2452 Eutaw St. Date signed 5/10/40

VS 3

F 69212

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a Registered No. F 69212

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3721 Shelbourne Rd
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3721 Shelbourne Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jennie R. Snider

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William H. Snider

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) August 10-1887

8. AGE: Years 52 | Months 9 | Days 0 | If less than one day: hr. min.

9. Birthplace Palm, Penna (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER 12. Name William H. Reichard

13. Birthplace Leigh Co., Penna

MOTHER 14. Maiden Name Melissa Brewer

15. Birthplace Pennerville, Pa

16 (a) Informant Mrs. J. M. Snider

(b) Address 3721 Shelbourne Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1940 (month) (day) (year)

(c) Cemetery or crematory Union Cem. Location Allentown, Pa

18 (a) Funeral director Mrs. J. Stephen Fox

(b) Address 1424 Aisquith

19 MAY 11 1940 (Date received by Local Registrar) (b) Huntington Williams Mgr.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1940, at 4.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1939 to May 10 1940, and that I last saw her alive on May 10 1940.

Immediate cause of death	Duration
(a) Carcinoma of breast with metastasis	10 months
Due to	
Due to	
Other Conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations — Carcinoma with metastasis
Of autopsy — None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Earl L. Chambers M. D.
Address 4108 Liberty Hts. Date signed 5/11/40

VS 3

F 69213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186-2

F 69213 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2854 West North Ave 1556 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Hopsey Griffith

3 (b) If veteran, name war —
3 (c) Social Security Account No. 22-18-7989

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Florence K.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar. 23, 1881

8. AGE: Years	Months	Days	If less than one day
59	1	17	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business —

FATHER
12. Name Thomas H. Griffith
13. Birthplace Md.

MOTHER
14. Maiden Name Lilly Clapsaddle
15. Birthplace Md.

16 (a) Informant George C. Griffith
(b) Address 2730 E. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Wm J. Lickus & Sons
(b) Address North & Pa Aves.

MAY 11 1940 (Date rec'd by registrar)
Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1940, at 9 25 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death: Fracture, L. humerus
Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/29/40
(c) Where did injury occur? 2854 West North Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Town (Specify type of place) While at work? Yes
(e) Means of injury Fell off ladder while painting

23. Signature Wm Wardell Griffith M.D. Medical Examiner.
Date signed 5/11/40

VS 6

69214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

F 69214 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert st.
(c) Hospital or institution: Mercy Hospital 19-P
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 402 N. Gilmore (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Frisler

3 (b) If veteran, name war: | 3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife James Fisher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 17, 1898

8. AGE: Years	Months	Days	If less than one day
41 42	8	22	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

MOTHER / FATHER
12. Name Thomas Johnson
13. Birthplace Wytheville, Va
14. Maiden Name Melvina
15. Birthplace Kent Mills, Va.

16 (a) Informant James Fisher
(b) Address 402 N. Gilmor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1940 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location Arbutus, Md.

18 (a) Funeral director Mrs Lalie R Williams
(b) Address 322 N. Schroeder St

19 (a) (Date rec'd by registrar) (b) Harold F. Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/9 1940, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/5 1940, to 5/9 1940, and that I last saw H alive on 5/9 1940.

Immediate cause of death: Metastatic carcinoma of abdomen.
Due to Cancer of stomach
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations Enlarged carcinomatous
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George D. Friar M.D.
Address Mercy Hosp. Date signed 5/9/40

PLEASE WRITE PLAINLY. WITH CANADIAN INK. Give information asked for in every space. If any space does not apply to the case, write "none." Be sure the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69215

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69215

937

CERTIFICATE OF DEATH

1. PLACE OF DEATH 542 N Carey St

CITY OF BALTIMORE: (No. ____ St., 19-1 Ward)

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

If U. S. Veteran specify WAR ____

2. FULL NAME Rebecca Rowley

(a) Residence: No. 542 N Carey St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Divorced

6a. If married, widowed, or divorced (or) WIFE of Leon Hall

6. DATE OF BIRTH (month, day, year) 6/5/1863

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
56	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

FATHER

13. NAME Samuel Rowley

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

MOTHER

15. MAIDEN NAME Francis Butler

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

17. INFORMANT Katherine Webster
(Address) 130 E Bayard St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date May 12, 1940

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N Schroeder St

20. Filed ____, 19____ Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1940 to May 8, 1940

I last saw her alive on May 8, 1940 Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 5/8/40
Hypertension

Other contributory causes of importance:

Rheumatoid arthritis
Myocardial degeneration

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) E. Wallis Sherwood M. D.

(Address) 201 N Carey St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

5/17/40

5/17 1940

5/13

60348
3794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ F 60348

83B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. 405 Georgia Court (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence E. Martin

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-23-66

8. AGE: Years	Months	Days	If less than one day
73	7	18	hr. min.

9. Birthplace Ky (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name William Cinnamond
13. Birthplace Ky.

MOTHER 14. Maiden Name ? Degraughey
15. Birthplace Ky

16 (a) Informant Richards.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, removal) (b) Date thereof 5-11-40 (month) (day) (year)
(c) Cemetery or crematory Fairmount Cem
Location La Grange Sec

18 (a) Funeral director John McGrath Sons
(b) Address 1300 Eastern Place

19 (a) 1940 (Date rec'd by registrar) Washington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1940 at 10 25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1940 to May 11 1940, and that I last saw h alive on May 11 1940.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to

Other Conditions Myocardial infarction (Including pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. M. Welty M. D.
Address Johns Hopkins Hospital Date signed 5-11-40

V8 8

Please write plainly. Use ink. Do not use lead pencil. Physicians: please write the causes of death clearly and legibly. Do not abbreviate. Use only standard terminology. Please answer all questions. Be sure that the information given is correct and complete, especially important.

56581 - MB

69217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137 W F 69217 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 532 McMechen St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16-9924

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Lillie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/16/1876

8. AGE: Years	Months	Days	If less than one day
63 - 64	0	24	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Upholsterer
11. Industry or business ?

FATHER
12. Name John Anderson (dead)
13. Birthplace Maryland

MOTHER
14. Maiden Name Cassie Butler (dead)
15. Birthplace Maryland

16 (a) Informant Records B.C.H.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Mrs. Geo. H. Ireland
(b) Address 1631 Druid Hill Ave

19 (a) 5-12-1940 (Date rec'd by registrar) (b) [signature] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-10 1940, at 2:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-6 1940 to 5-10 1940, and that I last saw h[illegible] alive on 5-10 1940.

Immediate cause of death	Duration
Benign prostatic hypertrophy	5
with urinary retention	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Kirkendoard Jr M.D.
Address Balto City Hosp. Date signed 5-10-40

Physicians: please write the causes of death clearly and legibly. Information must be complete and correct age is especially important.

F 69218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D

F 69218 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1616 Druid Hill ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

14

3 (a) FULL NAME William Ames

X

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-6-11

8. AGE: Years	Months	Days	If less than one day
29	8	7	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name William Ames
13. Birthplace Va

MOTHER
14. Maiden Name Sarah Brooks
15. Birthplace Md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-40 (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest
Location Towson, Balto Co. Md.

18 (a) Funeral director Mrs. Geo. H. Hoelzel
(b) Address 1621 Druid Hill Ave

MAY 12 1940 (Date received by Registrar) (b) [illegible] for [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1940, at 8.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1940, to May 8 1940, and that I last saw him alive on May 8, 1940.

Immediate cause of death	Duration
Rupture of Aortic Aneurysm	5 yrs.
Due to Syphilis of Aorta	5 yrs.
Due to	
Other Conditions Syphilitic Aortitis Asymptomatic C.N.S. Syphilis (Include pregnancy within 3 months of death)	at least 5 yrs.

Major findings:
Of operations Syphilitic Aortitis
Of autopsy Ruptured Aortic Aneurysm

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sarah H. Bonditch M. D.
Address 1014 St Paul St Date signed 5/12/40

VS 2

F 69219

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A

Registered No. F 69219

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 715 N. Gay St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 62 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 715 N. Gay St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

10-V

3 (a) FULL NAME John H. Meyer

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna Vogt
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1878

8. AGE: Years	Months	Days	If less than one day
62	3	6	____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Whosale Confectioner
11. Industry or business

FATHER
12. Name Louis Meyer
13. Birthplace ----- Germany

MOTHER
14. Maiden Name ----- Hinners
15. Birthplace ----- Maryland

16 (a) Informant Mrs. Anna V. Meyer
(b) Address 715 N. Gay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Maryland

18 (a) Funeral director H W Means & Son
(b) Address 805 North Calvert Street

19 (a) ____ (Date rec'd by registrar) (b) [illegible], Registrar

MAY 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1940, at 7½ A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 27 1939, to May 10 1940, and that I last saw him alive on May 9 1940.

Immediate cause of death	Duration
Chronic Endocarditis	
Chronic Parenchymatous	
Due to Nephritis	5 yrs
Due to General Arterio-sclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Geo A Straus
Address 1800 N. Charles St Date signed 5/11/40 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

99

F 69220 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N. Calhoun St
(c) Hospital or institution: Franklin Sq Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 532 East 35th Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Francis E.L. Oliver (Robert F. L. Oliver)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Frances Oliver
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 7/1882

8. AGE: Years	Months	Days	If less than one day
58	3	2	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Confectionery store
11. Industry or business Himself

FATHER
12. Name Frank Oliver
13. Birthplace —

MOTHER
14. Maiden Name Edith West
15. Birthplace —

16 (a) Informant Mrs Frances Oliver
(b) Address 532 E 35th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto Md

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Adams St

19 (a) (Date received by registrar) MAY 13 1940 (b) Hunter Jon Williamson M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-9- 1940, at 9 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-9- 1940 to 5-9 1940 and that I last saw h alive on 5-9-1940

Immediate cause of death	Duration
Myocarditis Thrombosis;	
Left fatal Hemorrhage into	
Due to Gastric Ulcer —	
Due to	
Other Conditions Hemorrhage into Peritoneal Cavity (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy Same as above —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Wolf M. D.
Address Franklin Sq Hosp. Date signed 5-10-40.

H. L. Wallenmeyer, MD Gottfried Lyons

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

69221

Social Sec. No. 218-10-5930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

69221

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 891 W. Fayette St. (Ward) 18-1

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H Tibbels

(a) Residence: No. 891 W Fayette St., ... Ward.
(Usual place of abode)
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: W
5. Single, Married, Widowed, or Divorced (write the word): married
5a. If married, widowed, or divorced, MUSBAND of (or) WIFE of: Mary R Tibbels
6. DATE OF BIRTH (month, day, year): Aug 25-1885
7. AGE: Years: 54; Months: 8; Days: 15; If LESS than 1 day, hrs. or min.:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.: clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Courthouse
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 2 mos

FATHER
12. BIRTHPLACE (city or town) (State or country): Balto md
13. NAME: Wm H Tibbels

MOTHER
14. BIRTHPLACE (city or town) (State or country): Balto md
15. MAIDEN NAME: Emily J Sloane
16. BIRTHPLACE (city or town) (State or country): Balto md

17. INFORMANT: M R Tibbels
(Address) 891 W. Fayette Street

18. BURIAL, CREMATION, OR REMOVAL
Place: New Cathedral Date: 5/13, 1940

19. UNDERTAKER: H C Brenning
(Address) 2924 Edmondson Ave

20. FILED: MAY 12 1940
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/10, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1940, to May 10, 1940
I last saw him alive on May 10, 1940 death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	
Chronic Angina Pectoris.	6 mos
	6 mos.
Other contributory causes of importance:	
Chronic Arteriosclerosis.	1 year

Name of operation None Date of —
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Chas. Norris M. D.
(Address) 888 N. Broadway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 69222
LB 55252

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-B

F 69222
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 - 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4 N. Front St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

54

3 (a) FULL NAME Charles Mix

3 (b) If veteran, name war: No

3 (c) Social Security Account No. ? None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married (sep.)

6 (b) Name of husband or wife Susie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 11, 1862

8. AGE: Years	Months	Days	If less than one day
78	2	27	hr. min.

9. Birthplace N. Y. (Town, county, and state)
10. Usual Occupation salesman
11. Industry or business

FATHER
12. Name Bradley (d)
13. Birthplace N. Y.

MOTHER
14. Maiden Name Marcella Cross (d)
15. Birthplace N. Y.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13. 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Md
Location Baltimore Md

18 (a) Funeral director Wilson Cook
(b) Address 1219 E Fayette St

19 (a) MAY 12 1940 (Date rec'd by registrar) (b) Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1940, at 4.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1940, to May 8 1940, and that I last saw him alive on May 8 1940.

	Duration
Immediate cause of death: Cerebral Hemorrhage	10 days
Due to:	
Due to:	
Other Conditions: Terminal Bronchopneumonia	2 days.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Zeigenberg M. D.
Address Baltimore City Hospitals Date signed 5/9/40

VS 3

PLEASE WRITE PLAINLY, WITH CAPABLE INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 69223

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 132 W. Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 626 Wildwood Pkwy
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

16

3 (a) FULL NAME Joseph W. Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-8970

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 9th 1873

8. AGE: Years	Months	Days	If less than one day
66	5	2	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Stock Clerk
11. Industry or business C. M. Kemp Mfg Co.

FATHER
12. Name Wm J. Thompson
13. Birthplace Md.

MOTHER
14. Maiden Name Martha Mayes
15. Birthplace Md.

16 (a) Informant Sebastian H. Hook
(b) Address 636 Wildwood Pkwy

17 (a) Burial (b) Date thereof 5/14/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery or ~~crematory~~ Greenmount
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Signature of registrar) (b)

MAY 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11th 1940, 7:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-27- 1939, to 5-11- 1940, and that I last saw h~~e~~ alive on 5-11- 1940.

Immediate cause of death: Arteriosclerosis
Bronchopneumonia — Duration: 4 yrs 11 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Julius Friedenwald M. D.
Address 1013 N. Charles St Date signed 5/13/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry made on information received by coroner supplies. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69224

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 69224 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 506 N. Castle St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 506 N. Castle St (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Florence Wisniewski

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Oct. 28, 1916
8. AGE: Years 23 | Months 6 | Days 14 | If less than one day: 13 hr. ... min.
9. Birthplace Mt. Pleasant. Pa. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business Home

FATHER
12. Name Stanislaw Wisniewski
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Bolcerk
15. Birthplace Poland

16 (a) Informant Mrs Mary Wisniewski
(b) Address 506 N Castle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baby Cemetery

18 (a) Funeral director John F Welsh
(b) Address 46 S. Chester St

19 (a) Date received by registrar MAY 12 1940 (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1940 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1940 to May 11 1940 and that I last saw her alive on May 10 1940

Immediate cause of death: Pulmonary edema — Duration: 1 day
Due to: Pulmonary tuberculosis — 5 yrs
Due to: —
Other Conditions: —
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Jos Silverger M.D.
Address 3 Park St Balto Md Date signed 5/11/40

F 69225

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 69225 Registered No. 94-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring & Belvedere
(c) Hospital or institution: Levindale Hebrew Aged Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. Greenspring & Belvedere (If rural give location)
(e) If foreign born, how long in U. S. A.) 25 years

3 (a) FULL NAME Joshua Levin

3 (b) If veteran, name war: ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Esther Levin
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
94			hr. min.

9. Birthplace Russia (Town, county and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Sig Kimball
(b) Address Greenspring & Belvedere

17 Burial (Burial, cremation, or removal) (b) Date thereof 5/12/40 (month) (day) (year)
(c) Cemetery or crematory Har Sinai
Location Baltimore Md

18 (a) Funeral director Jos. Levy Inc
(b) Address 1439 E. Balto St

MAY 12 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1940, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10 1935 to 5-12 1940, and that I last saw h[illegible] alive on May 11 1940.

Immediate cause of death: Acute Coronary Thrombosis
Due to: Hypertension
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Edmund Levin MD M. D.
Address Levindale Date signed 5/12/40

VS 3

F 69226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 69226 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 908 N. Bradford St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 908 N. Bradford St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clement F. Svec

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Oct. 9, 1889
8. AGE: Years 50 | Months 7 | Days 1 | If less than one day: hr. min.
9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business:

FATHER
12. Name: John Svec
13. Birthplace: Czechoslavia

MOTHER
14. Maiden Name: Mary V. Klima
15. Birthplace: Czechoslavia

16 (a) Informant: John Svec
(b) Address: 908 N. Bradford St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 13/40 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Baltimore

18 (a) Funeral director: Frank Cvach & Son
(b) Address: 900 N. Chester St.

19 (a) Date received by registrar: MAY 9 1940
(b) Registrar's signature:

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1940, at 3 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1940 to May 10 1940 and that I last saw him alive on May 10 1940

Immediate cause of death: Pulmonary Tuberculosis — Duration: 1 yr.
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Vincent V. Joska M. D.
Address: 845 N. Patterson Pk. Date signed: 5/11/40

F 69227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69227 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo., 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 537 Mosher St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Paul Butler

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1938

8. AGE: Years	Months	Days	If less than one day
1	8	18	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Paul Butler
13. Birthplace Baltimore

MOTHER 14. Maiden Name Helen Hall
15. Birthplace Baltimore

16 (a) Informant Records
(b) Address U. C. H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-40 (month) (day) (year)
(c) Cemetery or crematory
Location Mt Auburn

18 (a) Funeral director George L. Nelson
(b) Address 1303 Eastern Av

19 (a) (Date rec'd by registrar) (b) Registrar's signature Baltimore, Md.

MAY 13 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-10-40 19 , at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-12-40 19 , to 5-10-40 19 , and that I last saw him alive on 5-10-40 19

Immediate cause of death	Duration
Miliary tuberculosis	4 mo.
tuberculosis	about
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Wagreich M. D.
Address Balto City Hosp Date signed 5-10-40

F *69228

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69228

CERTIFICATE OF DEATH

✓ 183B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2319 Armah Ave St., 16-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George C. Schminger

(a) Residence: No. 2319 Armah Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma B. Schminger

6. DATE OF BIRTH (month, day, year) December 2, 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. paper hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. houses

10. Date deceased last worked at this occupation (month and year) June, 1926

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore City Maryland

FATHER

13. NAME Conrad Schminger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Frances Constanti

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emma B. Schminger

(Address) 2319 Armah Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore County Date May 14th 940

19. UNDERTAKER William Cook

(Address) 1327 St Paul Street

MAY 13 1940

20. FILED ... Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1939, to May 12, 1940

I last saw him alive on May 12 1940 Death is said to have occurred on the date stated above, at 8-20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	
Generalized Arteriosclerosis	

Other contributory causes of importance:

Senility

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry M. Robinson Jr. M. D.

(Address) 744 N. Fulton Ave.

N. B.—WHITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 2

BCHD 9256
69229

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

Registered No. 69229

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 25 N. Mount St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Caroll Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-30-39

8. AGE: Years | Months: 4 | Days: 11 | If less than one day: hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Caroll Williams
13. Birthplace N.C.

MOTHER 14. Maiden Name Etty Easter
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. City

18 (a) Funeral director Saml. McClure & Son
(b) Address 634 N. Gilmor St

(a) MAY 13 1940 (Date rec'd by registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1940, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1940 to May 11 1940 and that I last saw him alive on May 11 1940.

Immediate cause of death Meningitis
Pneumonia - Lobar — Duration 1 wk

Due to Pneumococcus Typeless

Due to

Other Conditions Rickets
Anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L P Goldberg
Address John Hopkins Hosp Date signed M. 12 D. 40

VS 3

F 69230

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 69230
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2809 Goodwood Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County
(c) City or town Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2809 Goodwood Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Fiske

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Michael Fiske
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 15-1860
8. AGE: Years 79 | Months 5 | Days 24 | If less than one day hr. min.
9. Birthplace Balto
(Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name Michael Derr
13. Birthplace Germany

MOTHER
14. Maiden Name Theresa Kessler
15. Birthplace Germany

16 (a) Informant John Fiske
(b) Address 2809 Goodwood Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director Jos J Derr & Son
(b) Address 3011 Pinkney Ave
MAY 13 1940 Huntington Wild
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9, 1940 at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1933 to May 9 1940
and that I last saw her alive on May 8 1940.

Immediate cause of death Myocarditis
Interval —
Due to Pulmonary Congestion
Due to Diabetes

Duration 45 Yrs

Other Conditions Arterial Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ernest L Fisanemann M.D.
Address 2808 Harlyford Date signed 5/11/40

VS 3

F 69231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69231 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town McElonogh (If outside city or town limits, write RURAL, and give town)
(d) Street No. 3 McElonogh School (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Florence Phelps

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Late Morgan E. Phelps

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24 1886

8. AGE: Years ≤ 3 | Months 10 | Days 16 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Postal Clerk

11. Industry or business McElonogh School

FATHER
12. Name John W. McLean
13. Birthplace Scotland

MOTHER
14. Maiden Name Sarah Jane Wray Gosnell
15. Birthplace Md

16 (a) Informant Nelson Phelps
(b) Address 3710 Calloway Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (month) 13 (day) 40 (year)
(c) Cemetery or crematory Woodlawn Cem
Location Woodlawn, Md

18 (a) Funeral director Harry H. Leitske
(b) Address 4101 E Monument Ave

19 (a) Filed MAY 11 1940
(b) (Local registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10, 1940, at 9:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6, 1940, to May 10 1940, and that I last saw h[illegible] alive on May 10 1940.

Immediate cause of death: Peritonitis
Uremia
Due to: Ruptured appendix
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Ruptured Appendix
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert J. Coffman, M. D.
Address Md. General Hosp. Date signed 5/10/40

F 69232

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69232

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 6000 Bellona Ave St. 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine A Smardon.

If U. S. Veteran specify WAR

(a) Residence: No. 3316 Dudley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of Grant Smardon.

6. DATE OF BIRTH (month, day, year) Dec 1 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nun.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co

FATHER

13. NAME Ned Grace.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs T. J. Bacon.
(Address) 3916 Dudley ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date May 13, 1940

19. UNDERTAKER Harry Hubbeke
(Address) 4164 Edmondson ave

20. FILED MAY 11 1940 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from Apr 24, 1940 to May 9, 1940

I last saw h-- alive on May 9, 1940 Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy Mar 26/40	3/26/40
(cerebral Hemorrhage)	
Other contributory causes of importance: Arterio Sclerosis	10 yrs

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. W. Heaton, M. D.

(Address) 4309 York Rd

F 69233

Leutbecher

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69233 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton Aves.
(c) Hospital or institution: St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2009 Annapolis Rd (Westport) (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edith Leutbecher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband ~~or wife~~ Late Clarence

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18 1884

8. AGE: Years	Months	Days	If less than one day
55	10	24	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Unknown Laughlin
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Md

16 (a) Informant John Leutbecher
(b) Address 2009 Annapolis Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location B. 201 Frederick Rd

18 (a) Funeral director Harry H. Wittle
(b) Address 4101 Edmondson Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12 1940, at 7.42 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-6 1940, to 5-12 1940, and that I last saw her alive on 5-12 1940.

Immediate cause of death	Duration
Cerebral thrombosis	
Due to Arteriosclerosis	
Due to	
Other Conditions Degenerative cardio-vascular disease	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles A. Leucht M. D.
Address St. Agnes Hosp. Date signed 5-12-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

69234 55067--FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69234 / 45-c Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2026 Christian st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

20

3 (a) FULL NAME Fred Wegenhardt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	widowed

6 (b) Name of husband or wife Mabel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-13-1872

8. AGE: Years	Months	Days	If less than one day
68	3	28	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Fredrick
13. Birthplace Germany

MOTHER
14. Maiden Name Virginia
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (b) Date thereof 5-14-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Balti. Md.

18 (a) Funeral director John J. Corwan & Son
(b) Address 701 Hollins St.

19 (a) 5-11-1940 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-11 1940, at 8:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-26 1940, to 5-11 1940, and that I last saw him alive on 5-11 1940.

Immediate cause of death Cerebral hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

Duration
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Kuhlenschmidt M. D.
Address Balto City Hosp. Date signed 5-12-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 69235

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69235

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen. Hosp. 21-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs mos da. How long in U. S. If of foreign birth? yrs mos da.

2. FULL NAME Howard Leo McNally

If U. S. Veteran specify WAR

(a) Residence: No. 1545 Sargent St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Anna McNally

6. DATE OF BIRTH (month, day, year): March 8, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none (Laborer)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto., Md.

FATHER

13. NAME: Wm. McNally

14. BIRTHPLACE (city or town) (State or country): Balto., Md.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Hosp. Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: May 15 19 41

19. UNDERTAKER: Bernard C. Harle

(Address) 121 E. Hoff St.

20. FILED: May 17 1941 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 11, 1941

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1941 to May 11, 1941

I last saw him alive on May 11, 1941 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid Hemorrhage (Massive)	
Hypertensive C-V Disease & Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel L. Lee M. D.

(Address) Balto Gen Hosp

Howard J. Madison M. D. Chief Attending Physician

F 69235

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 69236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-c Registered No. F 69236

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 728 Pierce St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM MANUEL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 25 Months Days If less than one day hr. min.

9. Birthplace Jamaica (City, county, and state)

10. Usual Occupation Farmer

11. Industry or business Laborer

FATHER
12. Name
13. Birthplace Jamaica

MOTHER
14. Maiden Name
15. Birthplace Jamaica

16 (a) Informant Mrs Manuel
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof May 13 40 (month) (day) (year)
(c) Cemetery or crematory Mountauburn
Location

18 (a) Funeral director A. Halsey Williams
(b) Address 918 Druid Hill Ave.

19 (a) (b)
MAY 13 1940
Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9th 1940, at 3 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came
to his death on the day stated above.

Immediate cause of death Hemorrhage, neck tissues — Duration
Due to Bullet wound of neck.
Due to Suicide
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Hemorrhage
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence May 7, 1940
(c) Where did injury occur? 728 Pierce St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no (Specify type of place)
(e) Means of injury .38 caliber revolver shot himself
23. Signature H. L. Wollanweber M.D. Medical Examiner.
Date signed 5-9-40

F 69237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 198

F 69237

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 954 Forrest St. 10-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Thomas Sorrell

If U. S. Veteran specify WAR

(a) Residence: No. Maryland Penitentiary St., ... Ward. Philadelphia Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Ethelone Johnson Sorrell

6. DATE OF BIRTH (month, day, year) August 31, 1911

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Sorrell - dead

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Sadie Cromwell - dead

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT Md Penitentiary
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 5-14 1940

19. UNDERTAKER A. Halstead
(Address) 918 Druid Hill Ave

20. FILED ... 19 ... Clayton Williams, Registrar.

MAY 13 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1940

I HEREBY CERTIFY, That I attended deceased from February 23 1940 to May 10th 1940

I last saw him alive on May 10th 1940. Death is said to have occurred on the date stated above, at 12:32 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hanged by order of the Court	
Other contributory causes of importance: Dislocation 5th cervical vertebra	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) John F. Anderson, M. D.

(Address) 347 Guilford Ave.

H. L. Wollanweber, M D
Asst Medical Examiner

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 69238 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 69238

CERTIFICATE OF DEATH

14 ✓ 198

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 954- Forrest St., (or) Ward

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

Registered No. ___

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Otis Harrell

If U. S. Veteran specify WAR ___

(a) Residence: No. Maryland Penitentiary St., Ward 717 Stirling St.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ___

6. DATE OF BIRTH (month, day, year): August 15, 1917

7. AGE: Years 22 | Months 8 | Days 25 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ___

10. Date deceased last worked at this occupation (month and year) ___

11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country): Ozark County Alabama

FATHER

13. NAME: Elijah Davis - dead

14. BIRTHPLACE (city or town) (State or country): Alabama

MOTHER

15. MAIDEN NAME: Barbara Davis - living

16. BIRTHPLACE (city or town) (State or country): Alabama

17. INFORMANT: Texas Bill Penitentiary

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Calvary Date: 5-14-1940

19. UNDERTAKER: E. Halstead

(Address): 918 Eastern Ave.

20. FILED ___, 19___ ___ Registrar.

MAY 13 1940 Huntington Kelly M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 10th, 1940

I HEREBY CERTIFY, That I attended deceased from February 23, 1940, to May 10th, 1940

I last saw him alive on May 10th, 1940. Death is said to have occurred on the date stated above, at 12:29 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hanged by order of the Court	
Other contributory causes of importance: Dislocation of 5th cervical vertebra	

Was an operation performed? No Date of ___

For what disease or injury? ___

Name of operation ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) John J. Lanahan M. D.

(Address) 34th & Guilford Ave.

Jd L. Wallenmeyer M.D.
Asst Medical Examiner

69239

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108 No. 69239

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city limits, write RURAL and give town)
(d) Street No. 913 Arlington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Paul Elliott Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M. | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/12/39

8. AGE: Years | Months 8 | Days 27 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Infant.

11. Industry or business

FATHER
12. Name Edwin Johnson
13. Birthplace Va.

MOTHER
14. Maiden Name Somora Greene
15. Birthplace Durham N.C.

16 (a) Informant Edwin Johnson
(b) Address 913 Arlington ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-12-40 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill ave

19 (a) 1940 (Date issued by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-10-1940 at 8.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-5 1940, to 5-10-1940 and that I last saw him alive on 5-10-1940

Immediate cause of death: Lobar Pneumonia — Duration 8 days.
Due to: Atelectasis
Due to:
Other Conditions: —
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

By Signature C. F. Maloney M. D.
Address Provident Hospital Date signed 5/10/40

VS 3

F 69240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-a

F 69240

Registered No. [redacted]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4mo.14da.
(e) Length of stay in Baltimore (yrs., mos., or days) 4mo.14da.

12-6

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Newport News
(If outside city or town limits, write RURAL and give town)
(d) Street No. 331 43rd St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter W. Rowell, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Fannie Masters
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Aug. 19, 1871

8. AGE: Years	Months	Days	If less than one day
68	8	23	hr. min.

9. Birthplace Surry Co., Va. (Town, county, and state)
10. Usual Occupation Master
11. Industry or business Seaman

FATHER
12. Name William Edward Rowell
13. Birthplace Surry Co., Va.

MOTHER
14. Maiden Name Laura A. Holland
15. Birthplace Surry Co., Va.

16 (a) Informant U.S. Marine Hospital Records
(b) Address Baltimore, Maryland

17 (a) (Burial, cremation, or removal) (b) Date thereof May 16 1940 (month) (day) (year)
(c) Cemetery or crematory
Location Newport News Va.

18 (a) Funeral director Harry H. Witzke
(b) Address 210 H 25th and Ave

19 (a) MAY 13 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1940 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 28 1939, to May 12 1940, and that I last saw h im alive on May 12 1940.

Immediate cause of death
Malnutrition & inanition — Duration 4 months

Due to Carcinoma of larynx — over 1 year

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. B. H. Anderson
T. B. H. Anderson, Medical Officer in M. D.
Address U.S. Marine Hospital Date signed 5-13-40

F 69241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-A Registered No. 61

F 69241

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore - Sparrows Pt (If outside city or town limits, write RURAL and give town)
(d) Street No. 316 41-St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles M Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-09-2031

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 11, 1889

8. AGE: Years	Months	Days	If less than one day
22	7	29	hr. min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation Taxi driver

11. Industry or business

FATHER 12. Name William Smith
13. Birthplace South Car

MOTHER 14. Maiden Name Frances Gill
15. Birthplace South Car

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/40 (month) (day) (year)
(c) Cemetery or crematory Moreland Pk
Location Baltimore Md

18 (a) Funeral director Leonard A. Covington
(b) Address 26 W. 25th St

MAY 13 1940 (Date rec'd by registrar) (b) Hamilton Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1940, at 6:12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1940, to May 10 1940, and that I last saw him alive on May 10 1940.

Immediate cause of death Uremia

Due to Chronic pyelonephritis

Due to Question of Staph septicemia

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John S Hurst M. D.
Address Johns Hopkins Hosp Date signed 5-10-40

VS 8

F [illegible]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F No. 69242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2722 Washington Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2722 Washington Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? Native years

3 (a) FULL NAME Dorothea Knapp.

3 (b) If veteran, name war:
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Louis H. Knapp.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 18 July 1859

8. AGE: Years	Months	Days	If less than one day
80	9	23	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Charles Engelhardt
13. Birthplace unknown

MOTHER
14. Maiden Name Elizabeth Engel
15. Birthplace unknown

16 (a) Informant Mrs. Wm F. Fouts (Daughter)
(b) Address 2722 Wash. Blvd.

17 (a) (Burial, cremation, or removal) (b) Date thereof May 14 1940 (month) (day) (year)
(c) Cemetery or crematory London Park Cem.
Location

18 (a) Funeral director A. Schuman & Son
(b) Address 1037 Hanover St.

19 MAY 13 1940 (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 May 1940 at 10:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1 May 1940 to 11 May 1940 and that I last saw h er alive on 11 May 1940

Immediate cause of death Thyrocardiac Ch. — Duration 1938

Due to

Due to

Other Conditions Cardiac Asthma — 1 May 40

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice Wheeler M.D.
Address 2910 Hollins Ferry Rd Date signed 12 May 40

F 69243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-a

Registered No. F 69243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State La. (b) County
(c) City or town Pittsburgh (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maurice L. Solomon

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Sylvia M. Solomon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 22, 1892

8. AGE: Years	Months	Days	If less than one day
47	7	20	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Clothing Merchant
11. Industry or business

FATHER
12. Name Max Solomon
13. Birthplace Poland

MOTHER
14. Maiden Name Emma Alderman
15. Birthplace Poland

16 (a) Informant Mrs. B. Libow
(b) Address 3206 N. Hilton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Harid Sondheim's Son
(b) Address 1902 Eutaw Place

19 (Date received by Registrar) MAY 13 1940 Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1940, at 7:04 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1940, to May 12 1940, and that I last saw h alive on May 12 1940.

Immediate cause of death Brain tumor (Glioma of Rt. frontal lobe) — Duration 2 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Glioma of Rt. frontal lobe
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. Nuttall, M. D.
Address University Hosp. Date signed 5/14/40

F 69244

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 69244 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Mt Royal Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1514 Mt Royal ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Connelly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Lee E. Connelly

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 11 | 26 | 1893

8. AGE: Years	Months	Days	If less than one day
46	5	15	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name Bartholomew McCandrews
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Sheehan
15. Birthplace New York

16 (a) Informant Mrs. Julia McAndrews
(b) Address 2810 St Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore City Md.

18 (a) Funeral director Wm J Lichaes & Sons
(b) Address Mt Royal & Park Aves.

19 (a) MAY 13 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1940, at Early A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said ——— find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Mitral stenosis
Due to Chronic Rheumatic fever
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

(f) Signature H. H. Vandegrift M.D. Medical Examiner.
Date signed 5/11/40

F 69245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-G

F 59245 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md Gen Hosp
(d) Length of stay in hospital or inst. (~~years, months,~~ or days) 2 11 3
(e) Length of stay in Baltimore (~~years, months,~~ or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Wiltondale
(If outside city or town limits, write RURAL and give town)
(d) Street No. 515 Susex Wiltondale
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Baby Boy Hanson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May-9-1940

8. AGE: Years | Months | Days: 2 | If less than one day: ____ hr. ____ min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name E J Hanson
13. Birthplace Lake City Minn

MOTHER
14. Maiden Name Gladys Rabe
15. Birthplace Arlington Minn

16 (a) Informant Mr E J Hanson
(b) Address 515 Susex Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location B. A. Co. Md.

18 (a) Funeral director Wyburn J Parker & Son
(b) Address Balto Co. Md.

19 MAY 13 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-11-40 19____, at 4 1/2 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-9 1940, to 6-11 1940, and that I last saw ~~him~~ alive on 5-11-~~40~~ 1940

Immediate cause of death	Duration
Intracranial hemorrhage	5-9-40
Congenital biliary defect	5-9-40
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wthmagruder M. D.
Address Md Gen Hosp Date signed 5-11-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3 F 69246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69246 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3602 Glengyle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3602 Glengyle Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 11 years

27-20

3 (a) FULL NAME John Edmund Henderson

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 23 1867

8. AGE: Years	Months	Days	If less than one day
72	4	18	hr. min.

9. Birthplace Jamica British W.I. (Town, county, and state)
10. Usual Occupation Medical Missionary
11. Industry or business

FATHER 12. Name George Henderson
13. Birthplace England

MOTHER 14. Maiden Name Caroline Drayton
15. Birthplace England

16 (a) Informant Mrs. Margaret Henderson
(b) Address 3602 Glengyle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 1940 (month) (day) (year)
(c) Cemetery or crematory Baptist
Location Hereford Md.

18 (a) Funeral director William J. Tickner & Sons
(b) Address Northside Pennsylvania Ave. Baltimore, Md.

19 (a) MAY 13 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to May 11 1940 and that I last saw h alive on 5-11 - 1940

Immediate cause of death Arteriosclerosis — Duration 10 yrs. +
Due to
Due to
Other Conditions Chron. hypertension + Hypertension (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature C. B. Turner M. D.
Address 4936 Park Heights Ave Date signed 5-12-40

VS 3

F 69247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B

F 69247 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Wks
(e) Length of stay in Baltimore (yrs., mos., or days) 20 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3606 Woodbine Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Harriet Engle

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: George Wilmer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16 1870

8. AGE: Years 69 | Months 11 | Days 25 | If less than one day ... hr. ... min.

9. Birthplace Bittinger Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Daniel Brenneman
13. Birthplace Germany

MOTHER
14. Maiden Name Susan Beachy
15. Birthplace Md.

16 (a) Informant Miss Flora Engle
(b) Address 3606 Woodbine Ave

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 14 1940 (month) (day) (year)
(c) Cemetery or ~~Crematory~~ Luthern
Location Bittinger Garrett Co. Md.

16 (a) Funeral director William J. Tickner & Sons
(b) Address 2400 Pennsylvania Aves

19 (a) MAY 13 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/11/ 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/26 1940 to 5/11/ 1940, and that I last saw her alive on 5/11 1940

Immediate cause of death: Cardiac Dyscrasia Collapse — Duration 24 Hrs
Due to Intestinal obstruction — 10 Days
Due to Peritonitis — 10 Days
Other Conditions
(Include pregnancy within 3 months of death)

Major findings: Of operation Intestinal Obstruction
Of autopsy Intestinal Obstruction

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hammond J. Kaplan M.D.
Address Union Memorial Hospital Date signed 5/14/40

VS 3

F 69248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69248 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2701 W. North Ave
(c) Hospital or institution:

15-C

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2701 W. North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louise Thresa Strain

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John C. Strain

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov. 18 1881

8. AGE: Years: 58 | Months: 5 | Days: 23 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Christian Eisenhart
13. Birthplace: Germany

MOTHER
14. Maiden Name:
15. Birthplace:

16 (a) Informant: Mr. John C. Strain
(b) Address: 2701 W. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 14 1940 (month) (day) (year)
(c) Cemetery or crematory: Western
Location: Baltimore

18 (a) Funeral director: William J. Tickner & Sons
(b) Address: 1643 Pennsylvania Aves

MAY 13 1940

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 11 1940, at 10:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1940, to May 10 1940, and that I last saw h[illegible] alive on May 10 1940

Immediate cause of death: Cerebral Embolism — Duration: a month

Due to: Chronic Myocarditis — Duration: Several Years

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Jos. H. Zierler M. D.
Address: 2318 Eutaw Place Date signed: May 17/40

F 69249

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a F 69249

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2521 Mc: Henry St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2521 Mc: Henry St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles W. Davis Jr.

3 (b) If veteran, name war None
3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ruth J. Davis
6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) May 30-1902

8. AGE: Years 37 | Months 11 | Days 10 11 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Machinist
11. Industry or business U.S. Navy Yard Wash. D.C.

FATHER
12. Name Charles W. Davis Sr.
13. Birthplace Baltimore-Md.

MOTHER
14. Maiden Name Martha M. Dennis
15. Birthplace Baltimore-Md.

16 (a) Informant Mrs. Ruth J. Davis
(b) Address 2521 Mc: Henry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May-14-1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore-Md.

18 (a) Funeral director Charles J. Schwab
(b) Address 505 N. Monroe St.

19 (a) MAY 13 1940 (Date received by Registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May-11th: 1940, at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1940, to May 11 1940 and that I last saw him alive on May 11 1940.

Immediate cause of death Coronary Thrombosis a Occlusion — Duration 2 days

Due to — Duration

Due to — Duration

Other Conditions Rheumatic Heart Disease (Include pregnancy within 3 months of death) — Duration 14 yrs.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Blumberg
Address 2000 Harlem St. Date signed 5/13/40

45268 - SB

F 69250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 770 LF 69250 / 54268 SD

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo., 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1321 E. Eager Street (If rural give location)
(c) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stuart Knight

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/17/1898

8. AGE: Years 41 | Months 7 | Days 23 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name ? ?
13. Birthplace Virginia

MOTHER
14. Maiden Name Jennie ?
15. Birthplace Virginia

16 (a) Informant Records
(b) Address B.C.H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Co. Md

18 (a) Funeral director Mrs. P. A. Elliott-Lytle
(b) Address 1129 Reisterstown Rd. Balto. Md.

19 (a) Filed MAY 13 1940 (b) Registrar

VS 3

CERTIFICATE TO MEDICAL EXAMINER

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-10 1940, at 12 12 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-30 1940, to 5-10 1940, and that I last saw him alive on 5-10 1940.

Immediate cause of death: Lung abscess with pulmonary hemorrhage

Due to: Fracture mandible with osteomyelitis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

Duration: four months / sudden / several months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 1-26-40
(c) Where did injury occur? Near Chambersburg Pa (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Automobile accident (Specify type of place) while at work? —
Shoulder & chest
(e) Means of injury see above

23. Signature L. K. Woodward, M. D.
Address Balto City Hosp. Date signed 5-10-40

H. L. Wollenweber, M.D. Attd

69251

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 69251 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 39-
(e) Length of stay in Baltimore (yrs., mos., or days) 39-

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass (b) County
(c) City or town Lowell
(If outside city or town limits, write RURAL and give town)
Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ? years

3 (a) FULL NAME Mary Kennedy

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife Single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 14-1853

8. AGE: Years	Months	Days	If less than one day
87	0	28	hr. min.

9. Birthplace Newfoundland Canada
(Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Bryan Kennedy
13. Birthplace Ireland

MOTHER
14. Maiden Name not
15. Birthplace Known

16 (a) Informant Records of Mount Hope
(b) Address Mount Hope Retreat, City.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15/40 (month) (day) (year)
(c) Cemetery or crematory Lowell, Mass
Location Lowell, Mass.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 MAY 13 1940 (b) Lillian M. Williams M.D.
(Date received by Registrar) (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1940, at 12:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1934 to May 12 1940, and that I last saw h[illegible] alive on May 11 1940.

Immediate cause of death	Duration
Diabetes Mellitus	7 yrs
Arteriosclerosis	
Due to Carcinoma of left Breast	Sept 1937
Due to Manic-depressive psychosis	Hospital 1 yr.
Other Conditions Carcinomatosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Duncan Reg M. D.
Address 536 Fidelity Bldg. Date signed

69252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 69252

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 910 N. Gay St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Fannie Naplachowski

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Alex Naplachowski

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1890

8. AGE: Years 50 | Months 2 | Days — | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Home work

11. Industry or business at Home

FATHER
12. Name Dominic Legacinski
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Alex Naplachowski
(b) Address 910 N Gay St

17 (a) Baltimore (Burial, cremation, or removal) (b) Date thereof May 15 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Krasowski
(b) Address 1930 Eastern Ave.

19 (a) (Date rec'd by registrar) (b) Filed by [illegible] Registrar

MAY 16

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1940 at 5 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1940 to May 11 1940 and that I last saw h e alive on May 11 1940.

Immediate cause of death: Cerebral hemorrhage — Duration
Due to: Generalized arteriosclerosis
Due to:
Other Conditions: hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard L Kleiman, M. D.
Address St Joseph's Hosp Date signed 5-13-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69253

CERTIFICATE OF DEATH

159

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2934 Elliott St. St., 1-1 Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Baby Gisdula

If U. S. Veteran specify WAR _____

(a) Residence: No. 2934 Elliott St. St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 10-1940.

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Stephen Gisdula

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Helen Arden

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Stephen Gisdula

(Address) 2934 Elliott St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 5/13 40 19

19. UNDERTAKER John Puda

(Address) 2869 Hudson St

20. FILED MAY 13 1940 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1940 to May 13, 1940

I last saw him alive on May 13, 1940 Death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	
Unknown	

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If _____

(Signed) John L. Valentine, M. D.

(Address) 6 North Broadway

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F69254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F69254

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied & correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Ward 3
Street No. 4 Englewood Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eleanor Reynolds

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) ~~Single, married~~ widowed, or ~~divorced~~
Female	White	Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jun 30 1876

8. AGE: Years	Months	Days	If less than one day
63	10	12	hr. min.

9. Birthplace MD (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Brogden
13. Birthplace Md

MOTHER
14. Maiden Name Eleanor Gittinger
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 1940 (month) (day) (year)
(c) Cemetery or crematory Dinwiddie Cemetery
Location Long Green Valley

18 (a) Funeral director Henry Jenkins & Co
(b) Address Oakland, Mitchell St

19 (a) (Date rec'd by registrar) MAY 13 1940 Registrar Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY - 12 1940, at 11:33 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 12 1940 to MAY 12 1940, and that I last saw her alive on MAY 12 1940.

Immediate cause of death	Duration
Coronary thrombosis	24hrs
Due to Coronary arterio-sclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney Mayer, Jr. M. D.
Address Balto. Date signed 5/12/40

F 69255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C F 69255

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland N.
(b) Street address 1906 Washington St.
(c) Hospital or institution:
St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) almost 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1906 N. Washington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julius F. Fowler

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-3693

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Claudia C. Fowler
6 (d) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Oct 10 - 1872

8. AGE: Years	Months	Days	If less than one day
67	7	1	hr. min.

9. Birthplace Calvert County Md (Town, county, and state)
10. Usual Occupation Retired, formerly Foreman
11. Industry or business Balto. Transit Co

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant George W. Edwards
(b) Address 2317 E. Oliver St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14-1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Baltimore Md.

18 (a) Funeral director John C. Miller Inc.
(b) Address 2435 E. Oliver Street

MAY 13 1940 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1940, at 12:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pulmonary Embolism	
Due to Multiple Fractures.	
Due to	
Other Conditions Terminal Pneumonia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence May 7-40
(c) Where did injury occur? Clifton Park - Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Struck by pole which was knocked down by Auto

23. Signature Howard J. Moulton M.D. Medical Examiner.
Date signed May 11 - 40.

VS 6

(over)

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69256 | 31-W | 34836 Registered No. F 69256

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Western Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1049 Brantley Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emily Ross

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married (Sep)

6 (b) Name of husband or wife Bert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1898

8. AGE: Years	Months	Days	If less than one day
41	10	9	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Smith
13. Birthplace Md.

MOTHER
14. Maiden Name Clara Kelly
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13th 1940 (month) (day) (year)
(c) Cemetery or crematory Holford Mem
Location Md. - Hereford

18 (a) Funeral director Edwin O Wilson
(b) Address 1040 Brantley Ave

19 (a) MAY 13 1940 (b) Huntington Hilliard, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-10 1940 at 11.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-18 1940 to 5-10 1940 and that I last saw her alive on 5-10 1940.

Immediate cause of death Malignant Nephrosclerosis — Uremia — Duration Unknown 8 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Hilliard M.D.
Address Baltimore City Hospitals Date signed 5/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VSK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-B

54624 Registered No. F 69257

F 69257

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 821 N. Forrest St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Fisher

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Lottie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30, 1869

8. AGE: Years	Months	Days	If less than one day
70	12	7	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Old Age Pension City
11. Industry or business

FATHER
12. Name Ezekial Fisher
13. Birthplace Md.

MOTHER
14. Maiden Name Rosie ?
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brookland.
18 (a) Funeral director E. G. Wilson
(b) Address 1000 Brantley Ln
19 MAY 12 1940 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-7 1940, at 11 25 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-11 1940 to 5-7 1940, and that I last saw him alive on 5-7 1940.

Immediate cause of death	Duration
Carcinoma prostate with metastasis	2
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L Krul Edwards M. D.
Address Balto City Hosp. Date signed 5-8-40

VS 3

F 69258

OK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

State File No. F 69258

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County BALTIMORE

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2222 McElderry St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Lang

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Louis LANG

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) ?-?- 1881 or 1882

8. AGE: Years 59 | Months ? | Days ? | If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER — 12. Name George Everist

13. Birthplace Md.

MOTHER — 14. Maiden Name Mary Paul

15. Birthplace Unknown

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof MAY 14 40 (month) (day) (year)

(c) Cemetery or crematory HOLY REDEEMER

Location BELAIR ROAD

18 (a) Funeral director Lilly & Zeiler INC.

(b) Address 403 S. WOLFE ST.

19 (a) MAY 13 1940 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1940, at 4:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1940 to May 11 1940, and that I last saw h.e. alive on May 11 1940.

Immediate cause of death: Coma — Duration: 2 days

Due to: Diabetes mellitus — Duration: unknown

Due to: — Duration:

Other Conditions: Hypertensive cardiovascular disease — Duration: unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: not done.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. Eggerding M. D.

Address Baltimore City Hospitals Date signed 5/11/1940

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69259 — 107 — Registered No. F 69259

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1315 Etting Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1315 Etting St. (If rural give location)
(e) If foreign born, how long in U. S. A.?

3 (a) FULL NAME William O. Thomas

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Married

6 (b) Name of husband or wife: Blanche
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/11/1886

8. AGE: Years	Months	Days	If less than one day
53	7	29	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Laborer, (Unemployed)
11. Industry or business

FATHER
12. Name Frank Thomas
13. Birthplace Port Deposit, Md.

MOTHER
14. Maiden Name Lettie Savage,
15. Birthplace Port Deposit, Md.

16 (a) Informant Blanche Thomas (Wife)
(b) Address 1315 Etting Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-40 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Baltimore Md

18 (a) Funeral director Charles Garthe
(b) Address 514 N Calhoun St

19 (a) MAY 13 1940 (Date rec'd by registrar)
Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/10 1940, at 2:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/5 1940 to 5/10 1940 and that I last saw her alive on 5/10 1940.

Immediate cause of death	Duration
Bronchs	
Due to Pneumonia	9 wks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. R. Nuckols
Address 825 N. Fremont Ave. Date signed 5/12/40 M. D.

F 69260 BCH 55407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-P F 69260 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 528 E. Fort Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? Years

3 (a) FULL NAME Thomas Starr (55407)

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-07-3523

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Anastasia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1870

8. AGE: Years	Months	Days	If less than one day
69	10 9	10	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name George Starr
13. Birthplace Ireland

MOTHER
14. Maiden Name Hattie Kelly
15. Birthplace England

16 (a) Informant Hospital Records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14, 1940 (month), (day), (year)
(c) Cemetery or crematory Cathedral
Location Frederick Rd.

18 (a) Funeral director Margaret A. Flynn
(b) Address 1426 Light St.

19 (a) (Date received by Registrar) MAY 13 1940 (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12, 1940, at 4:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7, 1940, to May 12, 1940 and that I last saw h[illegible] alive on May 12, 1940.

Immediate cause of death: Tuberculosis of the lungs — Duration: November 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balto. City Hospitals Date signed 5-13-40

69261 54683--PD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-N

Registered No. F 69261

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to give correct age in years, months, days, or hours. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 920 N. Eutaw St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-6-1897

8. AGE: Years	Months	Days	If less than one day
43	0	27	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation wash dishes
11. Industry or business

FATHER
12. Name Unk
13. Birthplace Unk

MOTHER
14. Maiden Name Jane Jones
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery UNIVERSITY MEDICAL SCHOOL MAY 13 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address Huntington Williams, M.D.

19 (a) MAY 13 1940 (Date rec'd by Registrar) 5620 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1940, at 9:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 13 1940, to May 3 1940, and that I last saw h[illegible] alive on May 3 1940.

Immediate cause of death	Duration between onset and death
Arteriolar nephrosclerosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, Suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Hebb M. D.
Address Balto. City Hosp., Date signed 5-3-40

F 69262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a Registered No. F 69262

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene St.
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 18 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Howard
(c) City or town Glenelg (Rural)
(If outside city or town limits, write RURAL and give town)
(d) Street No. W
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Baby Boy Schooley — Trauma 69615

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	—

6 (b) Name of husband or wife —

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 5-2-40

8. AGE: Years	Months	Days	If less than one day
18 hrs.	0	0	18 hr. ____ min.

9. Birthplace Glenelg, Howard Co, Maryland
(town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Lewis Schooley
13. Birthplace Virginia

MOTHER
14. Maiden Name Dorothy Ridgely
15. Birthplace Maryland

16 (a) Informant Mother
(b) Address Glenelg, Maryland

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (month) (day) (year)

(c) Cemetery or crematory ____
Location UNIVERSITY MEDICAL SCHOOL MAY 13 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (Date received by registrar) MAY 13 1940 Huntington Williams, M.D. Registrar

5611

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-2-40 19 , at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-2 1940, to 5-3 1940, and that I last saw h alive on 5-3 1940.

Immediate cause of death Miscarriage - 26 wks

Due to congenital atelectasis, bilateral, bilateral

Due to subarachnoid hemorrhage

Other Conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy Atelectasis; subarachnoid hemorrhage

Duration
1 hr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature Lewis M Laughlen M. D.
Address University Hosp Date signed 5-7-40

F 69263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 69263

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2706 E Hamilton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2706 Hamilton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Peter Lorty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Widower

6 (b) Name of husband or wife Margaret Lorty
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 10- 1857

8. AGE: Years	Months	Days	If less than one day
82	9	1	hr. min.

9. Birthplace Germany (Town, county and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Emas Lorty
13. Birthplace Germany

MOTHER
14. Maiden Name Maria
15. Birthplace Germany

16 (a) Informant
(b) Address 2706 Hamilton Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-14-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Buck
(b) Address 5306 Harford Rd

19 (a) MAY 13 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-11-40 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/6/40 to 5/11/40, and that I last saw h alive on 5/10/40 19 .

Immediate cause of death Cerebral Hemorrhage. — Duration

Due to — Duration

Due to — Duration

Other Conditions Arteriosclerosis — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Clara Lorty M. D.
Address 4706 Harford Road Date signed 5/13/40

VS 3

55418--D

69264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. F 69264

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2812 Beechwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Betty Travers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Willian C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 22, 1863

8. AGE: Years	Months	Days	If less than one day
77	3	19	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Edmond Griffith
13. Birthplace Md.

MOTHER
14. Maiden Name Adeline
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-40 (month) (day) (year)
(c) Cemetery or crematory Taylors Island Md.
Location

18 (a) Funeral director Leonard J. Kuck
(b) Address 3305 Harford Rd.

19 (a) (Local Registrar) (b) Hamilton Williams, M.D. Registrar

MAY 13 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-11 1940, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-7 1940, to 5-11 1940, and that I last saw her alive on 5-11 1940.

Immediate cause of death Carcinoma Breast with metastases

	Duration
Due to	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 5-12-40

F 69265 49506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-3

Registered No. F 69265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days 6 mths.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3096 Vineyard Lane
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John G. Matthews

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28, 1876

8. AGE: Years	Months	Days	If less than one day
63	5	14	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name John W. Matthews (d)
13. Birthplace Baltimore

MOTHER
14. Maiden Name Margaret Kramer (d)
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location

18 (a) Funeral director Leonard J. Busch
(b) Address 2005 Harford Rd

19 (a) MAY 13 1940 (Date rec'd by registrar) Hattie Pearl Williams (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12 1940, at 7:43 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-26 1939 to 5-12 1940, and that I last saw him alive on 5-12 1940.

Immediate cause of death	Duration
Carcinoma prostate	over 6 months
Due to	
Due to	
Other Conditions Arteriosclerotic cardiovascular disease (Include pregnancy within 3 months of death)	?

Major findings:
Of operations Carcinoma prostate
Of autopsy Not completed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. K. Edwards Jr. M. D.
Address Balto City Hosp. Date signed 5-12-40

VS 8

54791 - RB

69266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

563 Registered No. E 69266

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1923 421 Ware St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Odessa Ware (Were)

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Separated

6 (b) Name of husband ~~Irvin~~

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1901

8. AGE: Years	Months	Days	If less than one day
38	5	23	hr. min.

9. Birthplace West Virginia (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business ?

FATHER
12. Name John Hagan
13. Birthplace N.C.

MOTHER
14. Maiden Name Carnellia Nemo
15. Birthplace W. Va.

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory UNIVERSITY MEDICAL SCHOOL MAY 13 1940
Location

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Mohr, Thurston Williams, M.D.

19 (a) MAY 13 1940 (Date received by Registrar) 5615 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29 1940, at 3:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-17 1940, to 4-29 1940, and that I last saw her alive on 4-28 1940.

Immediate cause of death	Duration
Cerebro Vascular Hemorrhage	four days
Due to Hypertensive cardio vascular disease	?
Due to	
Other Conditions Uterine myomata	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations Abdominal myomata
Of autopsy Not completed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosps. Date signed 4-29-40

F 69267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No. F 69267

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 576 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 224 E. Biddle St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Thompson (16162)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30, 1902

8. AGE: Years	Months	Days	If less than one day
37	10	9	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business

FATHER
12. Name Robert
13. Birthplace ? ?

MOTHER
14. Maiden Name ??
15. Birthplace ??

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/40 (month) (day) (year)
(c) Cemetery or crematory Laurel Beautiful
Location Gunpowder Rd Road

18 (a) Funeral director John J. Fahey Son
(b) Address 422 E. Lafayette St.

19 (a) MAY 13 1940 (Date received) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9, 1940, at 12:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 10, 1938 to May 9, 1940 and that I last saw him alive on May 9, 1940.

Immediate cause of death: Tuberculosis of the Lungs — Duration: since 1938
Due to
Due to
Other Conditions Atrophy & Paralysis of left lower extremity due to old Poliomyelitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
M. D.
Address Baltimore City Hospitals Date signed 5/9/40

VS 3

69264-2
37

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

F 69268
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State N.C. (b) County
(c) City or town Hendersonville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dr. Walter O. Allen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Lucille

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) 1-20-98

8. AGE: Years 42 | Months 3 | Days 23 | If less than one day hr. min.

9. Birthplace N.C. (town, county, and state)

10. Usual Occupation Physician

11. Industry or business

FATHER
12. Name Henry W. Allen
13. Birthplace N.C.

MOTHER
14. Maiden Name Nannie Mae Otte
15. Birthplace S.C.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13-40 (month) (day) (year)
(c) Cemetery or crematory Hendersonville
Location N.C.

18 (a) Funeral director John O. Mitchell & Son
(b) Address 900 Eutaw Place

MAY 13 1940

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1940 at 1 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 19 1940 to May 13 1940 and that I last saw him alive on May 13 1940.

Immediate cause of death
[redacted] Pneumococcus Meningitis Type III
Due to Peritonitis, acute
Due to
Other Conditions Diabetes Mellitus

Duration
A&D

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James A. Stanford M. D.
Address Johns Hopkins Hosp Date signed 5-13-40

VS 3

F 69269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 69269

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 420 N. Lakewood Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto., (If outside city or town limits, write RURAL and give town)
(d) Street No. 420 N. Lakewood Ave., (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Michael A. Delcher

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 212-05-5727

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mary C. Delcher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 12, 1888

8. AGE: Years	Months	Days	If less than one day
51	5	28	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Gas & Electric Co.,
11. Industry or business

FATHER
12. Name Frederick Delcher
13. Birthplace Germany

MOTHER
14. Maiden Name Hein
15. Birthplace Germany

16 (a) Informant wife
(b) Address 420 N. Lakewood Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmonson Ave.,

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison St.,

19 MAY 13 1940 (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1940 at 1450 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 11 1939 to May 10 1940 and that I last saw h[illegible] alive on May 10 1940.

Immediate cause of death	Duration
Coronary occlusion	sudden
Due to Thrombosis coronary	
Due to arteries	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. L. Mazer M. D.
Address 1604 E Baltimore St. Date signed 5/13/40

VS 3

F 69270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 69270 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2534 E. Eager St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2405 E. Monument St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Ellsworth Cademore

3 (b) If veteran, name war: No
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Albert E. Cademore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 29th 1863

8. AGE: Years	Months	Days	If less than one day
76	8	14	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John High
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Balto. Md.

16 (a) Informant Annie Blinke
(b) Address 2534 E. Eager St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

MAY 14 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13th 1940, at 10:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1940 to May 13 1940, and that I last saw ~~him/her~~ alive on May 12 1940.

Immediate cause of death	Duration
Arteriosclerosis	15 yrs
Arteriosclerotic Heart Disease	5 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Israel Rosen M. D.
Address 2413 E. Monument St Date signed May 13 1940.

F 69271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 69271 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Belona Ave
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 532 Rossiter Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

27 dR

3 (a) FULL NAME John Williamson

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Amelia Williamson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 26 th 1856

8. AGE: Years	Months	Days	If less than one day
83	5	16	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Retired Drayman
11. Industry or business Rigger Monument Co.

FATHER
12. Name Hankerson Williamson
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant John L. Williamson
(b) Address 532 Rossiter Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Balto Md.

18 (a) Funeral director Wm Cook
(b) Address 1217 St. Paul St

MAY 14 1940 (Date rec'd by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12th 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 30 1940 to May 12 1940, and that I last saw ~~him~~ her alive on 9 A. M. 19

Immediate cause of death
Chronic Myocarditis
& Arteriosclerosis

Duration
15 yrs

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Wheaton M. D.
Address 4305 York Rd Date signed 5/13/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

69272

F 69272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. D. A. Mem. Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 2612 Nelson Av (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Stephen Russell

3 (b) If veteran, name war: W
3 (c) Social Security Account No. none

4. Sex: M. | 5. Color or race: Wh | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b). Name of ~~husband or~~ wife: Ida E. Russell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 26th 1869

8. AGE: Years: 70 | Months: 7 | Days: 17 | If less than one day: hr. min.

9. Birthplace: St. Marys Co. Md (town, county, and state)
10. Usual Occupation: Retired Salesman
11. Industry or business: Unknown

FATHER
12. Name: Wm L. Russell
13. Birthplace: St. Marys Co. Md.

MOTHER
14. Maiden Name: Mary Jane Groves
15. Birthplace: St. Marys Co. Md.

16 (a) Informant: Sister Bethany
(b) Address: Washington D. C.

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 5/14/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Friends Burial Grounds
Location: Balto Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St

19 (a) MAY 1 1940 (date received by registrar) Washington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

3 30a

20. DATE OF DEATH May 13 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: [illegible] M.D. Medical Examiner.
Date signed 5/13/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

69273 F 69273

CERTIFICATE OF DEATH

74-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) East Balt. Gen'l Hosp. (b) 15-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs Fannie Goldberg

If U. S. Veteran specify WAR

(a) Residence: No. 2119 Westwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of Zechariah Goldberg

6. DATE OF BIRTH (month, day, year) March 2 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Kendel Goldsmith

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mary Ashmon

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Prospect Date 5/14/40

19. UNDERTAKER Jack Lewis Inc.

(Address) 1439 E. Balt St.

MAY 14 1940 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-14 1940

22. I HEREBY CERTIFY, That I attended deceased from 4-16 1940 to 5-13 1940

I last saw her alive on 5-13 1940 Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute amyelogenous Leukemia	Feb 40
Other contributory causes of importance	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Isadore Scher M. D.

(Address) West Balto. Gen. Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V2 8

F 69274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 a

Registered No. F 69274

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun.
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 3000 Reisterstown Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Mrs. Gertrude Katzen.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fe.

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1855

8. AGE: Years 85 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Europe (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Hospt. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-40 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Phila Rd & Biddulph Lane

18 (a) Funeral director Jos. Lewis Sons
(b) Address 1439 E. Balto St.

19 (a) Date received by local registrar MAY 14 1940 (b) Registered ____

Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14 1940, at 3 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-13 1940, to 5-14 1940, and that I last saw h.e alive on 5-13 1940.

Immediate cause of death: Cerebral Accident (Hemorrhage) — Duration

Due to: Arteriosclerosis

Due to:

Other Conditions: Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A.S. Daugharthy M. D.

Address Franklin Sq. Hosp. Date signed 5-14-40

69275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 69275

Registered No. 7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 901 Dell St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 901 Dell St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick Kattenhorn (KATTENHORN)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Isabella Kattenhorn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 9 1875

8. AGE: Years	Months	Days	If less than one day
64	4	2	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Frederick Kattenhorn.
13. Birthplace Germany

MOTHER
14. Maiden Name Christenda Steinberg
15. Birthplace Germany

16 (a) Informant Mrs. Christenda Miller
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location O'Donnell St.

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 N Broadway

(a) (Signature of local registrar) (b) Huntington Williams, M.D. Registrar

MAY 14 1940

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1940, at early M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Pulmonary tuberculosis — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. M. Lankford M.D.
Medical Examiner.

Date signed 5/11/40

F 69276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 58-1

F 69276 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1102 S. Baylis St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1102 S. Baylis St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Jacob Dasch

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) Feb. 11, 1909

8. AGE: Years	Months	Days	If less than one day
31	3		hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Harry Dasch
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anna M. Stoewer
15. Birthplace Baltimore

16 (a) Informant Anna M. Roemer
(b) Address 1102 S. Baylis St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15-1940 (month) (day) (year)
(c) Cemetery or crematory Suk Lawn
Location Eastern ave.

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 N. Broadway

19 (a) (Date received by registrar) (b) Registered

MAY 14 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11, 1940, at 5-20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1940, to May 11 1940, and that I last saw h alive on May 11 1940.

Immediate cause of death Rheumatic Pancarditis
Myocardial Failure.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
5-9-40

Major findings:
Of operations
Of autopsy None.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ed Schumunk M. D.
Address 842 S. Ead Ave. Date signed 5-12-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

69277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 69277 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1575 Ridgely St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1575 Ridgely St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Hensler

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife John Hensler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 5. 1865

8. AGE: Years 75 | Months 1 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER 12. Name John R. Deuchler

13. Birthplace Germany.

MOTHER 14. Maiden Name Barbara Martin

15. Birthplace Germany.

16 (a) Informant Amelia B. Unger

(b) Address 1575 Ridgely St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16 1940 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto City

18 (a) Funeral director Mrs. Mrs. John W. Teufel & Son

(b) Address 801 W. Fayette St.

19 [illegible] (Date rec'd by registrar)

VS 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1940, at 10.20 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1939 to May 13 1940 and that I last saw h-er alive on May 12 1940

Immediate cause of death Chronic nephritis — Duration 6 years

Due to Arteriosclerosis — Duration years

Due to Diabetes mellitus — Duration many years

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide none
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Nathaniel McBeath M.D.

Address 7727 McClure Date signed May 13 1940

69278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D

Registered No. E 69278

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2231 E. Preston St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Edward Tennyson Jr. TENNYSON

3 (b) If veteran, name war no

3 (c) Social Security Account No. 212-03-5895

4. Sex Male

5. Color or race white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Elsie M. Tennyson

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) June 23, 1888

8. AGE: Years 51 | Months 10 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Produce Salesman

11. Industry or business

FATHER
12. Name John E. Tennyson Sr
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Barbara A. Rodgers
15. Birthplace Balto. Md.

16 (a) Informant Elsie M. Tennyson
(b) Address 2231 E. Preston St

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** May 15. 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location City

18 (a) Funeral director Mr. Mrs. John W. Geufels Son
(b) Address 801 W. Fayette St

19 (a) MAY 14 1940 (Date rec'd by Registrar) **(b)** Huntington Nathanial, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1940, at 3.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1940, to May 12 1940, and that I last saw h/ze alive on May 12 1940.

Immediate cause of death Carcinoma of lung

Due to

Due to

Other Conditions Secondary lung abscess (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Ca of lung

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Sexton M. D.
Address Mercy Hosp **Date signed** 5-14-40

F 69279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69279 Registered No. 1164-C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital Ward Room
(d) Length of stay in hospital or inst. (yrs., mos., or days) 45 Min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 257 Robert St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Norman V. Reyes

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lucy M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1906

8. AGE: Years: 34 | Months: — | Days: 1 | If less than one day: hr. min.

9. Birthplace Charlotte N.C. (Town, county, and state)

10. Usual Occupation Longshoreman.

11. Industry or business

FATHER 12. Name Frank Reyes
13. Birthplace Charlotte N.C.

MOTHER 14. Maiden Name Catherine ?
15. Birthplace S.C.

16 (a) Informant Mrs. Lucy M. Reyes
(b) Address 257 Robert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co.

18 (a) Funeral director Mrs. Geo. A. Holland
(b) Address 1631 Druid Hill Ave

19 (a) MAY 14 1940 (Date rec'd by registrar) (b) Hunting for Williams M.D.

VS 6

MEDICAL CERTIFICATION

12 12

20. DATE OF DEATH May 11 1940, at a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came his death on the day stated above.

Immediate cause of death: Bullet wound of head — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 5/10/40
(c) Where did injury occur? Church Rd-Anne Arundel Co Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home-father-in-law (Specify type of place) While at work? No
(e) Means of injury Pistol-self

23. Signature [illegible] M.D. (Medical Examiner)

Date signed 5/12/40

69280

HEALTH DEPARTMENT—CITY OF BALTIMORE

69280

CERTIFICATE OF DEATH

V 131-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1902 Druid Hill St. 4-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Samuel B. Cook

If U. S. Veteran specify WAR _____

(a) Residence: No. 1902 Druid Hill St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Samuel Cook

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Hattie Wilkins

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John A. Cook

(Address) 1827 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Mem. Park 5-15 Fo

19. UNDERTAKER Mrs. Frances A. Hundley

(Address) 578 N. Bridge St.

20. FILED _____ Thos. M. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 26 1940 to May 13 1940

I last saw her alive on May 11 1940 Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	6/26/39
Other contributory causes of importance:	

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Urinary Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Estelle Gow Fiery M. D.

(Address) 1928 Penna Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 14 1940

69281 F 69281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-N Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1347 GORSUCH AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE CITY (If outside city or town limits, write RURAL and give town)
(d) Street No. 1347 GORSUCH AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MISS. FRANCES WOLLSCHLAGER

3 (b) If veteran, name war **********

3 (c) Social Security Account No. **********

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	SINGLE

6 (b) Name of husband or wife SINGLE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 30, 1899

8. AGE: Years	Months	Days	If less than one day
50	11	11	hr. min.

9. Birthplace Baltimore City (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business At Home

FATHER
12. Name Charles F.Wollschlager
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Elizabeth King
15. Birthplace Baltimore Maryland

16 (a) Informant Mrs. Alvina Davis
(b) Address 1347 Gorsuch Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore, Maryland

18 (a) Funeral director C. B. Wippert & Son
(b) Address 1300 EUTAW PLACE

MAY 14 1940 (Date received) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH * MAY 11, 1940 at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1940 to May 11 1940, and that I last saw her alive on May 10 1940.

Immediate cause of death	Duration
Myocarditis	4 days
Insufficiency	
Due to Ovarian Cyst	7 yrs
Due to Ruptured Cyst with 2 Hem.	
Peritonitis	
Other Conditions Syphilis Gran.	
Uterus Cord V	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy **No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ------
(b) Date of occurrence ------
(c) Where did injury occur? ------ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ---- While at work? (Specify type of place)
(e) Means of injury ----

23. Signature Dr. Geo. Zimmerman
Address Harford Road Date signed 5/13/40 M. D.

Dr. Geo. Zimmerman

Please write plainly; use ink. Physicians: please write the causes of death clearly and legibly. Give correct age is especially important.

52492--MD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

F 69282
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5mo. 10das.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 806 S. Lakewood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Christina Schulke

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Julius
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-16-1868

8. AGE: Years	Months	Days	If less than one day
71	8	25	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Carl Hiller
13. Birthplace Germany

MOTHER
14. Maiden Name Whilhelmia
15. Birthplace Germany

16 (a) Informant B.C.H. Records
(b) Address

17 (a) ✓ (Burial, cremation, or removal) (b) Date thereof May 15 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel Cem
Location O'Donnell St

18 (a) Funeral director John F Duda
(b) Address 2829 Hudson St.

(a) (b)
(Date rec'd by registrar) Registrar

MAY 14 1940
MAY 13 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-11 1940, at 7.05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-1 1940, to 5-11 1940, and that I last saw her alive on 5-11 1940.

Immediate cause of death Fracture femur — Duration 3½ months

Due to

Due to

Other Conditions Pernicious anemia — Duration ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations Fracture femur

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-1-40
(c) Where did injury occur Baltimore, Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Backyard of home While at work? no
(Specify type of place)
(e) Means of injury Slipped on ice and fell

23. Signature L K Woodward Jr. M. D.
Address Balto. City Hosp. Date signed 5-12-40

N. J. Madden, M.D. Chief Med. Exam.
per E. D. Brantigan

Certificate, which CANNOT be issued by the Registrar until after the burial or removal permit has been issued. Every item of information should be carefully supplied. It cannot age is especially important. Physicians: please write the causes of death clearly and legibly.

69283

Gervasi

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 69283
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument and Rutland
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3031 Matthews ST (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Gloria Jean Gervasi

3 (b) If veteran, name war: —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27 1940

8. AGE: Years | Months: 1 | Days: 16 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Paul F. Gervasi
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Phoebe Coomes
15. Birthplace Harford County Md.

16 (a) Informant Paul Gervasi
(b) Address 3031 Matthews St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road.

18 (a) Funeral director Sol Levinson Bros
(b) Address 1124 W North ave.

19 (a) MAY 14 1940 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13 1940, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-12 1940, to 5-13 1940, and that I last saw him alive on 5-13 1940.

Immediate cause of death: Pneumonia over
Due to Prematurity
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 4 days

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Elliot Michelson M. D.
Address Sinai Hospital Date signed Michelson

VS 3

69284

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 69284
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene St.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State [illegible] (b) County
(c) City or town Baltimore, Maryland. (If outside city or town limits, write RURAL and give town)
(d) Street No. 324 S. Fulton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joan Hampton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 29, 1940

8. AGE: Years 0 | Months 0 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Cecil Stuart Hampton
13. Birthplace Royal Oak, Md.

MOTHER 14. Maiden Name Alpha Wingate
15. Birthplace Wingates, Md.

16 (a) Informant Mr. Cecil S. Hampton
(b) Address 324 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14, 40 (month, day, year)
(c) Cemetery or crematory London Park Cem.
Location Baltimore, Md.

18 (a) Funeral director W. M. Fischer Sons
(b) Address Gould & Paca Sts.

19 (a) [illegible] rec'd by registrar (b) Huntington Williams, M.D.

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13 1940, at 5:50 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-12 1940, to 5-13, 1940 and that I last saw h[illegible] alive on 5-13 1940.

Immediate cause of death Cholera Infantum — Duration 14 days
Due to
Due to
Other Conditions Secondary purpura - dehydration. — 5 days.
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James W. Lee, M. D.
Address Under-city Hosp. Date signed 5-13-40

PENALTY FOR FAILURE, WITH UNLAWFUL INTENT, TO FILE CERTIFICATE WITHIN FIVE DAYS. Every item of information should be carefully supplied, correct and complete. Physicians: please write the causes of death clearly and legibly.

F 69285

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 33-B

F 69285 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3613 Hilladale Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life 28

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3613 Hilladale Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Jacob Broening

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Althea E. Broening

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8, 1859

8. AGE: Years 80 | Months 11 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Lawyer.

11. Industry or business

FATHER 12. Name Henry Jacob Broening
13. Birthplace Balto

MOTHER 14. Maiden Name Katherine Petri
15. Birthplace Frankfort-Germany

16 (a) Informant Mrs. Althea E. Broening
(b) Address 3613 Hilladale Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 1940 (month) (day) (year)

(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md.

18 (a) Funeral director Wm. Tickner Sons
(b) Address North & Pa Aves.

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1940, at 9:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1940 to May 10 1940 and that I last saw him alive on May 9 1940

Immediate cause of death: Acute Cardiac Dilatation — Duration: Sudden
Due to: Influenza — 4 days
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. A. Richardson M. D.
Address 112 W. 25th St. Date signed May 14 1940

VS 3

Every item of information must be answered. Every blank must be filled. If unknown or if not applicable, write unknown or not applicable, as the case may be. Cemetery must be given. Physicians: please write the causes of death clearly and legibly.

69286

F 69286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-V Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William S. Love Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of ~~husband~~ wife Esther A. Love

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-19-67

8. AGE: Years 73 | Months 0 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business

FATHER
12. Name Wm. E. Love
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mary E. Cook
15. Birthplace Virginia

16 (a) Informant Dr. Wm. S. Love, Jr.
(b) Address 209 Ridgemeade Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) MAY 14 1940 (Date received by Registrar) (b) Hampton Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1940, at 1 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-8 1940, to 5-13 1940, and that I last saw h~~im~~ alive on 5-13 1940.

Immediate cause of death: Acute nephritis with Uremia — Duration: 1 mo.
Due to
Due to
Other Conditions Pneumonia 4-8-40, readily cured & anaphylaxidine followed
(Include pregnancy within 3 months of death)
Major findings: by almost complete
Operations Anuria
Of autopsy Large red, granular kidneys

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J M Collins M D
Address Bon Secours Hospital Date signed 5-13-40

69287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 69287

Registered No. 8[illegible]

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1330 N. Eden St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1330 N. Eden St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Planchete Graham

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race Col
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife None
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Apr 1914
8. AGE: Years 26 Months Days If less than one day hr. min.
9. Birthplace DeLand Fla (Town, county, and state)
10. Usual Occupation Waitress
11. Industry or business

FATHER
12. Name James Graham
13. Birthplace Fla

MOTHER
14. Maiden Name Mary Graham
15. Birthplace Fla

16 (a) Informant Mae Dixon
(b) Address 1330 N. Eden St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Bal
Location Balto
18 (a) Funeral director Rooney Sanders
(b) Address 412 E Preston St

MAY 14 1940 (b) [illegible]
Date filed by registrar Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13-1940, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/27/40 to 5/13/1940 and that I last saw h[illegible] alive on 5/13 1940.

Immediate cause of death: Lobar Pneumonia with Bronchial Asthma — Duration 5 days
Due to Empyema & Asthma
Due to
Other Conditions Empyema
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jas. R. Blake
Address 1327 N. Central Ave Date signed 5/13/40 M.D.

F 69288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937 Registered No. F 69288

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Eastern Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 83 yrs 1 mo 8 ds

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 Eastern Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Kamps.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John Kamps

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 5 1857

8. AGE: Years 83 | Months 1 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business At home

FATHER 12. Name Henry Frank

13. Birthplace Germany

MOTHER 14. Maiden Name Katherine Pabst

15. Birthplace Germany

16 (a) Informant Mrs Marie Knoche

(b) Address 1903 E 32nd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15/1940 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem

Location Baltimore

18 (a) Funeral director John Ulrich

(b) Address 200 E Oliver St

MAY (a) 11 1940 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13, 1940, at 8 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 12, 1940, to May 13, 1940, and that I last saw her alive on May 12, 1940.

Immediate cause of death: Myocardial Deg (Chronic) — Duration: 2

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene L. Cerasoli M. D.

Address 5-14 Dowry Lane Date signed May 13, 1940

VS 2

692867

F 69289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 149-a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1108 Mount St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Belle Russell

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widowed

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 10-29-[illegible]

8. AGE: Years	Months	Days	If less than one day
5[illegible]	6	11	..... hr. ..... min.

9. Birthplace Virginia (Town, county and state)

10. Usual Occupation Laundress

11. Industry or business .....

FATHER
12. Name Julius Lewis
13. Birthplace Va.

MOTHER
14. Maiden Name Alice Morris
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14-1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Westport

18 (a) Funeral director H. Brooks.
(b) Address 1463 N. Carey st

19 (a) Filed rec'd by registrar Huntington Williams M.D. Registrar
(b) [illegible]

VS-2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1940 at 1:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 2 1940 to May 10 1940 and that I last saw her alive on May 10 1940.

	Duration
Immediate cause of death Pulmonary Embolus	
Due to ? Postoperative thrombosis	
Due to	
Other Conditions Hypertension	

(Include pregnancy within 3 months of death)

Major findings: Cyst
Of operation Adenocarcinoma ovary, bilateral
Of autopsy Pulmonary embolus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Reuben Brandeau Jr.
Address Johns Hopkins Hosp. Date signed 5/11/40 M. D.

correct 14 3 1940

Is especially important. Physicians: please write the causes of death clearly and legibly.

F 69290 HEALTH DEPARTMENT—CITY OF BALTIMORE F 69290

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 N Carrollton Ave St., 18-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Johnnie Norman

If U. S. Veteran specify WAR

(a) Residence: No. 121 N Carrollton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Norman

6. DATE OF BIRTH (month, day, year): Jan 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	4	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): King George Co Va.

FATHER

13. NAME: Robert Norman

14. BIRTHPLACE (city or town) (State or country): Caroline Co. Va

MOTHER

15. MAIDEN NAME: Betty Ball

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Annie Norman
(Address) 121 N Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Date: May 15, 1940

19. UNDERTAKER: Mrs Katie R. Williams
(Address) 322 N Schroeder St

20. FILED: MAY 14 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1940 to May 12, 1940

I last saw h[illegible] alive on May 11, 1940 Death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Carcinoma of stomach & intestines	3
Intestinal Obstruction	3

Other contributory causes of importance:

Myocarditis

Arteriosclerosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. Walter Sherwin M. D.

(Address) 701 N Carey St.

INSTRUCTIONS: Before signing, be certain that ALL ITEMS are answered. PENALTIES provided by law for failure to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 69291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69291 Registered No. 94-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 915 Boyd St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 915 Boyd St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucy Hunt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Married

6 (b) Name of husband or wife Lucy Hunt
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Mar. 15 1879

8. AGE: Years	Months	Days	If less than one day
61	1	26	hr. min.

9. Birthplace Balto md
(Town, county, and State)

10. Usual Occupation Cook.
11. Industry or business

FATHER 12. Name Charles Hunt
13. Birthplace Balto md

MOTHER 14. Maiden Name Elizabeth Clark.
15. Birthplace Balto md

16 (a) Informant Lucy Hunt
(b) Address 915 Boyd St

17 (a) (Burial, cremation, or removal) (b) Date thereof May 14, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Wm Kate R. Williams
(b) Address 32 [illegible] Washington Boulevard

MAY 14 1940 (Entered by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1940, at 2 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 5/11/40

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 69292 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver St
(c) Hospital or institution:
St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 422 E. 20th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theodore Althea

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8 1940

8. AGE: Years	Months	Days	If less than one day
		5	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name David Althea
13. Birthplace Virginia

MOTHER
14. Maiden Name [illegible] Reaves
15. Birthplace Macon Ga.

16 (a) Informant David Althea
(b) Address 422 E. 20th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14, 40 (month) (day) (year)
(c) Cemetery or crematory St Mary's Hospital
Location Balto Md

18 (a) Funeral director Albert W Berry
Address 440 E North Ave

19 (a) [illegible] (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13th 1940, at 9:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 8th 1940, to May 13 1940 and that I last saw h[illegible] alive on May 13th 1940.

Immediate cause of death	Duration
Respiratory Distress — And Failure	1 day
Due to Icterus Neonatorum	1 day
Due to Hemorrhage into Lungs	1 day
Other Conditions Prematurity	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Kelmenson M. D.
Address St. Joseph's Hosp Date signed 5-13-40

Fill out all blanks with ink. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69293

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 69293 Registered No. 83-N

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2115 Westwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2115 Westwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose C. Roche

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Femal	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1871

8. AGE: Years	Months	Days	If less than one day
69	3 4		hr. min.

9. Birthplace Martinsburg W.Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Roche
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Gillane
15. Birthplace Ireland

16 (a) Informant Miss. Anna Roche
(b) Address 2115 Westwood Ave.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof May 15, 1940 (month) (day) (year)
(c) Cemetery or crematory ST. Josephs
Location Martinsburg W.Va.

18 (a) Funeral director Martin Fahey & Sons
(b) Address 1827 W. North Avenue Baltimore, Md.

MAY 14 1940 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13th 1940 at 8:15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1st 1940 to May 13 1940, and that I last saw h[illegible] alive on May 1st 1940.

Immediate cause of death	Duration
Uremia	
Hypertension	
Due to Generalized arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Marsh, M. D.
Address 734 W. North Ave. Date signed May 14th 1940.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69294

CERTIFICATE OF DEATH

F 69294

94-a

Registered No. 9227

1. PLACE OF DEATH Gundrys Sanitarium

CITY OF BALTIMORE: (No. 5002 Frederick Ave. St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Jane S. Royston

If U. S. Veteran specify WAR ...

(a) Residence: No. 2710 Huntington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maurice Royston

6. DATE OF BIRTH (month, day, year) May 11, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Mary Land

FATHER

13. NAME J Benson Downey

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Mary Merryman

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Maurice Royston
(Address) 2710 Huntington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn May 17 1940

19. UNDERTAKER Robert L. Tilden
(Address) 2700 E Lanvale Ave

MAY 14 1940

... Wilkinson M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 3 1940 to May 14 1940

I last saw h... alive on May 1 1940 Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	
Other contributory causes of importance: Phlebitis	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Wayne J. Gundry M. D.

(Address) 5002 Frederick Ave. Rosedale, Md.

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

69295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 69295

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 840 S. Bond St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Burial (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 840 S. Bond St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 2

3 (a) FULL NAME Roman Muszynski

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Muszynski

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 1850

8. AGE: Years: 90 | Months | Days | If less than one day: hr. min.

9. Birthplace: Poland (Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business

FATHER 12. Name: John Muszynski

13. Birthplace: Poland

MOTHER 14. Maiden Name: Unk.

15. Birthplace: Poland

16 (a) Informant: Mary Muszynski

(b) Address: 3027 Hudson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15. 40 (month) (day) (year)

(c) Cemetery or crematory: Holy Rosary

Location: Baltimore

18 (a) Funeral director: Fred W. Ozarowski

(b) Address: 1930 Eastern Ave.

19 (a) MAY 14 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1940 at 8. A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940, to May 12 1940, and that I last saw h[illegible] alive on May 12 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration: 12 days

Due to

Due to Arteriosclerosis — 1930

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Rydzewski M. D.

Address 801 N Kenwood Ave Date signed 5/13/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

F 69296 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital 1 mile
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town ~~Balto~~ Reisterstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 376 Main St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Sallie E. Gettinger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 31 1864

8. AGE: Years	Months	Days	If less than one day
76	1	12	hr. min.

9. Birthplace Balto Co. Md
(Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name Jacob Gettinger
13. Birthplace Carroll Co

MOTHER
14. Maiden Name Mary Tanner
15. Birthplace Carroll Co

16 (a) Informant Mrs. Chas. Shaffer
(b) Address Reisterstown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15/40 (month) (day) (year)
(c) Cemetery or crematory Sandymount
Location Carroll Co

18 (a) Funeral director J. F. Winn & Sons
(b) Address Reisterstown Md.

19 (a) (Date rec'd by registrar) Hilda E. Hemler (b) Registrar Williamsport Md

MAY 14 1940

MEDICAL CERTIFICATION 12 P

20. DATE OF DEATH May 13 1940, at P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Fracture 4-5-6 Cervical vertebrae	
Due to Laceration of spinal Cord	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5/13/40
(c) Where did injury occur? 376 Main St Reisterstown Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell down steps

23. Signature H. M. Vandeusen M.D.
Medical Examiner

Date signed 5/17/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157-a

F 69297 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmount Ave.
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos. or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 930 Homestead Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Baby Boy Somerville

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 11, 1940

8. AGE: Years	Months	Days	If less than one day
—	—	—	2 hrs. — min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name W. C. Somerville
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Gladys Wood.
15. Birthplace Baltimore.

16 (a) Informant Hospital Record.
(b) Address —

17 (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (month) (day) (year)
(c) Cemetery or crematory _____
Location _____

18 (a) Funeral director Body released to Undertaker Steele
(b) Address _____

19 (a) MAY 14 1940 (Date received by registrar) (b) _____ Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11, 1940, at 6:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/11 1940, to 5/11 1940, and that I last saw him alive on 5/11 1940.

Immediate cause of death Monstrosity (Hydrocephalus) — **Duration** 2 hrs.

Due to _____

Due to _____

Other Conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____
(Specify type of place)
(e) Means of injury _____

23. Signature James P. Kerr M. D.

Address Church Home & Infirmary Date signed 5/11/40

TIBURZI

BALTIMORE CITY HEALTH DEPARTMENT

69298

CERTIFICATE OF DEATH 183

Registered No. F 69298

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Brick Capit Eastland & Raven Sts
(c) Hospital or institution:
D. of A. Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs, mos, or days) 26 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3702 Claremont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Tiburzi

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 15, 1926

8. AGE: Years	Months	Days	If less than one day
13	11	28	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation School boy

11. Industry or business

FATHER
12. Name Sabatino Tiburzi
13. Birthplace Italy

MOTHER
14. Maiden Name Malie Vasta
15. Birthplace Italy

16 (a) Informant Sabatino Tiburzi (father)
(b) Address 3402 Claremont St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16-40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Sacred Heart
Location Germantown Rd.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Monday Pl
(c) Huntington Williams, M.D. (Registrar) Registrar

MAY 14 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1940, at 1:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 5/13/40
(c) Where did injury occur? Ednor Raven St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? No (Specify type of place)
(e) Means of injury Fell into water-filled pit

23. Signature H. W. Wardell Smith M.D. Medical Examiner.
Date signed 5/17/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 69290 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & CALVERT STS.
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs 50 min
(e) Length of stay in Baltimore (yrs., mos., or days) 8 hrs 50 min

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town BALDWIN
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME
Baby Boy Buckingham

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/11/40

8. AGE: Years | Months | Days | If less than one day: 8 hr. 50 min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wm. Bailey Buckingham
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Eleanor Elizabeth Peake
15. Birthplace Sweet Air, Md.

16 (a) Informant W. B. Buckingham
(b) Address Baldwin, Baltimore Co. Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAY 14 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) (Date rec'd by registrar) Registrar

MAY 14 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12, 1940, at 6:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1940, to May 12, 1940, and that I last saw him alive on May 12, 1940.

Immediate cause of death: Prematurity — Duration

Due to Premature separation of placenta.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm B. Smith M. D.
Address 3301 N. Charles St. Date signed 5/13/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69300

F 69300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1513 Millimen St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1513 Millimen St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Della (Adelle) Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	Col.	Widowed

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 21, 1868

8. AGE: Years	Months	Days	If less than one day
71	6	21	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Domestic.
11. Industry or business

FATHER
12. Name ?
13. Birthplace Md

MOTHER
14. Maiden Name ?
15. Birthplace Md

16 (a) Informant Mary Oliver
(b) Address 1513 Millimen St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 5-16-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County, Md.

18 (a) Funeral director Joseph B. Lockard
(b) Address 304 N. Central Ave Hunting Town Williams, Md.

MAY 14 1940 (Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/12 1940 at 12:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-2 1940, to May 12 1940 and that I last saw alive on May 11 1940.

Immediate cause of death

Due to Acute Cerebral Apoplexy

Due to Myocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
May 10
24 hrs
May 12
1940

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address 5 S. Broadway St Date signed 5/13/40

69301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 69301

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1730 N Pont St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1730 N Pont St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Victor D. O. Farrell

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-5128

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Reva O Farrell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 30th 1890

8. AGE: Years 49 | Months 4 | Days 13 | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Cab Driver

11. Industry or business Sunday Cab Co.

FATHER
12. Name Victor L O Farrell
13. Birthplace Md

MOTHER
14. Maiden Name Reva Shipley
15. Birthplace Md

16 (a) Informant Reva O Farrell
(b) Address 1730 N Pont St

17 (a) Burial (b) Date thereof May 16th 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Catheridal
Location Edmondson Ave.

18 (a) Funeral director Leo G. Cook
(b) Address 1701-03 N Pratt Park Ave

19 (a) Date received by Local Registrar MAY 14 1940 (b) Filed by Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1940, to 5/13 1940, and that I last saw him alive on 5/12 1940.

Immediate cause of death	Duration
Coronary Thrombosis	3 days
Due to Cardio Vascular Renal Disease	?
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny M. D.
Address 2200 E Madison St Date signed 5/14/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

LAWRENCE E. CHENOWITH

F 69302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

Registered No. F 69302

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 14 N. Fremont Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Lawrence E. Chenowith

3 (b) If veteran, name war —

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 3 - 1887

8. AGE: Years	Months	Days	If less than one day
53		9	hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Plumber - not recently

11. Industry or business

FATHER
12. Name James M. Chenowith
13. Birthplace Maryland

MOTHER
14. Maiden Name Laura Wheeler
15. Birthplace England

16 (a) Informant Mrs La Bretta Shroyer
(b) Address Towson, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15-1940 (month) (day) (year)
(c) Cemetery or crematory St. Mary's Hampden
Location Baltimore, Md.

18 (a) Funeral director Horace H. Burgee
(b) Address 3631 Falls Road

19 (a) MAY 14 1940 (Date received by Local Registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 - 1940 at 4 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection - Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection - Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Arteriosclerosis	
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Howard J. Moreau M.D.
Medical Examiner.
Date signed 5-13-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

69303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. E 69303

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 850 S. Eutaw St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 850 S. Eutaw St. (If rural give location)
(e) If foreign born, how long in U. S. A.? X years

3 (a) FULL NAME Baby Girl Farrell

3 (b) If veteran, name war:
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/13/40

8. AGE: Years | Months | Days | If less than one day: 5 hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Mathew Farrell
13. Birthplace Halifax, Virginia

MOTHER
14. Maiden Name Mamie Wise
15. Birthplace Accomac, Virginia

16 (a) Informant Mother
(b) Address 850 S. Eutaw St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAY 14 1940
Commissioner of Health

18 (a) Funeral director
(b) Address For L. A. Moore

19 (a) MAY 14 1940 (Date received by registrar) Huntington Williams M.D. Registrar 5048

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1940, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1940, to May 13 1940, and that I last saw her alive on May 13 1940.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Dorman Jr. M. D.
Address University Hospital Date signed 5/17

VS 3

Spec.—1-10-21—M&T—1500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69304 F 69304

CERTIFICATE OF DEATH. 159

1-PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 2430 Jefferson ST 1-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Hardenbergh

(a) RESIDENCE NO. Onancock, Va ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2½ mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 5/13/40

7 AGE Years Months Days If LESS than 1 day 6 hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Al Hardenbergh

11 BIRTHPLACE OF FATHER (city or town) (State or country) Parksley Va

12 MAIDEN NAME OF MOTHER Mary Jane Digges Kellam

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Cape Charles Va

14 Informant Mother Baby

(Address) 2430 Jefferson St

Filed MAY 14 1940 Hildebrandton Williams, M.D. Registrar 5619

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/13 1940

17 I HEREBY CERTIFY, That I attended deceased from 5/13, 1940, to 5/13, 1940

that I last saw him alive on 5/13, 1940.

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Premature Birth

Asphyxia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Premature Birth

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis?

(Signed) Albert E. Sikorsky, M. D.

, 19 (Address) 3939 The Alameda

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: JOHNS HOPKINS MEDICAL SCHOOL

DATE OF BURIAL: MAY 14 1940

20 UNDERTAKER Commissioner of Health Per H. A. Moore

ADDRESS

Albert E. Sikorsky

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 69305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 69305

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2014 Boyd St.
(c) Hospital or institution:
3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2014 Boyd St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If [illegible], give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months 1 | Days | If less than one day 5 hr. 30 min.

9. Birthplace Baltimore
(City, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Ralph Vogel
13. Birthplace Unknown

MOTHER
14. Maiden Name Agnes Grace Brown
15. Birthplace Baltimore, Md.

16 (a) Informant Mother
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAY 14 1940

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) MAY 14 1940 Huntington Williams, M.D.
(Registrar) 5620

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1940 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1940 to May 13 1940, and that I last saw [illegible] alive on May 13 19

Immediate cause of death

Duration

Abortion 26 weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings of operation

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. W. Dorman Jr., M. D.
Address University Hospital Date signed 5/14/40 M. D.

VS 3

55515--MD

F 69306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-D

Registered No. F 69306

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 38 S. Carey St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wade Callahan #

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-05-5887

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-23-1896

8. AGE: Years 43 | Months 4 | Days 19 | If less than one day hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation WPA

11. Industry or business

FATHER
12. Name Walter Callahan
13. Birthplace Balto.

MOTHER
14. Maiden Name Pauline Leidner
15. Birthplace Balto.

16 (a) Informant B.C.H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16 1940 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave.

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.

MAY 14 1940 (Date rec'd by Registrar) (By) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1940, at 6.35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1940, to May 12 1940, and that I last saw h alive on May 12 1940.

Immediate cause of death: Brain Tumor — Duration: 8 weeks

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Baltimore City Hospitals Date signed 5/13/40

VS 8

F 69307

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-a

Registered No. F 69307

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 608 Hanover St
(c) Hospital or institution:
D. of L. to Balt. Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 608 Hanover St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Muriel Bowles Bailey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Divorced

6 (b) Name of husband or wife Louis Bailey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1889.

8. AGE: Years	Months	Days	If less than one day
50	8		hr. min.

9. Birthplace Richmond Va
(Town, county, and state)

10. Usual Occupation House-work
11. Industry or business

FATHER
12. Name Richard Bowles
13. Birthplace Richmond Va.

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Frank Katenkamp
(b) Address 608 Hanover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave.

18 (a) Funeral director J. Howard Strong
(b) Address 715 Light St.

19 MAY 14 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1940, at 3:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Hemorrhage in Midbrain	
Subdural Hematoma, Left	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. B. Anderson M.D.
Medical Examiner.
Date signed 5/13/40

F 69308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 69308

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3300 HAYWARD AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3300 HAYWARD AVE
(If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME FREDERICK SCHARF

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M. | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced MARRIED

6 (b) Name of husband or wife LENA
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Apr 30, 1863

8. AGE: Years 77 | Months — | Days 13 | If less than one day hr. min.

9. Birthplace GERMANY
(Town, county, and state)

10. Usual Occupation RETIRED
11. Industry or business

FATHER
12. Name NOT KNOWN
13. Birthplace GERMANY

MOTHER
14. Maiden Name NOT KNOWN
15. Birthplace GERMANY

16 (a) Informant LENA SCHARF
(b) Address 3300 HAYWARD AVE

17 (a) (Burial, cremation, or removal) (b) Date thereof 5/15/40 (month) (day) (year)
(c) Cemetery or crematory LORRAINE PK.
Location HILLSDALE

18 (a) Funeral director GEO. H. LEIMBACH
(b) Address 1725 N. LYNDHURST ST.

19 (a) Huntington Williams, M.D. (b) Registrar

MAY 14 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to May 13 1940, and that I last saw h— alive on May 13 1940.

Immediate cause of death — Duration

Diabetes mellitus — 6 yrs

Due to

Due to

Other Conditions Gangrene L Foot.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard L. Frankenau M. D.
Address 737 Arunah Date signed 5/14/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M. D. H. 1302-A

69309

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69309

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 547 Harwood Ave St. 27-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas P Smithson

(a) Residence: No. 547 Harwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mable Smithson

6. DATE OF BIRTH (month, day, year) Dec 20 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Thomas Smithson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martha Smithson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Kenneth Smithson
(Address) Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL
Place Monsell Md Date May 16, 1940

19. UNDERTAKER H Young Pfeiffer
(Address) Granby Ave

MAY 15 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-14, 1940

22. I HEREBY CERTIFY, That I attended deceased from 8-11-39 to 5-14-40

I last saw h alive on 5-14-40 Death is said to have occurred on the date stated above, at 6 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	5/11/39
Other contributory causes of importance: Hypertension - Arteriosclerotic Cardio-vascular dis-	?

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Anthony Pollaro M. D.

(Address) 5217 York Road

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

69310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 85

F 69310
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 937 N. Calvert St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 937 N. Calvert St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lee Parks

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. HOME

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Hochschild Kohn & Co.

FATHER
12. Name Alfred Parks
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Mary Robinson
15. Birthplace Balto. Co. Md.

16 (a) Informant Alfred R. Parks
(b) Address 3111 Crittendon Rd.

17 (a) Burial (b) Date thereof 5/16/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ National
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 S. Paul St.

MAY 15 1940
(Date rec'd by registrar)
(b) [illegible] Williams, M.D.
Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1940, at 6 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral Hemorrhage
Due to: Etiology Undetermined
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence World War Injury
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 5/14/40

F 69311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69311 Registered No.

Physicians: please write the causes of death clearly and legibly. Information as to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street
(c) Hospital or institution:
Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 40 yrs years

3 (a) FULL NAME Joseph Mackileske

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name John
13. Birthplace Poland

MOTHER
14. Maiden Name Margaret Maceezerski
15. Birthplace Poland

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Gramercy Drive

19 MAY 15 1940 (Date rec'd by registrar) (Signature of registrar) M. D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13, 1940 19 , at 7 p. m.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1- 1940 to May 13- 1940 and that I last saw him alive on May 13- 1940.

Immediate cause of death	Duration
Edema of Lungs	1 day
Due to Chronic myocarditis	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E Gill Hall M. D.
Address 1631 E. North Ave Date signed May 14, 1940

69312

HEALTH DEPARTMENT—CITY OF BALTIMORE

69312 V137a F

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Dalto Jail Hosp. St., 21-E Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Samuel Frederick Cook

If U. S. Veteran specify WAR

(a) Residence: No. 1251 Carroll St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Cook

6. DATE OF BIRTH (month, day, year) Nov. 26-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Simon Cook

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss [redacted] Maple Cook

(Address) 1251 Carroll St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date May 17 1940

19. UNDERTAKER John J. Govan & Son

(Address) 1401 Hollins St

MAY 15 1940

Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1940 to May 14, 1940

I last saw him alive on May 12, 1940 Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Hypostatic Pneumonia	
Chronic Nephritis	

Other contributory causes of importance:

Was an operation performed? Yes Date of April 12, 1940

For what disease or injury? Prostatic Hypertrophy

Name of operation Suprapubic Cystotomy

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify.

(Signed) Aaron Bernstein, M. D.

(Address) 20 Balto. Med Hosp.

THE CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V6 B

F 69313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69313 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1825 N. Forest Park Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 56-5-1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1825 N. Forest Park Ave., (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME A. Grace Gray

3 (b) If veteran, name war ----

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William J. Gray
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec. 12, 1883

8. AGE: Years 56 | Months 5 | Days 1 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: John S. O'Dell
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Emma Taylor
15. Birthplace: Baltimore, Md.

16 (a) Informant: William J. Gray
(b) Address: 1825 N. Forest Park Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 17, 1940 (month) (day) (year)
(c) Cemetery or crematory: Lorraine Park
Location: Woodlawn, Md.

18 (a) Funeral director: H. Howard Strong
(b) Address: 715 Light St.

19 (a) MAY 15 1940 (b) Registrar: Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 13, 1940, at 8.30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1940 to May 17 1940 and that I last saw h[illegible] alive on May 13 1940

Immediate cause of death: Myocarditis — Duration: 4 months

Due to: Bronchial asthma

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Geo. H. Everhart, M. D.

Address: 100 Windsor Mill Rd. Relay 7/14/40 Balto.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

60314
LB 55456

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1/61

F 69314
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4960 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3949 Roland Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Childs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Charles
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Nov. - 1874

8. AGE: Years	Months	Days	If less than one day
65	6	?	..... hr. ..... min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Thomas (d)
13. Birthplace —

MOTHER
14. Maiden Name Eleanor (d)
15. Birthplace —

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17, 1940 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hyattsville

18 (a) Funeral director [illegible] & Sons
(b) Address 365-71 Baltimore Ave.

19 (a) MAY 15 1940 [illegible] Hyattsville, Md.
(Registrar) (b) Date received

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1940, at 5:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1940, to May 14 1940, and that I last saw her alive on May 14 1940.

Immediate cause of death: Hypertensive cardiovascular disease — Duration unknown

Due to:

Due to:

Other Conditions: Diabetes mellitus — unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Lung pathology of heart

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Baltimore City Hospitals Date signed 5/17/40

F 69315

Curry

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 69315 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2917 Clifton ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2917 Clifton ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles G. Curry

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 215-07-2157

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Mary E. Spence

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Jany. 2. 1872

8. AGE: Years 68 | Months 4 | Days 12 | If less than one day: hr. min.

9. Birthplace Harford Co. Md (Town, county, and state)

10. Usual Occupation Electrician

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mary E. Hopkins
(b) Address 2917 Clifton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director John Oursler Funeral Home
(b) Address 1700 Eutaw Place

19 (a) (Signature of registrar) (b) Registrar

MAY 15 1940

Hunting for Mitchell & Blake

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1940 at 4.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May. 2. 1940 to May 14 1940 and that I last saw [illegible] alive on May 13 1940.

Immediate cause of death	Duration
Coronary Thrombosis.	2 mo.
Due to Arteriosclerosis.	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert C. Blake M. D.
Address Medical Arts Date signed

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

69316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 69316

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N. Calhoun St.
(c) Hospital or institution: Franklin Sq Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo 9 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1317 Bethlehem ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

26 16

3 (a) FULL NAME Rosalie Jerzak

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871 ?

8. AGE: Years 69 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business

FATHER
12. Name Michael Zander
13. Birthplace Poland

MOTHER
14. Maiden Name Tekla Tomezak
15. Birthplace Poland

16 (a) Informant John Jerzak (Son)
(b) Address 602 S Kenwood ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-40 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore Md.

18 (a) Funeral director George A. Weber
(b) Address 705 S Ann st

19 (a) Filed by registrar (b) Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14-40 19 at 12 55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-5-40 19, to 5-14-40 19, and that I last saw her alive on 5-14 19 40.

Immediate cause of death Hypostatical Degeneration Pulmonary edema — Duration

Due to Contributory:

Due to Fractured Rt Hip. Decubitus Ulcer.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-5-40
(c) Where did injury occur? Cellar 1317 Bethlehem Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home - While at work? No (Specify type of place)
(e) Means of injury Fell down cellar stairs Fractured hip.

23. Signature Nathan Wolf M. D.
Address Franklin Sq Hosp Date signed 5-14-40

Howard Bruenn M.D. Attending Physician

F 69317 55577-YD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 69317 Registered No.

Please write plainly, preferably with typewriter, and write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) NB
(e) Length of stay in Baltimore (yrs., mos., or days) NB

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 27-9 Morgan College Campus (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Campbell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-12-40

8. AGE: Years	Months	Days	If less than one day
			5 hr. 24 min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Mason Campbell
13. Birthplace Md.

MOTHER
14. Maiden Name Mae Henderson
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 5/17/40 (month) (day) (year)
(c) Cemetery or crematory crematory
Location Baltimore City Hospitals

18 (a) Funeral director
(b) Address Baltimore City Hospitals

19 (a) MAY 15 1940 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12 1940 at 4:39 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-12 1940 to 5-12 1940 and that I last saw h[illegible] alive on 5-12 1940

Immediate cause of death	Duration
Prematurity (30 minutes)	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address Balto City Hosp. Date signed 5-13

VS 8

69318 Arthur Heaver Ct 3314
3 9 al Garrison Blvd

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

148 F 69318 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2281 Reisterstown Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2281. Reisterstown Road.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie L. Jennings

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Edgar Jennings
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19-1870

8. AGE: Years	Months	Days	If less than one day
69.	7.	24	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Home Duties.
11. Industry or business

FATHER
12. Name Henry Thompson.
13. Birthplace England.

MOTHER
14. Maiden Name Unknown.
15. Birthplace England

16 (a) Informant Edgar T. Jennings.
(b) Address 2281 Reisterstown Road

17 (a) Burial (b) Date thereof May 16-1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Louden Park Cem.
Location Baltimore Md.
(a) Funeral director Francis Cook Sypher
(b) Address 1000 W. North Ave.

19 (a) 5-15 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 2 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/17 1940, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/17 1940 to 5/17 1940 and that I last saw him alive on 5/17 1940.

Immediate cause of death Coronary Occlusion
Due to Fatty Degeneration of the Heart
Due to
Other Conditions Carcinoma of Uterus

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration: Hours, 2½ yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature A. O. Kears M. D.
Address 3701 Garrison Blvd Date signed 5/18/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

69319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 69319

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 1345 Edmondson St
(b) Street address Balto Md
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) No
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1345 Edmondson St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Lottie Miles

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	negro	Widow

6 (b) Name of husband or wife deceased 50 yrs 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
50	—	—	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace —

MOTHER
14. Maiden Name Unknown
15. Birthplace —

16 (a) Informant Albert Brown
(b) Address 722 So. Charles

17 (a) (Burial, cremation, or removal) (b) Date thereof 5 14 40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto

18 (a) Funeral director Walter B. Sprigg
(b) Address 1911 W. Lanvale St

19 (a) 1940 (Date received by registrar) Huntington Maryland, Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-11-40 19 4:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2-1940 to 5-11-1940, and that I last saw h alive on 5-9-1940.

Immediate cause of death: Cerebral Hemorrhage — Duration 7 da.
Due to —
Due to —
Other Conditions Gastritis 2 1 month
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature M Boykin M.D.
Address 1512 Edmondson Date signed 5/13/40

VS 8

F 69320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-B

F 69320 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3337 Chestnut Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) About 71 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3337 Chestnut Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ------- years

19-6

3 (a) FULL NAME Patrick Joseph Doran

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Florence Loringer
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) ---------

8. AGE: Years	Months	Days	If less than one day
About 71	---	--	---hr. ----min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name Patrick Doran
13. Birthplace Ireland

MOTHER
14. Maiden Name Rose Byrne
15. Birthplace Ireland

16 (a) Informant Mrs. Florence L. Doran
(b) Address 3337 Chestnut Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Frederick Road & Augusta Ave.

18 (a) Funeral director H. W. Meeks and Sons
(b) Address 895 N. Calvert Street

19 MAY 15 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1940, at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1940 to May 13 1940 and that I last saw h[illegible] alive on May 13 1940

Immediate cause of death Myocardial failure
Due to Coronary arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: one

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ---
(b) Date of occurrence ---
(c) Where did injury occur? ---
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? --- While at work? ---
(Specify type of place)
(e) Means of injury

23. Signature Wm Osmond Th M. D.
Address 3 4 & 9 Chestnut A Date signed May 14 '40

VS 2

F 69321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1316 Ashland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarissa Baker

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-12-4071

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-1-06

8. AGE: Years 34 | Months 3 | Days 12 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Baker
13. Birthplace Va-

MOTHER
14. Maiden Name Anna Cook
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Robert L. Cross
(b) Address 804 W. Caroline St.

19 (a) (Date) (Signature of registrar) Huntington Williams Registrar
(b)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1940, at 5-50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 25 1940, to May 13 1940, and that I last saw her alive on May 13 1940.

Immediate cause of death
Carcinomatosis
Thrombophlebitis axillary
Due to Carcinoma of stomach

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

Duration: 1 year

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John S. Hunt
Address Johns Hopkins Hospital Date signed 5-19-40 M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69322 F 69322

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH Edgewood Nursing Home, Registered No.

CITY OF BALTIMORE: (No. 3000 Bellona Ave. St. 164 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Hannah Taylor If U. S. Veteran specify WAR

(a) Residence: No. 804 N. Monroe St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas Taylor

6. DATE OF BIRTH (month, day, year) May 6, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	0	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME ? Dorman

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Mary E. Thompson

(Address) 804 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Mem. Date May 15, 1940

19. UNDERTAKER H. SANDER & SON Inc.

(Address) North Ave. & Broadway

20. FILED MAY 15 1940 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1940 to May 12, 1940

I last saw her alive on May 12th, 1940. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal	
Vascular disease	10 yrs
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H W Heaton M. D.

(Address) 4309 York Rd

SEE CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V2 3

60321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E F 60321 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 418 N Bouldin St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 2 1/2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 418 N Bouldin St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank P Draper

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Sidney S
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 29 1861

8. AGE: Years	Months	Days	If less than one day
78	6	15	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Retired. Boiler Maker
11. Industry or business —

FATHER
12. Name Oliver Draper
13. Birthplace Pa

MOTHER
14. Maiden Name Mary Dunlap
15. Birthplace Pa.

16 (a) Informant Mr. Leroy L Draper Son
(b) Address 2440 E Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn; Balto Co Md

18 (a) Funeral director Williams & Marack
(b) Address 715 Light St

MAY (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 1 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1940, at 12 15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to May 16 1940 and that I last saw him alive on May 14 1940

Immediate cause of death
Coronary Thrombosis

Duration
?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Miles L. Sukovaty M. D.
Address 1939 McCulloh St Date signed 5/17/40

F 69324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 69324

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4319 N. Charles st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 9
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4319 N. Charles st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert F. Roberts

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Isabel Chamberlain Roberts

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Aug. 19-1862

8. AGE: Years	Months	Days	If less than one day
77	8 9	2 5	hr. min.

9. Birthplace New Jersey (City, county, and state)

10. Usual Occupation Retired

11. Industry or business Commission Merchant

FATHER
12. Name Josiah Roberts
13. Birthplace N. J.

MOTHER
14. Maiden Name Olivia Roberts
15. Birthplace N. J.

16 (a) Informant Miss Caroline Roberts
(b) Address 4319 N. Charles st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16-40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Md

18 (a) Funeral director Chas. E. Franck
(b) Address 802 Madison Ave

19 (a) (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14 1940, at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1937 to 5-14 1940, and that I last saw him alive on 5-14 1940.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration: 3+ Years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John L. Young M. D.
Address 1129 St. Paul St Date signed 5-16-40

Annie T Jordan

69325
LB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69325
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) ——
(e) Length of stay in Baltimore (yrs., mos., or days) unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1708 Brentwood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie T. Jordan

D. O. A. — Certificate to Medical Examiner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 50 ? Months ? Days ? If less than one day hr. min.

9. Birthplace unknown
(Town, county, and state)

10. Usual Occupation unknown

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Mary
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem
Location Balto Md.

18 (a) Funeral director Wm. H. Alexander
(b) Address 1200 E. Fallsway

19 (a) (Person who registers) (b) Registrar

MAY 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1940, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1940 to May 14 1940, and that I last saw her alive on May 14 1940.

Immediate cause of death: Hypertensive cardiovascular disease
Duration: unknown

Due to: & myocardial failure

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Moldeza M. D.
Address Baltimore City Hospitals Date signed 5/15/40

H. J. Moldeza, M.D. Chief Med Exam
per. E. R. Brantigan

HEALTH DEPARTMENT—CITY OF BALTIMORE

69326 **CERTIFICATE OF DEATH** 16 F 69326

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. So. Baltimore Gen. Hosp. St. 24-1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Frankowski, Jr. — If U. S. Veteran specify WAR

(a) Residence: No. 1307 Cookson St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 23, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, conveyor, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Frankowski

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Luedtke

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION OR REMOVAL Place Holy Cross Cem. Date May 16th 1940

19. UNDERTAKER Charles F. Delf. (Address) 501 E. Fort Ave.

20. MAY 15 1940 [illegible] Registrar, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from Apr. 20 1940 to May 17 1940

I last saw h/he alive on May 13 1940 Death is said to have occurred on the date stated above, at 6.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Septicemia	5/11
Acute Bacterial Endocarditis	5/17
Brain abscess	5/11

Other contributory causes of importance: Chronic Tonsillitis with Cervical Lymphadenitis

Was an operation performed? Yes Date of April 22, 1940

For what disease or injury? Chronic Tonsillitis

Name of operation Tonsillectomy

What test confirmed diagnosis? Was there an autopsy? (Yes or No)

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury (month, day, year)

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Not If so, specify.

(Signed) Samuel L. Fox M. D.

(Address) So. Baltimore Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

69327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No. ✓ F 69327

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3200 HAMILTON AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MR. HAMLINE B. MAGINNIS

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	married

6 (b) Name of husband or wife Cecelia M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 12-1898

8. AGE: Years	Months	Days	If less than one day
42	1	✓	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business C & P

FATHER 12. Name James Maginnis
13. Birthplace England

MOTHER 14. Maiden Name Mary E. Cook
15. Birthplace Md

16 (a) Informant Cecelia Maginnis
(b) Address 3200 Hamilton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Lemmon J. Rouse

18 (a) Funeral director
(b) Address 395 Harford Rd

19 (a) MAY 15 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14 1940, at 9.15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-16 1940, to 5-14 1940, and that I last saw h.IM alive on 5-13 1940.

Immediate cause of death	Duration
CONGESTIVE HEART FAILURE	2 DAYS
Due to RHEUMATIC HEART DISEASE	30 YRS
Due to CEREBRAL THROMBOSIS	4 YRS.
Other Conditions ? SUB-ACUTE BACTERIAL ENDOCARDITIS (Include pregnancy within 3 months of death)	4 WKS

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J M Collins M.D. M. D.
Address Bon Secours Hospital Date signed 5-15-40

VS 8

69328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 69328 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland.
(b) Street address Caroline & Oliver St.
(c) Hospital or institution:
St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 Lakewood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Stegmann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 7-1873

8. AGE: Years	Months	Days	If less than one day
67	3	6	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business Tobacco Broker

FATHER
12. Name George Stegmann
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Anna Reil
15. Birthplace Germany

16 (a) Informant John Stegmann
(b) Address 1105 N. Lakewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard Burke
(b) Address 5305 Harford Rd

19 (a) 15 May 1940 (Date received by registrar) Huntington Williams, M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1940, to May 13 1940, and that I last saw him alive on May 13 1940.

Immediate cause of death	Duration
Cardiac Failure	2 Weeks
Due to Arterio-Sclerosis	
Due to Chronic Nephritis	
Other Conditions Generalized extensive Angiosarca & Raynaud's [illegible]	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place) (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Kelmenson M. D.
Address St. Joseph's Hosp Date signed 5-16-40

VS 3

F 69329 52841-HD BALTIMORE CITY HEALTH DEPARTMENT 20 V

CERTIFICATE OF DEATH

Registered No. F 69329

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo.29da.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1634 E. Chase St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Promer Little (John Collins)

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-05-1703

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 3-10-~~1900~~ 1913
8. AGE: Years 27 ~~38~~ | Months 2 | Days 2 | If less than one day ____ hr. ____ min.
9. Birthplace N.C.
(Town, county, and state)
10. Usual Occupation Laundry
11. Industry or business

FATHER
12. Name Frank
13. Birthplace N.C.

MOTHER
14. Maiden Name Ellen McGrey
15. Birthplace N.C.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-16-1940 (month) (day) (year)
(c) Cemetery or crematory
Location Wadesboro N.C.

18 (a) Funeral director Mrs. R. A. Elliott-Hyt
(b) Address 112 S. N. Caroline St.

19 (a) MAY 15 1940 (Signature of local registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12 1940, at 5:10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-13 1940, to 5-12 1940, and that I last saw him alive on 5-12 1940.

Immediate cause of death: Tuberculous osteomyelitis cervical vertebrae
Due to: Tuberculosis of testicle
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy:

Duration: over three months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eberle Edward Jr. M. D.
Address Balto City Hosp. Date signed 5-13-40

(OVER)

VS 1

F 69330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a Registered No. F 69330

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2145 Hollins St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

20

3 (a) FULL NAME George Albiker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	

6 (b) Name of husband or wife Anna F. Albiker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 31, 1858

8. AGE: Years	Months	Days	If less than one day
81	8	14	hr. min.

9. Birthplace Howard Co Md (Town, county, and state)
10. Usual Occupation Retired Meat Cutter
11. Industry or business

FATHER
12. Name Charles Albiker
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Ervin Albiker
(b) Address 2504 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17-1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md

18 (a) Funeral director George L. Schmidt
(b) Address 2101 Frederick Ave

MAY 15 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1940, at 8:25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquest) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture, 6th Cervical Vert. Traumatic Spinal Cord.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/11/40
(c) Where did injury occur? 2145 Hollins St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fall down steps

23. Signature Wm H Vanderwerker M.D. Medical Examiner.
Date signed 5/14/40

VS 6

F 69331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 69331

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Callow Sts.
(c) Hospital or institution:
Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Morleton (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Anna Miller

3 (b) If veteran, name war — None
3 (c) Social Security Account No. None

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Albert H. Miller
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1874

8. AGE: Years 65 | Months 6 | Days 69 | If less than one day ..... hr. — ..... min.

9. Birthplace Parkton, Balto. Co. Md (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Massmore
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Mary Bull
15. Birthplace Balto. Co. Md.

16 (a) Informant Carroll Mulliz
(b) Address Monkton Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16 1940 (month) (day) (year)
(c) Cemetery or crematory Pepa Grove
Location Raynell

18 (a) Funeral director Landon M. Cook
(b) Address Sparks, Md.

19 (Date received) MAY 15 1940 Huntington Hilliquus M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15, 1940, at 3:08 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 8, 1940, to May 15, 1940, and that I last saw h.e.r. alive on May 15, 1940

Immediate cause of death Cardiac Insufficiency — Duration .....

Due to Cerebral arteriosclerosis — .....

Due to Arteriosclerotic Heart Disease — .....

Other Conditions ..... — .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature Oscar Hartzog M. D.
Address Franklin Square Hosp. Date signed 5/15/40

VS 3

Social Security
227-07-4479

Gravatt

HEALTH DEPARTMENT—CITY OF BALTIMORE

69332

CERTIFICATE OF DEATH

117 W F 69332

1. PLACE OF DEATH South Balto Hospital
CITY OF BALTIMORE: (No. 1213 Light St. 23-7 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James Gravatt
If U. S. Veteran specify WAR
(a) Residence: No. 31 E. Hamburg St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rose B. Gravatt

6. DATE OF BIRTH (month, day, year) May 1st 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	0	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contracting
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER
13. NAME James Gravatt
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Lilly V. Kemp
16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Michael E. Gravatt
(Address) 31 E Hamburg St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 5-17 1940

19. UNDERTAKER Bernard C Hahn
(Address) 121 E Mad St

20. MAY 15 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from 5-13, 1940 to 5-15, 1940
I last saw h[im] alive on 5-15, 1940 Death is said to have occurred on the date stated above, at 3 15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured gastric ulcer	

Other contributory causes of importance:
Peritonitis

Was an operation performed? No Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy? Why?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Elizabeth V. Kemp M. D.
(Address) St Balto Gen'l Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V-3

54661--MD

F 69333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

Registered No. F 69333

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo. 6days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 900 Eastern Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? C years

3 (a) FULL NAME Dennis Callahan

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-5-1858

8. AGE: Years	Months	Days	If less than one day
81	8	10	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation machinist
11. Industry or business

MOTHER / FATHER

12. Name Dennis
13. Birthplace Ireland
14. Maiden Name Maria Quinn
15. Birthplace Ireland

16 (a) Informant B.V.H. Records
(b) Address

17 (a) Burial (b) Date thereof 5/16/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Harford ave.

18 (a) Funeral director J. A. Moran
(b) Address 3000 E. Balto St.

MAY 13 1940
(Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1940, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-9 1940, to 5-15 1940, and that I last saw h/me alive on 5-14 1940.

Immediate cause of death	Duration
Carcinoma of stomach & metastasis	Unknown
Due to	
Due to	
Other Conditions Urinary retention Benign hypertrophy of prostate (Include pregnancy within 3 months of death)	3 weeks

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gaskert Jr. M. D.
Address Balt. City Hosp. Date signed 5-15-40

VS 3

3194 0-5

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E Registered No.

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 3900 Cathedral Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Elizabeth Stevens
3 (b) If veteran, name war (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife William
6 (c) If alive, give age 54 years
7. Birth date of deceased (mo., day, yr.) 12-8-90

8. AGE: Years	Months	Days	If less than one day
49	5	7	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Alfred Laird
13. Birthplace Md

MOTHER
14. Maiden Name Katherine Johnson
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-15-40 (month) (day) (year)
(c) Cemetery or crematory
Location Washington D.C.

18 (a) Funeral director S. H. Hines Co.
(b) Address Washington D.C.

19 (a) (Date received by registrar) (b) Harry G. Williamson M.D.

MAY 20 1940 VS

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1940 at 8:07 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1940 to May 16 1940, and that I last saw her alive on May 15 1940.

Immediate cause of death Peritonitis — Duration 2 days
Carcinoma Colon — 2 years
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Carcinoma Colon
Of autopsy Carcinoma - Peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Gray Watson M. D.
Address Johns Hopkins Hosp. Date signed 5-15-40

F 69335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-A

Registered F 69335

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A Co.
(c) City or town Halesville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Beatrice Thompson Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-09-3278

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	married

6 (b) Name of husband or wife Sanley Thompson
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) June 5 1909

8. AGE: Years	Months	Days	If less than one day
30	11	10	hr. min.

9. Birthplace Halesville, Md. (Town, county, and state)
10. Usual Occupation Oyster Shucker
11. Industry or business

FATHER
12. Name Wm. Crowner
13. Birthplace Halesville

MOTHER
14. Maiden Name Crowner
15. Birthplace Halesville

16 (a) Informant Wm Crowner
(b) Address Halesville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1940 (month) (day) (year)
(c) Cemetery or crematory Crowners Cemetery
Location Halesville

18 (a) Funeral director T. A. Hardesty & Son
(b) Address Halesville

MAY 16 1940 (a) Huntington Williams, M.D. (b) Registrar
(Date rec'd by Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 19 40 at 2:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 19 40, to May 15 19 40, and that I last saw h alive on May 15 19 40.

Immediate cause of death	Duration
Uremia	9 days
Due to Hemolytic Streptococcus Septicemia	15 days
Due to Carcinoma of Cervix	—
Other Conditions Atresia Fibroids Latent Syphilis (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of Cervix
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leo J. Graves M. D.
Address U Maryland Hospital Date signed 5/15/40

F 69336

Heellin

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69336 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 S Chapel Gate Lane
(c) Hospital or institution Sinai Sanatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr

2. USUAL RESIDENCE OF DECEASED
(a) State Ontario (b) County Dominion of Canada
(c) City or town Sudbury (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Edgar Alfred Heellion

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife ____
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct 14, 1885

8. AGE: Years 54 | Months 7 | Days 0 | If less than one day: ____ hr. ____ min.

9. Birthplace Sudbury Ontario Canada (Town, county and state)
10. Usual Occupation School Clerk, School
11. Industry or business Dominion Bk Canada

FATHER
12. Name Edward J Heellion
13. Birthplace Ontario Canada

MOTHER
14. Maiden Name Emma D. Whitte
15. Birthplace Smith Falls Ontario

16 (a) Informant Edith M. Martin
(b) Address Emmanuel Lake Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/40 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) ____ (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MAY 16 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1940, at 4. P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1940 to May 14 1940. and that I last saw h. 1m alive on May 14 1940.

Immediate cause of death	Duration
Myocarditis, Chronic.	6 Mo.
Arterial Hypertension.	years
Due to Diabetes Mellitus.	Years.
Due to	
	mo.
Other Conditions Cerebral Hemorrhage. 6	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. Lloyd Johnson M. D.
Address Catonsville Md Date signed 5/15/40.

69337

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

54-1 69337 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 631 Sarah Ann St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Jane DeShields

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife Daniel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-6-1866

8. AGE: Years	Months	Days	If less than one day
73	5	8	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Thomas Richard Brown

13. Birthplace Md.

MOTHER 14. Maiden Name Lucinda Thomas

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-18-40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Adolphus Halstead

(b) Address 9150 Liberty Rd.

19 (a) (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1940, at 2:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 25 1940, to May 14 1940, and that I last saw her alive on May 14 1940.

Immediate cause of death	Duration unknown.
Hypertensive Cardiovascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature [illegible]

Address Baltimore City Hospitals Date signed 5/14/40 M. D.

F 69338

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

File 60338

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 550 Moore Alley
(c) Hospital or institution:
D. C. A. Provident Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 550 Moore alley
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fannie Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 39 | Months | Days | If less than one day hr. min.

9. Birthplace Balto md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Manuel Peterson
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Ida M. Robinson
(b) Address 565 Orchard

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-18-40
(month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director J. Halstead
(b) Address 748 Lafayette Ave.

MAY 16 1940
(Date rec'd by registrar)

Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1940, at 6:55 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Lobar pneumonia	
left upper lobe	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Vandervoort M.D.
Medical Examiner.
Date signed 5/17/40

VS 6

69339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-C

Registered No. 69339

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2826 Mathews St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 2826 Mathews St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret A. Barrett
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: James A Barrett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 9, 1889

8. AGE: Years 50 | Months 9 | Days 6 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name George Price
13. Birthplace Md

MOTHER
14. Maiden Name Rose Barrett
15. Birthplace Md.

16 (a) Informant James A. Barrett
(b) Address 2826 Mathews St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18 1940 (month) (day) (year)
(c) Cemetery or crematory St Joseph's
Location Depar Md

18 (a) Funeral director Albert V. Barger
(b) Address 446 E. North Ave

19 (a) Date received (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1940 at 5½ M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1940 to May 15 1940 and that I last saw h alive on 19

Immediate cause of death: Anuria & Uremia / Parkinson's Disease — Duration: ? Syrs (Est)
Due to
Due to
Other Conditions bed sores — Duration: ?
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Samuel Lilienfeld M.D.
Address 7148 E. Preston St Date signed 5/15/40

AY 10 1940

VS 2

69340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W Registered No. F 69340

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Sinai Hospital
(b) Street address
(c) Hospital or institution: Balto. Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County Md
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) No. 136 Jackson Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? 26 years

3 (a) FULL NAME Bertha Zubber (ZIPPER)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Not Known

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Judah
13. Birthplace Russia

MOTHER
14. Maiden Name Unk
15. Birthplace Russia

16 (a) Informant Hosp Records
(b) Address

17 (a) Burial (b) Date thereof 5-16-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Pikesdale
Location Hamilton Belair & Harford Rd.

18 (a) Funeral director Jack Levy Co.
(b) Address 1439 E. Balto St.

19. (a) MAY 16 1940 (b) Huntingdon Williamsport Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/15/40 19 at 6.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-8-40 19 to Death 19, and that I last saw h[illegible] alive on 5-15-40

Immediate cause of death Cardio renal Vascular disease — Duration

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Sinai Hospital Date signed 5/17/40

VS 3

F 69341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161-a

F 69341 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital, Baltimore, Md. 7-B
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto.
(c) City or town Baltimore Dowson (If outside city or town limits, write RURAL and give town)
(d) Street No. 108 E Susquehanna ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Pruce

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 5/14/40

8. AGE: Years | Months | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Myer Pruce
13. Birthplace Johnstown Pa

MOTHER
14. Maiden Name Catherine Milly
15. Birthplace Balto Md

16 (a) Informant Myer Pruce
(b) Address Pikesville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-40 (month) (day) (year)
(c) Cemetery or crematory Levindale
Location Baltimore Co. Md.

18 (a) Funeral director Jos. Lewis Sons
(b) Address 1432 E. Balto St.

19 (a) MAY 16 1940 (Date rec'd by registrar) (b) Howard Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/14 1940, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/14 1940, to 5/14 1940, and that I last saw him alive on 5/14 1940.

Immediate cause of death	Duration
Due to Pulmonary Atelectasis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Pulmonary Atelectasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature A. Miller M. D.
Address Sinai Hospital Date signed

F 69342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 69342 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1412-E. Lafayette Ave.
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) life

9-9

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1412-E. Lafayette Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ---- years

3 (a) FULL NAME Mary M. Dawson

3 (b) If veteran, name war ---
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife George A. Dawson
6 (c) If alive, give age --years

7. Birth date of deceased (mo., day, yr.) 10/11/1868

8. AGE: Years	Months	Days	If less than one day
71	7	6	XXXXXXXX hrs.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Caspar (Kreuzer)
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara (Getz)
15. Birthplace Germany

16 (a) Informant Mrs Wetzell
(b) Address 1504-E. Lafayette Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Baltimore, Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735-Harford Ave.

19 (c) MAY 16 1940 Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14, 1940, at 12:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 21 1939 to May 14 1940, and that I last saw her alive on May 14 1940.

Immediate cause of death	Duration
Chronic Myocarditis	1 year
Due to Generalized arteriosclerosis	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel A. Wolfe, M.D.
Address 1731 E. Monument St. Date signed 5-17-40

F 69343

E-6876 - Birth Cert #

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56E

F 69343

Registered No.

1. PLACE OF DEATH: University Hospital

(a) Baltimore City, Maryland

(b) Street address Lombard & Greene Sts

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days. 8 T

(e) Length of stay in Baltimore (yrs., mos., or days) Life T

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1442 - N. Bond St

(If rural give location)

(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Eugene Clay Maier

3 (b) If veteran, name war ———

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) 9/6/1937

8. AGE: Years	Months	Days	If less than one day
2	8	8	——— hr. ——— min.

9. Birthplace Balt. Md

(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Jack E. Maier

13. Birthplace Oklahoma

MOTHER

14. Maiden Name Thelma Sadler

15. Birthplace Balto Md

16 (a) Informant Jack E. Maier

(b) Address 1442 - N. Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/40 (month) (day) (year)

(c) Cemetery or crematory Crem Cem.

Location Balt. Co. Md

18 (a) Funeral director George J. Roth Inc

(b) Address 35 Hoffman Street

19 (a) MAY 16 1940 (Date received by Registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1940, at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1940, to May 14 1940, and that I last saw him alive on April 30 1940.

Immediate cause of death: Post operative Hemorrhage. — Duration

Due to removal of tumor of Posterior mediastinum.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operation Capt. Fibroadenoma mediastinum Dr. Young & Dr. Vest

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. B. Stevens M.D.

Address University Hospital Signed 5/16/40

379942
F 69344

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 137a Registered No. F 69344

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs.) (mos.) or days) 83

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1622 Park Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Cranwell
3 (b) If veteran, name war None
3 (c) Social Security Account No. None
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Grace Philips
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 4-4-57
8. AGE: Years 83 Months 1 Days 11 If less than one day hr. min.
9. Birthplace Md Baltimore (Town, county, and state)
10. Usual Occupation Retired Lumber Dealer
11. Industry or business Self

FATHER
12. Name John Cranwell
13. Birthplace Md.

MOTHER
14. Maiden Name ?
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.
18 (a) Funeral director William J. Tubman & Son
(b) Address North & Pennsylvania Aves
19 MAY 16 1940 (Date received by Local Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH May 15 1940 at 6 M
21. I certify that death occurred on the date above stated; that I attended deceased from 5-13 1940 to 5-15 1940 and that I last saw h alive on 5-15 1940
Immediate cause of death Uncertain ?pulmonary embolus, ?pneumonia, ? cardiac infarction — Duration 3 days
Due to
Due to
Other Conditions Arteriosclerosis, cerebral and generalized. Senile prostatic hypertrophy
Major findings: (Include pregnancy within 3 months of death)
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [illegible] M. D.
Address Johns Hopkins Hos. Date signed

VS 3

F 69345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55140 69345
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1421 N. Bond St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Heilman

3 (b) If veteran, name war

3 (c) Social Security Account No. R

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1861

8. AGE: Years	Months	Days	If less than one day
78	6	2	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Frederick Heilman
13. Birthplace Germany

MOTHER
14. Maiden Name Hessie ?
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17 - 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Belair Rd.

18 (a) Funeral director Henry Hoerle & Sons Inc
(b) Address 1301 Gittings St. Huntingdon Williamsport, Md.

19 MAY 16 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1940, at 12:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 28 1940, to May 14 1940, and that I last saw h. alive on May 14 1940.

Immediate cause of death	Duration between onset and death
Arteriosclerotic Heart disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy enlarged heart, congestive failure.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature
Address Baltimore City Hospitals M. D. Date signed 5/17/40

69346 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

61 F 69346

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen. Hosp. St. 26-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Henry Jones

If U. S. Veteran specify WAR

(a) Residence: No. 6623 Bushey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Jones

6. DATE OF BIRTH (month, day, year) Aug. 2, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labor gang

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME CHARLES W. Jones

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemt. Date May 18, 1940

19. UNDERTAKER Clarence F. Hoffmann
(Address) 1639 N. Broadway

20. FILED MAY 16 1940 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1940.

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1940, to May 14, 1940.

I last saw him alive on May 14, 1940. Death is said to have occurred on the date stated above, at 10.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Hypertension and Cardiovascular Disease with Congestive Failure	2 days
Bronchopneumonia	4 days
Other contributory causes of importance: Diabetes Mellitus	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Samuel L. Sol M. D.
(Address) So. Balto. Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 69347

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 69347
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1111 S.Robinson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1111 S. Robinson St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Kuyawa

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1921

8. AGE: Years	Months	Days	If less than one day
18	5	1	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Peter L. Kuyawa
13. Birthplace Baltimore

MOTHER
14. Maiden Name Sarah A. Sykes
15. Birthplace Baltimore

16 (a) Informant Sarah A Kuyawa
(b) Address 1111 S.Robinson St.

17 (a) Burial (b) Date thereof May 17, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Paula 5th Ref.
Location 22nd & 2nd Ave Canton

18 (a) Funeral director Laurence P. Hoffman
(b) Address 1650 N. Broadway

19 (a) MAY 16 1940 (b) Huntington Hillis M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13, 1940, at 10 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3 1940, to May 13 1940, and that I last saw her alive on May 12 1940.

Immediate cause of death	Duration
Pulmonary Tuberculosis	Jan 1937
Due to	
Due to	
Other Conditions None.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None.
Of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None.
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ed Schumacher M. D.
Address 842 S. East Ave Date signed 5-14-40

VS 3

69348

LB 54768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69348

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1701 N. Bruce St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bertha Funderburk

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	colored	married

6 (b) Name of husband or wife Leon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1906

8. AGE: Years	Months	Days	If less than one day
34	0	3	hr. min.

9. Birthplace N. C.
(Town, county, and state)

10. Usual Occupation unknown

11. Industry or business

FATHER
12. Name Sem Knotts (d)
13. Birthplace N. C.

MOTHER
14. Maiden Name Minnie Helmes
15. Birthplace N. C.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-40 (month) (day) (year)
(c) Cemetery or crematory St. Stevenson
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Frances E. Hearsey
(b) Address 576 N. Fiddle St.

MAY 16 1940 (Registered by Registrar) Huntingtown Hill Calvert Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1940, at 6:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1940, to May 13 1940, and that I last saw h.e. alive on May 13 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	30 days
Due to	
Due to	
Other Conditions Hypertensive cardiovascular disease (Include pregnancy within 3 months of death)	unknown

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Baltimore City Hospitals Date signed 5/17/40

VS 3

69349 STATE OF MARYLAND—CERTIFICATE OF DEATH F 69349

156-B

1. PLACE OF DEATH

County Balt. Registration Dist. No.

Village or City Baltimore (Union Mem. Hosp.) No. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Hermann L. Bauman

(a) Residence: No. Lincoln Univ. Pa. St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Louise Stempel

6. DATE OF BIRTH (month, day, and year): Dec. 21. 1893

7. AGE — Years: 46 | Months: 4 | Days: 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year): May 8 '40

11. Total time (years) spent in this occupation: 20yrs

12. BIRTHPLACE (city or town) (State or country): Newark N.J.

FATHER

13. NAME: Herman Bauman

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mathilde Kohler

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Louise Bauman

(Address) Lincoln University, Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Oxford Pa. Date May 19, 1940

19. UNDERTAKER: [illegible]

(Address) Peach Bottom Pa.

20. FILED 16 1940, 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: May 16 (Month) 1:45 A.M. (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1940, to May 16, 1940

I last saw him alive on May 16, 1940; death is said to have occurred on the date stated above, at 1:45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Respiratory paralysis	4/14/40
due to myasthenia gravis	Jan. 1940

Other Contributory Causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If [illegible] Richard M. Krabbe M.D.

(Signed) Women Memorial Hospital M. D.

(Address)

If more copies are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

69350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69350 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1204 John St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Anna Roche

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31 - 1858

8. AGE: Years 81 | Months 9 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER 12. Name Conrad Trieller

13. Birthplace Alsace Lorraine

MOTHER 14. Maiden Name Catherine Kella

15. Birthplace Alsace Lorraine

16 (a) Informant Sheridan Cogle

(b) Address 1204 John St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/40 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location

18 (a) Funeral director Chas. E. Evans & Son Inc.

(b) Address 118 W. Mt. Royal Ave

19 (a) [illegible] (b) Clinton Williams M.D. Registrar

MAY 16 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1940 at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1940 to May 14 1940, and that I last saw her alive on May 14 1940

Immediate cause of death Cerebral Hemorrhage — Duration 3 days

Due to Hypertensive Cardiovascular

Due to

Other Conditions Terminal bronchopneumonia

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Lester M. D.

Address Mercy Hosp. Date signed

69351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1108

F 69351 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St. Agnes' Hospital,
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 68 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2501 Wilkens & Caton Avenues (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Hannah Markert ✓

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
About 68	--	--	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Sewing
11. Industry or business

FATHER
12. Name George Markert
13. Birthplace Germany

MOTHER
14. Maiden Name Madelenie Stennerman
15. Birthplace Germany

16 (a) Informant Mrs. Elizabeth C. Carpent
(b) Address 1311 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Frederick Rd. & Augusta Ave

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert St. Huntington Hillcrest, Md.

19 (Date received by registrar) MAY 16 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1940 at 2:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1939 to May 15 1940.
and that I last saw her alive on May 15 1940.

Immediate cause of death	Duration
Coronary throm bosis	
Due to Pneumonia	over
Due to	
Other Conditions Hyper tension	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M S Sadow M. D.
Address St Agnes Date signed 4/15/40

VS 3

69352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 69352 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 38

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2236 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Joseph D. Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-6960

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Deady

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 8. 1889

8. AGE: Years	Months	Days	If less than one day
51	3	5	____ hr. ____ min.

9. Birthplace Kingston, Jamaica; B.W.I. (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Bethlehem Steel

FATHER
12. Name Thomas Brown
13. Birthplace Kingston Jamaica; B.W.I.

MOTHER
14. Maiden Name Elizabeth Thomas
15. Birthplace Kingston Jamaica; B.W.I.

16 (a) Informant Hughugh Dunn
(b) Address 2236 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-40 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Park
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Gus. H. Hodges
(b) Address 1631 Druid Hill Ave

19 (a) MAY 16 1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13- 1940 at 9.37 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-2-1940 to 5-13-1940 and that I last saw him alive on 5-13-40.

Immediate cause of death: Arteriosclerosis — Duration: 5 mos.?

Due to

Due to

Other Conditions Hypertrophic Arthritis & Hypertension Anemia (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. T. Maloney M. D.

Address Provident Date signed 5/14/40

M. D. H. 1208-6

69353 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 69353

CERTIFICATE OF DEATH 46B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 257 Robert St. 14-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Nesbitt Jones

(a) Residence: No. 257 Robert St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	M

5a. If married, widowed, or divorced (or) WIFE of Martha Evelyn Jones

6. DATE OF BIRTH (month, day, year) Aug. 2, 1882.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Journalist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan. 1940 | 11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Spartanburg, S.C.

FATHER

13. NAME James Caldwell Jones

14. BIRTHPLACE (city or town) (State or country) Charleston, S. C.

MOTHER

15. MAIDEN NAME Jane Bates

16. BIRTHPLACE (city or town) (State or country) Spartanburg, S.C.

17. INFORMANT Martha Evelyn Jones
(Address) 257 Robert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Park Date 5-16, 1940

19. UNDERTAKER Mac Gill & Hoeland
(Address) 1631 Druid Hill Ave

MAY 16 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from January 10, 1940 to May 13, 1940

I last saw him alive on May 13, 1940 Death is said to have occurred on the date stated above, at 11 07 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1939
Myocarditis	1937
Heart Failure	1940

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of May 6, 1940

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) N. Louis Jones M. D.
(Address) 1501 Druid Hill Ave

69354 ✓ F 69354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-C

Registered No. [illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3004 E Pratt St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ✓
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3004 E Pratt St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Capt. William A Freburger

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Eliz. Wingate
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Feb. 17-1861

8. AGE: Years	Months	Days	If less than one day
79	2	27	hr. min.

9. Birthplace Balto City, Md. (Town, county, and state)
10. Usual Occupation Retired Sea Capt.
11. Industry or business

FATHER
12. Name Edward Freburger
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary F. Thirion
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Eliz. Wingate Freburger
(b) Address 3004 E Pratt St Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Old Frederick Rd.

18 (a) Funeral director J. J. Moran
(b) Address 3006 E Balto St.

19 (a) [illegible] (b) Date received [illegible] Registrar

MAY 16 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/14/1940, at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1940 to 5-14 1940, and that I last saw h[illegible] alive on 5-14 1940.

Immediate cause of death	Duration
Encephalomalacia	
Due to arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J Gould M. D.
Address 141 E Eutaw Date signed 5-15-40

F 69355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 69355 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1304 N. Dallas St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1304 N. Dallas St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

87

3 (a) FULL NAME Drucilla Page

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Herbert

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Oct. 25, 1890

8. AGE: Years	Months	Days	If less than one day
49	6	18	hr. min.

9. Birthplace South Boston Virginia
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Reid
13. Birthplace S. Boston Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Herbert Page
(b) Address 1304 Dallas St.

17 (a) Burial (b) Date thereof May 16 1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Calvery Cem.
Location A. A. County Md.

18 (a) Funeral director Mrs. R. A. Elliott & Daughter
(b) Address 1129 N. Caroline St

MAY 16 1940 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13 1940 at 11 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-25 1937 to 5/13 1940 and that I last saw h er alive on 5-12 1940

Immediate cause of death
Coronary Thrombosis — Duration immediate

Due to hypertensive cardiac disease — 3 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Rayner Browne

Address 1500 E. Madison St Date signed 5/15/40

VS 3

Rayner Browne

1376898

69356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 69356

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2319 Eutaw Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Aaron Vogel
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	W

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 10-18-62

8. AGE: Years	Months	Days	If less than one day
77	6	27	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Dry Goods Clerk
11. Industry or business Dry Goods store clerk

FATHER
12. Name Solomon Vogel
13. Birthplace Germany

MOTHER
14. Maiden Name Esther Blumethal
15. Birthplace Germany

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Baltimore Hebrew
Location Baltimore, Md.

18 (a) Funeral director Weil, Levinson & Co.
(b) Address 942 Eutaw Place

19 MAY 16 1940 Huntington Williams, M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1940 at 1:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-13 1940 to 5-15- 1940 and that I last saw h[illegible] alive on 5-15-1940

Immediate cause of death Uremia — Duration Years

Due to Renal Failure

Due to Prolonged prostatic obstruction of urinary tract

Other Conditions Diabetes arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations ——

Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Jacobi M. D.
Address Johns Hopkins Hosp. Date signed 5-15-40

F 69357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Register No. F 69357

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHN HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 16 min

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County Balto
(c) City or town Sparrows Point
(If outside city or town limits, write RURAL and give town)
(d) Street No. Box 108 – Route 10
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Calebaugh

3 (b) If veteran, name war ———

3 (c) Social Security Account No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	single

6 (b) Name of husband or wife single

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 23, 1940

8. AGE: Years	Months	Days	If less than one day
			19 hr. 15 min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name John Calebaugh
13. Birthplace Ohio

MOTHER
14. Maiden Name Chess Whitecotton
15. Birthplace West Virginia

16 (a) Informant
(b) Address

17 (a) ——— (Burial, cremation, or removal) (b) Date thereof ——— (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral Director JOHNS HOPKINS MEDICAL SCHOOL MAY 16 1940
(b) Address Commissioner of Health

19 (Date received in Registrar's office) MAY 16 1940 H. Hunter Williams, M.D. Registrar

5635

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1940, at 8:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1940, to April 24 1940, and that I last saw her alive on April 24 1940.

Immediate cause of death	Duration
Atelectasis of lungs.	
Due to Prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. W. Oneresfruet M. D.
Address Johns Hopkins Hosp. Date signed 5-17-40

F 69358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 69358 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHN HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 18 hrs. If not in Baltimore, give RESIDENCE.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3651 9th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

2-13

3 (a) FULL NAME Pope

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Single

6 (b) Name of husband or wife Single

6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) April 22, 1940

8. AGE: Years	Months	Days	If less than one day
		1	18 hr. 18 min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Norman Johnson
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Pope
15. Birthplace Indiana

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
[redacted] MEDICAL SCHOOL MAY 16 1940

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) MAY 16 1940 H. A. Mosher, Williams, M.D.
(Signature of Registrar) (Local Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1940, at 4 05 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 22 1940, to April 24 1940, and that I last saw him alive on April 24 1940.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. W. Overstreet M. D.
Address Johns Hopkins Hosp. Date signed 5-13-40

F 69359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. F 69359

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 423 Millington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 423 Millington ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth A. Kleinhenn

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1866

8. AGE: Years	Months	Days	If less than one day
73	11	0	hr. min.

9. Birthplace Germany (town, county, and state)
10. Usual Occupation H. W.
11. Industry or business Own Home

MOTHER / FATHER
12. Name Neumann
13. Birthplace Germany
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Geo. M. Kleinhenn
(b) Address 423 Millington ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Road
18 (a) Funeral director Harry H. Mitzel
(b) Address 4101 E. Monumental ave

19 (a) MAY 16 1940 (b) Huntington Williams, M.D.
(registrar's signature)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1940, at 7a M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1939, to May 14 1940 and that I last saw h[illegible] alive on May 12 1940.

Immediate cause of death: Arteriosclerosis
Pulmonary Tuberculosis
Due to Arteriosclerosis Hypertension
Due to Cerebral Thrombosis

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert O. Peters M. D.
Address 2151 Wilkens Ave Date signed 5/15/40

F 69360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 69360

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2420 Ellamont St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2420 Ellamont St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank B. Hoffman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Theresa Michel Hoffman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 7, 1864

8. AGE: Years 76 | Months 4 | Days 16 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Clothing Cutter

MOTHER / FATHER

12. Name Andrew Hoffman

13. Birthplace Md.

14. Maiden Name Unknown

15. Birthplace Md.

16 (a) Informant Mrs. Frank B. Hoffman

(b) Address 5716 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17/40 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Old Frederick Road

18 (a) Funeral director Harry H. Nitsche

(b) Address 4101 Edmondson Ave

19 MAY 16 1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1940, at 2:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24 1940, to May 13 1940. that saw him alive on May 12 1940.

Immediate cause of death: Myocarditis — Duration: about 6 mo.

Due to:

Due to: Myocarditis about 6 mo. duration

Other Conditions: Arterio-sclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: No

P

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Dalbat M. D.

Address 220 Garrison Date signed May 15/40

VS 3

69361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 69361

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address —
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Carolina (b) County Nash
(c) City or town Nashville (If outside city or town limits, write RURAL and give town)
(d) Street No. ------- (If rural give location)
(e) If foreign born, how long in U. S. A.? ----- years

3 (a) FULL NAME Daniel Allen Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife ------

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1938

8. AGE: Years 1 | Months 8 | Days 3 | If less than one day -- hr. -- min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

BOTHER | FATHER

12. Name Russel A. Taylor

13. Birthplace N. C.

BOTHER

14. Maiden Name Adalene Hinston

15. Birthplace N. C.

16 (a) Informant Mother

(b) Address N. C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/40 (month) (day) (year)

(c) Cemetery or crematory Nashville, Route No 2

Location --- North Carolina

18 (a) Funeral director H. W. Mears & Son

(b) Address 805 N. Calvert Street

19 (a) MAY 16 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1940, at 8:25 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/14 1940, to 5/16 1940, and that I last saw h alive on 5/14 1940.

Immediate cause of death: Pneumonia

Due to — Pneumonia, right lower lobe.

Due to Following surgery today

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations — Surgery today removed from right lower
Of autopsy made by Surgeons

Duration
5 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Mercy Hospital Date signed 5/16/40

VS 3 Via Automobile Escort - Mr. W. H. Manning

F 69362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

Registered No. F 69362

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 44 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Elliott (If outside city or town limits, write RURAL and give town)
(d) Street No. Main (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Edna Burns.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Frank Burns

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12 1897

8. AGE: Years 43 | Months 0 | Days 4 | If less than one day hr. min.

9. Birthplace Edmondston Md (Town, County, and state)

10. Usual Occupation Domestic

11. Industry or business

MOTHER / FATHER

12. Name Charles Bumer

13. Birthplace Md

14. Maiden Name Clara Neelson

15. Birthplace Md

16 (a) Informant Charles Lee Carter

(b) Address Edmondston Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (month) 19 (day) 40 (year)

(c) Cemetery or crematory Elkridge

Location Elkridge Md

18 (a) Funeral director C. C. Higginbotham Jr

(b) Address Elliott City

19 (Registrar's signature) MAY 16 1940 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1940 at 9.09 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3-1940 to 5-16-1940 and that I last saw her alive on 5-16-1940.

Immediate cause of death	Duration
Hypertensive Cardio-Vascular disease.	?
Due to Mitral Insufficiency	?
Due to —	
Other Conditions Pulmonary Congestion Ascites. (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. F. Mahoney M. D.

Address Provident Hospital Date signed 5/16/40

VS 3

69363

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. 69363

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 Ensor St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Ramsey

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Agnes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-22-1856

8. AGE: Years	Months	Days	If less than one day
83	4	23	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name William Ramsey
13. Birthplace Pa.

MOTHER
14. Maiden Name Margaret Amane
15. Birthplace Ohio

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18 1940 (month) (day) (year)
(c) Cemetery or crematory State Ridge
Location Delta Pa
(d) Funeral director Hubert P Hopkins
(e) Address Delta, Pa

19 (a) May 16 1940 (Date received by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1940, at 9.25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from September 8 1939 to May 15 1940, and that I last saw h i.m. alive on May 15 1940.

Immediate cause of death	Duration
Hypertensive C-V Disease	Unknown
Due to	
Due to	
Other Conditions Generalized Arteriosclerosis	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S Eggesbey M. D.
Address Baltimore City Hospitals Date signed 5/16/40

F 69364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940 Registered No. F 69364

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 331 Calvert
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town 3411 ~~Clark~~ St. Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3411 Ash St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Agnes Knauff.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-07-6742

4. Sex F. | 5. Color or race Wh. | 6 (a) Single, married, widowed, or divorced. separated.

6 (b) Name of husband or wife George Vincent Knauff.
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) July 4, 1898

8. AGE: Years 41. | Months 10 | Days 10 | If less than one day hr. mid.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Mt. Vernon-Woodbury Mills

FATHER
12. Name Francis Berrettey
13. Birthplace Ireland

MOTHER
14. Maiden Name Rose Lee Wyatt.
15. Birthplace Baltimore

16 (a) Informant George Vincent
(b) Address 3411 Ash St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17-1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Marys Homden
Location Baltimore Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 2491 Falls Road

19 MAY 16 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1940, at 5.40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5 A.M. 5/4/1940 to 5.40 P.M. 1940, and that I last saw him alive on May 14 1940.

Immediate cause of death (omitting)

	Duration
(a) Cerebral ~~embolism~~ Hemorrhage	12 Hrs
(b) ~~Cerebral Hemorrhage~~	??
Due to (c) Chronic Nephritis	??
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. J. Sunday, M.D.
Address [illegible] Date signed 5-17-40

VS 3

F 69365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 69365

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Mercy [illegible] University Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4031 Park Heights Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME James A. Mercier.

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 705-07-3794

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married.

6 (b) Name of husband or wife Helen D. Mercier

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 19 1866

8. AGE: Years	Months	Days	If less than one day
73	4	26	hr. ..... min.

9. Birthplace Maryland. (town, county, and state)

10. Usual Occupation Chief

11. Industry or business B & O Rail Road.

FATHER — 12. Name Cyrus Mercier

13. Birthplace Maryland.

MOTHER — 14. Maiden Name Sarah Ann Hale

15. Birthplace Md.

16 (a) Informant Mrs. Helen D. Mercier

(b) Address 4031 Park Heights.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/40 (month) (day) (year)

(c) Cemetery or crematory Holy Name Cem.

Location Jersey City N.J.

18 (a) Funeral director E. Vernon Lemmon

(b) Address 3611 Park Heights.

19 (a) MAY 16 1940 Thurlington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15th 1940. at 1:28 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1940. to May 15 1940. and that I last saw him alive on May 15 1940.

Immediate cause of death: Acute Coronuary Thrombosis — Duration: 5-14-40

Due to Arteriosclerotic cardio-Vascular disease. Essential Hypertension.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Joseph E. Muse Jr M. D.

Address University Hosp. Date signed May 15, 1940

69366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69366

93-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3503 E. Lombard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 71/5/2

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3503 E. Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES WILLIAM SCHEELER

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Dora Scheeler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1868

8. AGE: Years	Months	Days	If less than one day
71	5	2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Shipping clerk
11. Industry or business Lumber mill

FATHER
12. Name Frederick Scheeler
13. Birthplace Germany

MOTHER
14. Maiden Name Mary ?
15. Birthplace Germany

16 (a) Informant Mrs. Margaret Scheeler
(b) Address 3503 E. Fairmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17 (month) (day) (year)
(c) Cemetery or crematory ST Reformed
Location Baltimore

18 (a) Funeral director John Allison
(b) Address Cook & Allison

MAY 16 1940 (Date received by registrar) Hamilton Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14 1940 at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1938 to 5-14 1940, and that I last saw h alive on 5-14 1940.

Immediate cause of death	Duration
Encephalomalacia	
Due to Arteriosclerosis	
Due to	
Other Conditions Myocardial degeneration	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J J Gould M. D.
Address 147 N. Eaton St. Date signed 5-15-40.

69367

F 69367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 807 N Broadway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 807 N Broadway
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary B Thomas

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife Herman R Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 8 1889

8. AGE: Years	Months	Days	If less than one day
50	65	6	hr. min.

9. Birthplace Balto
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Carter
13. Birthplace Germany

MOTHER
14. Maiden Name Dont Know
15. Birthplace

16 (a) Informant Herman R Thomas
(b) Address 807 N Broadway

17 (a) Burial (b) Date thereof May 17 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto Co

18 (a) Funeral director John Ulhel
(b) Address 2008 Urban St

MAY 16 1940 (b) Huntington Williams, MD
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/17 1940, at 6 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1940, to May 17 1940.
and that I last saw h[illegible] alive on May 17 1940

Immediate cause of death Coronary thrombosis — Duration 3 days.
Due to Chronic myocarditis — ?
Due to
Other Conditions Squamous Inguinale — 2 years.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Allen L. Liberty
Address 529 N Calvert Date signed 5/18/40

F 69368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 69368

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1674 Darley Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1674 Darley Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 52 years

3 (a) FULL NAME Emilia Wehrmann

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | **5. Color or race** White | **6 (a) Single, married, widowed, or divorced** Widow

6 (b) Name of husband or wife Oscar. P. F.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 21-1868

8. AGE: Years 71 72 | Months 6 | Days 24 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Don't Know
13. Birthplace Germany

MOTHER
14. Maiden Name Don't Know
15. Birthplace Germany

16 (a) Informant William Wehrmann
(b) Address 1674 Darley Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** May 18-40 (month) (day) (year)
(c) Cemetery or crematory Gorsuch Park
Location Frederick Road.

18 (a) Funeral director Wm. H. Valentine
(b) Address 2326 Aiken St.

19 (a) MAY 16 1940 (Registrar's signature) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1940, at 7.00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22 1940, to May 15 1940 and that I last saw her alive on May 14 1940

Immediate cause of death Chronic Interstitial Nephritis

Arterial Hypertension

Due to General Arteriosclerosis — Duration: 7 years

Due to

Other Conditions Cardiac Dilatation and Uremia — Duration: 3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Eisenberg

Address 2025 E. Eutaw St. **Date signed** May 16/40 **M. D.**

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69369

CERTIFICATE OF DEATH

159

F 69369

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 N Lanvale St. 17-3 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Baby Johnson

If U. S. Veteran specify WAR _____

(a) Residence: No. 806 N Lanvale St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or 5 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Spencer Johnson

14. BIRTHPLACE (city or town) (State or country) Northumberland Co. Virginia

MOTHER

15. MAIDEN NAME Margarette Pope

16. BIRTHPLACE (city or town) (State or country) Northumberland Co. Va.

17. INFORMANT Mother

(Address) 806 N Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date MAY 16 1940

COMMISSIONER OF HEALTH

19. UNDERTAKER _____

(Address) For H. A. Moore Huntington Williams, M.D.

20. FILED MAY 16 1940 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from May, 19__, to _____, 19__

I last saw h__ alive on _____, 19__ Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	
Other contributory causes of importance:	
Premature birth	

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, what? _____

(Signed) Thos. D. Woolridge M. D.

(Address) 703 W Lafayette

F 5623

F 69370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a

Registered No. F 69370

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2315 E. Preston St
(c) Hospital or institution: home
(d) Length of stay in hospital or inst. (yrs., mos., or days) home
(e) Length of stay in Baltimore (yrs., mos., or days) 73 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 2315 E. Preston St. (If outside city or town limits, write RURAL and give town)
(d) Street No. Balto Md (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Katherine Simmons (Kate)

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-1578

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: William Simmons

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug 21-1866

8. AGE: Years 73 | Months 8 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Seamstress

11. Industry or business Bugle Foundry

FATHER
12. Name John Simmons
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs Lillian White
(b) Address 122 N. Luzerne Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20-40 (month) (day) (year)
(c) Cemetery or crematory Oakland
Location Balto. Md.

18 (a) Funeral director John C. Miller Inc.
(b) Address 2435 E. Oliver St.

19 (a) MAY 16 1940 Huntington, W. Va. (Date and place of death)

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1940, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1940, to May 16 1940, and that I last saw h[illegible] alive on May 15 1940.

Immediate cause of death: Coronary Thrombosis — Duration 2 days

Due to: Uterine Fibroids — Duration 8

Due to: ____

Other Conditions: ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. B. Lemmon M. D.
Address 715 N. Patterson Pk. Date signed May 16-40

69371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-E

Registered No. F 69371

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Genrl. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1742 Clarkson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

23

3 (a) FULL NAME Margaret Ann Ireland

3 (b) If veteran, name war

3 (c) Social Security Account No. ✓

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1939

8. AGE: Years | Months: 10 | Days: 4 | If less than one day: hr. min.

9. Birthplace Balto, Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name John F. Ireland
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Margaret B. Murray
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Margaret Ireland
(b) Address 1742 Marshall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18, 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Frederick Rd.

18 (a) Funeral director Margaret J. Flynn
(b) Address 1422 Light St.

19 (a) MAY 16 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1940 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-15 1940 to 5-16 1940 and that I last saw her alive on 5-16-40 1940.

Immediate cause of death: Pneumonia Tetany Edema of Glottis

Duration: 9 mo 5-16-40

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Kohn M. D.
Address 1078 Fort Ave. Date signed 5-16-40

VS 2

F 69372

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-E F 69372

SD 54870 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 13 N. Fulton Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Frank Wheeler

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Carrie

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1881

8. AGE: Years 58 | Months 6 | Days 29 | If less than one day ____ hr. ____ min.

9. Birthplace Michigan (Town, county, and state)

10. Usual Occupation General Repair

11. Industry or business

FATHER
12. Name Reuben
13. Birthplace New York

MOTHER
14. Maiden Name Mary
15. Birthplace New York

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17-40 (month) (day) (year)
(c) Cemetery or crematory St Peters Cem.
Location Balto. Md.

18 (a) Funeral director George A. Farley
(b) Address Fulton & Fayette

19 (a) MAY 17 1940 (Date received by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1940, at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1940, to May 14 1940, and that I last saw h.... alive on May 14 1940.

Immediate cause of death: Syphilitic Heart Disease — Duration: ____

Due to: ____

Due to: ____

Other Conditions: Aneurysm of the aorta

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ____
Of autopsy: not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury ____

23. Signature H. Williams M. D.
Address Baltimore City Hospitals Date signed May 17 1940

5353378637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-w F 69373 Registered No.

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Stemmers Run (If outside city or town limits, write RURAL and give town)
(d) Street No. 731 Mace Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lena Allegrini

3 (b) If veteran, name war: 41

3 (c) Social Security Account No. NIL

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 4 - 82

8. AGE: Years: 58 | Months: 1 | Days: 12 | If less than one day: hr. min.

9. Birthplace: Italy (Town, county, and state)

10. Usual Occupation: None

11. Industry or business: At Home

FATHER
12. Name: Joseph Giacolini
13. Birthplace: Italy

MOTHER
14. Maiden Name: Francesco
15. Birthplace: Italy

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/40 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn
Location: Balto Md

18 (a) Funeral director: W. J. Cook
(b) Address: 1217 St Paul St

19 (a) MAY 17 1940 (Date rec'd by local reg.) (b) Huntington & Williamsport Pa

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 16 1940, at 4:57 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 18 1940, to May 16 1940, and that I last saw h CR alive on May 16 1940.

Immediate cause of death: Respiratory failure — Duration:

Due to: Secondary carcinoma of lung

Due to: Carcinoma of cervix uteri

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: John S. Hunt
Address: Johns Hopkins Hosp Date signed: M. D. 5-17-40

VS 1

F 69374

F 69374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-N F 69374 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 711 W. University Pky.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 711 W. University Pky.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lieut Col. Newton N. Polk

3 (b) If veteran, name war: World War

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Eliz. S. Dorsey

6 (c) If alive, give age: 40 years

7. Birth date of deceased (mo., day, yr.): 7/24/88

8. AGE: Years 51 | Months 9 | Days 21 | If less than one day: hr. min.

9. Birthplace: Tenn.
(Town, county, and state)

10. Usual Occupation: Retired Lieut. Col U.S.A.

11. Industry or business

FATHER
12. Name: Newton N. Polk
13. Birthplace: La.

MOTHER
14. Maiden Name: Minnie Turentine
15. Birthplace: Ala.

16 (a) Informant: Mrs. Eliz. Dorsey Polk
(b) Address: 711 W. University Pky.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/17/40 (month) (day) (year)
(c) Cemetery or crematory: Arlington Mt. Cemy.
Location: Arlington, Va.

18 (a) Funeral director: John D. Mitchell-Sons Inc.
(b) Address: 1900 Eutaw Place

Apr (a) 17 1940 Washington Williams, M.D. Registrar
(Date received) (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 15, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 19 39 to May 15 19 40, and that I last saw him alive on May 13 19 40.

	Duration
Immediate cause of death: Uraemia	4 days
Due to Nephritis	6 years
Due to Arteriosclerosis	10 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations: 25 Nov 39 Prostatectomy 1934 Dr McNealy (Catheter)
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: [illegible] M. D.
Address 5908 Ridgewood Ave Date signed 5-16-40

69375

HEALTH DEPARTMENT—CITY OF BALTIMORE

69375

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH Hospital for the Women of Maryland

CITY OF BALTIMORE: (No. Lafayette Ave. St., 14th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Virginia Lee Bentley

If U. S. Veteran specify WAR

(a) Residence: No. 1606 Bolton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 2, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Loudon Co. (State or country) Virginia

FATHER

13. NAME Robert Bentley Jr.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Eliz. Cabell

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Eliz. Noland Powder

(Address) 2 W. 39th.

18. BURIAL, CREMATION, OR REMOVAL

Place Leesburg, Va. Date 5/18/1940

19. UNDERTAKER John O. Mitchell Funeral Home

(Address) 1900 Eutaw Place

20. MAY 17 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1940. to May 16, 1940

I last saw her alive on May 16, 1940. Death is said to have occurred on the date stated above, at 9:25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic cardio-vascular disease.	
Arterial hypertension	
Generalized arteriosclerosis	
Cardiac failure.	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrence N. Zinn, M. D.

(Address) Woman's Hospital

VS 3

F 69376 65257-PD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69376 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 400 n. Chase st. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary Kaney

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Dennis Kaney
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 7-29-1861

8. AGE: Years	Months	Days	If less than one day
78	9	18	hr. ..... min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name John Schofield
13. Birthplace Ireland

MOTHER
14. Maiden Name Ann Waldren
15. Birthplace Ireland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 1940 (month) (day) (year)
(c) Cemetery or crematory Mount Cathedral Cemetery
Location 4300 Old Frederick Rd.

18 (a) Funeral director Elmer W. Conklin
(b) Address 924 E. Eager St.

19 (a) ..... (b) ..... Registrar

MAY 21 1940

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1940, at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940, to May 17 1940, and that I last saw h.r alive on May 17 1940.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease	Unknown
Due to	
Due to	
Other Conditions Bronchial Asthma	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(d) Means of injury
23. Signature A. J. Goodwin M. D.
Address Baltimore City Hospitals Date signed 5/17/40

69377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164c

F 69377

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2343 Lanseltta Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2343 Lanseltta Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

20

3 (a) FULL NAME WILBUR P. MARSTON

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	W	

6 (b) Name of husband or wife Eva M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 11 1906

8. AGE: Years	Months	Days	If less than one day hr.	min.
33 34	9	4		

9. Birthplace Mass. (Town, county, and state)
10. Usual Occupation U. S. Army
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Eva M Marston
(b) Address 2343 Lanseltta ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore National Cemetery
Location Frederick Road

18 (a) Funeral director Sol Levinson & Bro
(b) Address 1124-26 W North Ave

19 (a) (Date rec'd by registrar) (b) Emily J. Williams M.D. Registrar

MAY 17 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1940, at 5:45 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Lacerated brain	
Due to Bullet wound of head	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence March 15, 1940
(c) Where did injury occur? 2343 Lanseltta Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury .45 Cal automatic revolver

23. Signature Lieut. Col. L. Wallenmeyer M.D. Medical Examiner.
Date signed 5-15-40

69378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 - C Registered No. E 69378

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) CARTER

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4155 Fuerman Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

27-1

3 (a) FULL NAME ARTHUR COCKEY ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	W	—

6 (b) Name of husband or wife Viola V. Fuerman
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Sept 14 1898

8. AGE: Years	Months	Days	If less than one day: hr.	min.
41	8	2		

9. Birthplace Stevensville Kent Co Md (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Baltimore City Hall

FATHER
12. Name Arthur C Cockey
13. Birthplace Stevensville Md

MOTHER
14. Maiden Name Margaret A. Bright
15. Birthplace Stevensville Md

16 (a) Informant Fannie A Cockey
(b) Address 3200 Orlando Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18/40 (month) (day) (year)
(c) Cemetery or crematory Stevensville Md
Location

18 (a) Funeral director Henry W. Jenkins Sons Co
(b) Address McCulloh & Orchard Sts

19 (a) (Date rec'd by registrar) (b) Hunter for Williams M.D. (Registrar)

MAY 17 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1940, at 3 30 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Peritonitis, acute	
Due to: Rupture, bladder	
Due to:	
Other Conditions: Pneumonia, lobular, bilateral (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 13, 1940
(c) Where did injury occur? Belair Rd near Fuerman Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? — (Specify type of place)
(e) Means of injury struck by auto while crossing street
23. Signature H. T. Wollenweber M.D. Medical Examiner.
Date signed 5-16-40

69379

HEALTH DEPARTMENT—CITY OF BALTIMORE 69379

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3710 Branston Ave 16-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Alice Peddicord

If U. S. Veteran specify WAR

(a) Residence: No. 3710 Branston Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

8a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) May 17, 1869

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
70	11	17 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Sylvanus Peddicord

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Snyder

16. BIRTHPLACE (city or town) (State or country) Unknown Penn.

17. INFORMANT Elsie M. Daniels

(Address) 3710 Branston Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem., Date May 17 19 40

19. UNDERTAKER Cambras Bros.

(Address) 1012 W. Cross St.

FILED MAY 17 1940 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1939 to May 15, 1940

I last saw h[illegible] alive on May 14, 1940 Death is said to have occurred on the date stated above at 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast (Left)	1/2/39
Other contributory causes of importance: Metastasis to lung	4/mo/40

Was an operation performed? Yes Date of 1/9/39

For what disease or injury? Carcinoma of breast

Nature of operation Radical (breast)

What test confirmed diagnosis? Pathological Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James [illegible]

(Address) 721 Med Dental Bldg

01

F 69380
LB 55293

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-B

Registered No. F 69380

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2258 Morris St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

13 3

3 (a) FULL NAME William Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	colored	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 7, 1893

8. AGE: Years	Months	Days	If less than one day
46	5	7	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name William
13. Birthplace Md.

MOTHER
14. Maiden Name Doris Maddas
15. Birthplace Md.

16 (a) Informant B. C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. City

18 (a) Funeral director Sam'l. H. Goodwin
(b) Address 638 N. Gilmor St

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 20 1940

Hearing for Allegany Co.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-3 1940, to 5-14 1940, and that I last saw him alive on 5-14 1940.

Immediate cause of death	Duration
Carcinoma of stomach (?)	Unknown
Due to	
Due to	over
Other Conditions Syphilis	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gehret Jr. M. D.
Address Balt City Hosp Date signed 5-15-40

69381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a

F 69381

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1332 Druid Hill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1332 Druid Hill Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David Ireland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	C.	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-5-57

8. AGE: Years	Months	Days	If less than one day
82	7	9	hr. min.

9. Birthplace Westminster Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John Ireland
13. Birthplace Md.

MOTHER
14. Maiden Name Mary?
15. Birthplace Md.

16 (a) Informant Thomas D. Ireland
(b) Address 421 N. Carey St

17 (a) Burial (b) Date thereof 5-17-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. City

18 (a) Funeral director Sand & Grace Inc
(b) 638 N. Gilmor St
5-17-1940

19 (a) Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14 1940, at 2:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-4-1940, to 5-14-1940, and that I last saw him alive on 5-14 1940.

Immediate cause of death Myocarditis — Duration unknown

Due to

Due to

Other Conditions Gastric Ulcer — unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Mark A. Saunders M. D.
Address 1029 N. Stricker St Date signed 5-16-40

VS 3

69382

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69382

CERTIFICATE OF DEATH

13-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 162 Baker St., 15-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME John Leak

If U. S. Veteran specify WAR

(a) Residence: No. 162 Baker St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie Leak

6. DATE OF BIRTH (month, day, year) Aug 24, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	36	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Silas Leak

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Louis Grant

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Jessie Leak

(Address) 162 Baker St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date May 19, 1940

19. UNDERTAKER George H. Nelson

(Address) 1303 Eastern Ave

MAY 17 1940 19 ___ [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 12 19 40 to May 16 19 40

I last saw him alive on May 16 19 40 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Hypostatic Pneumonia	
Tuberculosis	

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? ___ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Clayton M. D.

(Address) 2037 McCulloh

F 69383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 69383 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1122 Mosher St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1122 Mosher St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Viola Banks

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	cd	Widow

6 (b) Name of husband or wife Milford Banks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/31/1893

8. AGE: Years	Months	Days	If less than one day
47	1	14	hr. min.

9. Birthplace Md
(Town, county, and state)
10. Usual Occupation domestic
11. Industry or business

FATHER
12. Name Lewis Johnson
13. Birthplace Md

MOTHER
14. Maiden Name Keziah Grant
15. Birthplace Md

16 (a) Informant Keziah Gross Brooks
(b) Address 1122 Mosher St

17 (a) Burial (b) Date thereof 5/19/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Geo. G. Nelson
(b) Address 1303 Druesdman St

MAY 17 1940

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-15 1940 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/4 1940 to 5/15 1940 and that I last saw h[illegible] alive on 5/15 1940

Immediate cause of death
Acute Myocarditis
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
3/4/40
5/15/40

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Haletsky M. D.
Address 1122 Mosher St. Date signed

VS 3

F 69384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166 F 69384 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2343 Lanvale Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2343 Lanvale Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ANNA WIDMEYER

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 216-10-1115

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife: Walter C. Widmeyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 14, 1899

8. AGE: Years	Months	Days	If less than one day
40	7	1	hr. min.

9. Birthplace Salem Va (Town, county, and state)
10. Usual Occupation Cake Wrapper
11. Industry or business Bakery Co
FATHER 12. Name John Bennett
13. Birthplace Salem Va
MOTHER 14. Maiden Name Unknown
15. Birthplace Unknown
16 (a) Informant Walter C. Widmeyer
(b) Address 2343 Lanvale Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18/40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Frederick Md
18 (a) Funeral director Wilhelm Co
(b) Address 1217 E Fort Ave
19 (a) (Date rec'd by registrar) MAY 17 1940 (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1940, at 5:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquest)

Immediate cause of death	Duration
Hemorrhage, chest cavity	
Due to Bullet wound of chest	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence May 15, 1940
(c) Where did injury occur? 2343 Lanvale Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury .45 cal automatic revolver

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 5-15-40

VS 6

69385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69385 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 300 Tungston St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 300 Tungston St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

25 SW

3 (a) FULL NAME Gerna Scholtz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Henry D. Scholtz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10-1855

8. AGE: Years	Months	Days	If less than one day
84	109	4	hr. min.

9. Birthplace Boat on the Missouri River (Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER | FATHER
12. Name — Scott
13. Birthplace Unknown
14. Maiden Name Emma —
15. Birthplace Unknown

16 (a) Informant Annie E. Englehart
(b) Address 300 Tungston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17 40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem
Location A. A. County, Md

18 (a) Funeral director Roth & B. M. Walters
(b) Address Pratt & Stricker Sts

19 (a) Filed (Date received by Registrar) MAY 17 1940 (b) Registrar Huntington Williams M.D.

VB 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14th 1940, at 7 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1940, to May 14 1940, and that I last saw her alive on May 14 1940

Immediate cause of death Cerebral hemorrhage — Duration
Due to Hypertension
Due to carbuncle
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Rubin M. D.
Address 203 Cator Ave Date signed

F 69386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 F 69386 ✓

Registered No. 55477 SD

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2005 S. Newkirk Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Frey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/9/40

8. AGE: Years | Months | Days | If less than one day: 3 hr. 25 min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation New Born

11. Industry or business

FATHER
12. Name Thomas Barber
13. Birthplace ?

MOTHER
14. Maiden Name Myrtle
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

MAY 17 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-9-40 19 , at 7:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-9-40 19 , to 5-9-40 19 , and that I last saw him alive on 5-9-40 19 .

Immediate cause of death: atelectasis
Prematurity
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. R. Maguiness M. D.
Address Balt. City Hosp. Date signed 5-9-40

VS 2

69387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69387

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution 345 N. Calvert St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town 917 Madison Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1-4
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jones Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
45 ?			hr. min.

9. Birthplace S. C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Richard
13. Birthplace ?

MOTHER
14. Maiden Name Louise ?
15. Birthplace

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof 5-17-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director A. E. Halstead
Address 918 Druid Hill Ave

19 (Date filed by registrar) Washington Williams, M.D. Registrar

VS 3 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1940, at 8:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1940, to May 12 1940, and that I last saw him alive on May 12 1940.

Immediate cause of death Cardiac Failure — Duration

Due to Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions Primary Carcinoma of Lung

(Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sylvia E. Poole M. D.
Address Mercy Hospital Date signed 5-13-40

F 69388

49942 LB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

129

F 69388 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days 9-9 6 mths.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1802 N. Hope St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Edell

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Katie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 2, 1858

8. AGE: Years	Months	Days	If less than one day
82	2	12	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name Henry Edell
13. Birthplace Md.

MOTHER
14. Maiden Name Katie
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (b) Date thereof 5-18-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location North Ave + Belair Rd.

18 (a) Funeral director John B. Connelly
(b) Address East Md.

MAY 17 1940 (b) Walter Williams M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1940, at 12:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 7 1939, to May 17 1940, and that I last saw him alive on May 14 1940.

Immediate cause of death Sub-diaphragmatic abscess — Duration 2 weeks
Due to
Due to
Other Conditions Generalized arteriosclerosis — Duration unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Spalding M. D.
Address Baltimore City Hospitals Date signed 5/17/40

VS 3

69389 FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69389 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23yrs. 1mo. 22days
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. None (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Georgia Fletcher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Wis. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Unk
13. Birthplace Unk

MOTHER
14. Maiden Name Unk
15. Birthplace Unk

16 (a) Informant B. of H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location

18 (a) Funeral director Chas. A. Gaus & Son Inc.
(b) Address 118 W. Mt. Royal Ave.

19 (a) (Signature) (b) Registrar

MAY 17 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-15 1940, at 8:17 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-31 1940, to 5-15 1940, and that I last saw her alive on 5-14 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration: 5 days

Due to: Gen. Arteriosclosis — Indefinite

Due to: Arteriosclerotic heart disease

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy /

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gentert Jr. M. D.
Address Balt. City Hosp. Date signed 5-15-40

F 69390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 69390

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5-619 Purdue Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 5-619 Purdue Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

27

3 (a) FULL NAME Barbara Huffa

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Johann Huffa
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec-4-1849

8. AGE: Years	Months	Days	If less than one day
91	5	11	hr. min.

9. Birthplace Hungary (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Nicholas Schneider
13. Birthplace Hungary

MOTHER
14. Maiden Name Unknown
15. Birthplace Hungary

16 (a) Informant Karl Huffa
(b) Address 2804 Delmont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17-40 (month) (day) (year)
(c) Cemetery or crematory Mustin
Location Baltimore Md

18 (a) Funeral director Desmond A Carnegie
(b) Address 2 W 25th St

MAY 17 1940 (Date received by Registrar) (b) Huntingdon Williams [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1940, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1940 to May 16 1940 and that I last saw h alive on May 11 1940.

Immediate cause of death Chron Myocarditis Arteriosclerosis — Duration 1 D

Due to — 1 D

Due to

Other Conditions Tuberculosis — 1 YR

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. H. Bishop
Address 501 Shenandoah Date signed May 17-40 D.

VS 3

F 69391

69391

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13-B Registered No.

1. PLACE OF DEATH: University Hospital
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 104 N Poppleton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bertha M. Ruffin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1925

8. AGE: Years	Months	Days	If less than one day: hr.	min.
15				

9. Birthplace Va (Town, county, and state)
10. Usual Occupation School - girl
11. Industry or business

FATHER
12. Name Lanes Ruffin
13. Birthplace Va

MOTHER
14. Maiden Name Bessie Robinson
15. Birthplace Va

16 (a) Informant Bessie Ruffin
(b) Address 104 N. Poppleton St

17 (a) (Burial, cremation, or removal) (b) Date thereof May 18 1940 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 W Lexington St

MAY 17 1940 (Date received by Registrar) Huntington Williams III Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1940, at 7 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1940, to May 14 1940, and that I last saw her alive on May 14 1940.

Immediate cause of death	Duration
Pneumonia - over	10 days
Due to Lung abscess, possibly tuberculous, probable	?
Due to	
Other Conditions Pyelitis, Pregnancy - 3½ mos.	

(Include pregnancy within 3 months of death)

Major findings:
Operations
Autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph M. George, Jr.
Address University Hospital Date signed 5/14/40

VS 2

F 69392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

F 69392 Registered No.

1. PLACE OF DEATH: 436 N Calhoun St
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 436 N Calhoun St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME (Mrs) Madelaine Franklin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife William Franklin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years 46 | Months | Days | If less than one day hr. min.

9. Birthplace Cambridge, Md (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER 12. Name John George Henson
13. Birthplace Cambridge Md

MOTHER 14. Maiden Name Jennie Richardson
15. Birthplace Cambridge, Md

16 (a) Informant William Franklin
(b) Address 436 N. Calhoun St

17 (a) (Burial, cremation, or removal) (b) Date thereof May 18, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Fulton Ave (Address) (City or town)

MAY 17 1940 (b) Registrar
(Date rec'd by Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/15/40 19 at P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1/40 19 to 5/12/40, and that I last saw her alive on 5/12/40

Immediate cause of death: Acute Pneumonia Lobar

Due to Exhaustion

Due to Cerebral Hemorrhage

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: Hours / Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Nature of injury

23. Signature W. L. Barksdale, M.D.
Address 524 N. Carey St Date signed 5/17/40

F 69393

F 69393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 58-E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 712 N. Calhoun
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7, 10, 11

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 712 N. Calhoun St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Shirley A. Grant

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July - 4 - 1932

8. AGE: Years	Months	Days	If less than one day
7	10	11	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation School girl

11. Industry or business

FATHER
12. Name Rossie C Grant
13. Birthplace Woodland N. C.

MOTHER
14. Maiden Name Dorothy Sharp
15. Birthplace Franklin Va.

16 (a) Informant Rossie C Grant
(b) Address 712 N Calhoun St

17 (a) (Burial, cremation, or removal) (b) Date thereof May 17, 1940
(month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) (Date received by registrar) (b) Burial Permit No.

MAY 17 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1940, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1 1940 to 5/15 1940 and that I last saw h[illegible] alive on 5-14 1940

Immediate cause of death	Duration
Acute Endocarditis 1 mo.	
Due to acute articular Rheumatism 1 mo.	
Due to Pericarditis + Adenitis 1 week	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Franklin M.D.
Address 1111 N Eutaw Date signed 5-16-40

F 69394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

F 69394 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 715
(b) Street address 715 George St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 715 George St (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Odelia Gaines

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1894

8. AGE: Years 45 Months 11 Days — If less than one day hr. min.

9. Birthplace Craig Co. Va. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Henry Gaines
13. Birthplace Craig Co, Va.

MOTHER
14. Maiden Name Odelia Sand
15. Birthplace Craig Co Va.

16 (a) Informant Lillie Stokes
(b) Address 715 George St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) 5-17-1940 (Date rec'd by registrar) (b) [illegible] Registrar

MAY 17 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1940, at 5.15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1940, to May 14 1940, and that I last saw h alive on May 14 1940.

Immediate cause of death: Coronary occlusion — Duration 6 hrs.
Due to: Valvular Heart Disease — not given
Due to:
Other Conditions: Vascular Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles J Wendler M.D.
Address 5 E 1 Hamilton Ave Date signed 5-15-40

H. J. Meyers, M.D. Chief Med Exam
Dr. R. Brantigan

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69395

CERTIFICATE OF DEATH

5/61

F 69395

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto Gen. Hosp.) (Ward) 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Lilly Rista Rosenbaum

If U. S. Veteran specify WAR

(a) Residence: No. Orchard Beach, Md St., Ward. A. A. Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. Risk

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) May 1940 | 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Cedar Hill Date May 17 1940

19. UNDERTAKER Edward Fankenau

(Address) 2919 Greenmount Ave

20. MAY 17 1940 Huntington Ave Baltimore, Md

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1940 to May 15, 1940

I last saw h[illegible] alive on May 15, 1940 Death is said to have occurred on the date stated above, at 7.40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Pulmonary Edema	
Other contributory causes of importance: Diabetes Mellitus	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John P. Monk Jr. M. D.

(Address) South Balt Gen Hosp

F 69396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 69396

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2110 E. Monument St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2110 E. Monument St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George R. Lifer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Annie E. Lifer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 1 1860

8. AGE: Years	Months	Days	If less than one day
80	2	13	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Retired Painter
11. Industry or business Balto. Transit Co.

MOTHER / FATHER
12. Name — Lifer
13. Birthplace Unknown
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Annie Sulezza
(b) Address 2110 E. Monument st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 18 40 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Baltimore

18 (a) Funeral director Philip Herring Sons
(b) Address 2024 Orleans St.

19 MAY 17 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1940 at 6 15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940 to May 15 1940 and that I last saw him alive on May 15 1940

Immediate cause of death — Duration

~~Hypertensive Cardio Vasc~~ Renal disease

Due to Cerebral Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. H. Haggerty M. D.
Address 1812 Broadway Date signed

VS 1

69397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48 - a Registered No. 69397

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 510 E 39th Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 73-9-4

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 510 E. 39th St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ELIZABETH ARMSTRONG.

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife GEORGE W. ARMSTRONG
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 11, 1866

8. AGE: Years	Months	Days	If less than one day
73	9	4	hr. min.

9. Birthplace BALTIMORE, MD
(Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business

BOTHER | FATHER
12. Name FREDERICK C. LINDENBERG
13. Birthplace GERMANY
14. Maiden Name LOUISA MENKE
15. Birthplace GERMANY

16 (a) Informant GEORGE W. ARMSTRONG.
(b) Address 510 E 39th St.

17 (a) BURIAL (b) Date thereof MAY 18 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet.
Location FREDERICK AVE.

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St

19 (a) MAY 17 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 15, 1940, at 1.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1940 to May 15 1940, and that I last saw h4 alive on May 14 19 40.

Immediate cause of death

Due to Carcinoma of Cervix

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
About 9 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. G. Armstrong M. D.
Address 634 Gramercy Date signed 5.16.40

VS 8

F 69398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5/16

Registered No. F 69398

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linwood & Eden Sts.
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 46
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County [illegible]
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
Street No. 528 W Lee Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Brown McCray

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-7024

4. Sex	5. Color or race	6 (a) ~~Single~~, married, widowed, or divorced.
male	colored	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1911

8. AGE: Years	Months	Days	If less than one day
29			hr. min.

9. Birthplace Manning S. C.
(Town, county, and state)

10. Usual Occupation Colored

11. Industry or business

FATHER 12. Name Kelly McCray
13. Birthplace Manning S C

MOTHER 14. Maiden Name Bettie Loneha
15. Birthplace Manning S Co

16 (a) Informant Fannie McCray
(b) Address 528 Lee St

17 (a) (Burial, cremation, or removal) (b) Date thereof 5 (month) 17 (day) 40 (year)
(c) Cemetery or crematory Sunset S. Carlane
Location S C

18 (a) Funeral director Walter B. Skaggs
(b) Address 139 W Hanley Ave

19 (a) MY 17 1940 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13th 1940, at 11:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-25 1940 to 5-13 1940, and that I last saw ~~him~~ her alive on 5-13 1940

Immediate cause of death	Duration
Tuberculous meningitis	5 days
Due to Parameningeal abscess	46 days
Due to Tuberculosis of the spine	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. T. Lisansky M. D.
Address University Hospital Date signed

VS 3

F 69399

F 69399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194-a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 663 W. Lemmont Ave
(c) Hospital or institution:
D. of A. University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 663 W. Lemmont Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lewis E. Dorsey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Col	Married

6 (b) Name of husband or wife Georgianna
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) April 2, 867

8. AGE: Years	Months	Days	If less than one day
73	1	2	hr. min.

9. Birthplace Pennsylvania (town, county, and state)
10. Usual Occupation Pensioner City
11. Industry or business old age

FATHER
12. Name Lewis Dorsey
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace Unknown

16 (a) Informant Georgianna Dorsey
(b) Address 663 W. Lemmont Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 5 17 40 (month) (day) (year)
(c) Cemetery or crematory Mount Calvary Cemetery
Location Balto.

18 (a) Funeral director Walter B. Briggs
(b) Address 139 W. Hamburg St.

19 (a) 5-17-1940 Huntington Williams, M.D.
(Date received) (Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1940, at 7:35 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 5/14/40

F 69400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

Registered No. F 69400

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1516 Poplar Grove St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 Poplar Grove St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucy Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12-1873

8. AGE:	Months	Days	If less than one day
	7.	4	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Retired Saleslady.

11. Industry or business

FATHER
12. Name William C Williams
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Webster
15. Birthplace Baltimore Md

16 (a) Informant Mrs. Georgette Massey
(b) Address 1516 Poplar Grove St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18 1940 (month) (day) (year)
(c) Cemetery or crematory Louden Park
Location Baltimore

18 (a) Funeral director Frames Coffer
(b) Address 1600 W. North Ave

19 (a) 1940 (Date received by registrar) (b) Registrar's signature

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1940 at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1940 to May 16 1940 and that I last saw h[illegible] alive on May 15 1940

Immediate cause of death Bronchopneumonia from history about 2 weeks duration — Duration 2 wks

Due to

Due to Myocarditis about 1 yr. duration. — Duration 1 yr.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hattie Stubbs M.D.
Address 2220 Harrison Blvd Date signed May 16 1940.

69401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69401 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Inf. Balto. Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 36 [illegible]

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Dundalk Point.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1039 Lodge Forest Drive.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 90 years

3 (a) FULL NAME Anna Hohman (Dehorsky)

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married.

6 (b) Name of husband ~~or wife~~ John W. Hohman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25 1874

8. AGE: Years	Months	Days	If less than one day hr.	min.
45	5	021		

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business Home

FATHER
12. Name John Sass.
13. Birthplace Germany.

MOTHER
14. Maiden Name Anna Rinkler
15. Birthplace Germany.

16 (a) Informant Deceased.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. near North Pt. Rd.

18 (a) Funeral director William M. Marack
(b) Address 715 Light St.

MAY 17 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1940, at 7:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940 to May 16 1940 and that I last saw h[illegible] alive on May 15 1940.

Immediate cause of death
Uremia
Due to Chronic Nephritis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration 6 mos +

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. Reimann M. D.
Address 1 South Howard St. Date signed 5/16/40

Dr Bowden - mud Carts

F 69402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 69402

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1203 E. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1203 E. North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John J. Scoggins

3 (b) If veteran, name war (0)

3 (c) Social Security Account No. 1958 E

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Mary L. Scoggins
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 19th 1861

8. AGE: Years	Months	Days	If less than one day
79	1	27	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Wholesale Dealer
11. Industry or business Sea Food

FATHER
12. Name Samuel R. Scoggins
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary Jane Askey
15. Birthplace Unknown

16 (a) Informant Mamie R Shepherd
(b) Address 1203 E North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/40 (month) (day) (year)
(c) Cemetery or crematory Loudmond
Location Towsonville Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

MAY 17 1940
(Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16th 1940, at 7.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 4 1940 to May 16 1940, and that I last saw h~~im~~ alive on May 14 1940.

Immediate cause of death
Cardio-renal - vascular disease
Due to Myocardial insufficiency
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration
Apr. 4-4-40
1 day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo A Bowden
Address 1517 E North Ave Date signed 5/17/40

VS 8

69403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69403
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [redacted]
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3137 N. Calvert St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia A. Haskell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband ~~or wife~~ Joseph E. Haskell (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Oct 17, 1896

8. AGE: Years	Months	Days	If less than one day
43 44	3	—	hr. min.

9. Birthplace Baltimore, Maryland (Town, county and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Marshall F. Harding
13. Birthplace Maryland

MOTHER
14. Maiden Name Clara C. Smith
15. Birthplace Maryland

16 (a) Informant Husband Joseph E. Haskell
(b) Address 3137 N. Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Chas. H. Sayler's Son, Inc.
(b) Address 118 W. Mt. Royal Ave

19 (a) 5/17/1940 (Date received by registrar) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1940, at 8:49 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/30 1940 to 5/17 1940, and that I last saw her alive on 5/17 1940.

Immediate cause of death	Duration
Internal + External Hemorrhoids	2 mo
Trauma in Ano	2 mo
Due to Streptococcus Septicemia	10 days
Due to Bronchial Pneumonia	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Hemorrhoids + Trauma in Ano
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lt. Frederick Johnston Jr. M.D.
Address Md. General Hosp. Date signed 5/17/40

69404 X F 69404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

933 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution:
Union Mem. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town Pikesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 106 Old Court Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Mrs. Anna Viola Lawson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Wh.

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Mr. Harry Lawson

6 (c) If alive, give age (d) years

7. Birth date of deceased (mo., day, yr.) May 29, 1884

8. AGE: Years 55 | Months 11 | Days 16 17 | If less than one day ... hr. ... min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Nurse W'k

11. Industry or business

FATHER
12. Name George Fry
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Lentz.
15. Birthplace Maryland -

16 (a) Informant Mrs Elizabeth Lawson
(b) Address 106 Old Court, Pikesville.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/40 (month) (day) (year)

(c) Cemetery or crematory Stone Chapel
Location Reisterstown Rd. Nr. McDonogh

18 (a) Funeral director Frank A. Yeager
(b) Address Pikesville, Md.

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

(b)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16, 1940, at 6 37 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1940, to May 16 1940, and that I last saw h.. alive on May 16 1940.

Immediate cause of death
Coronary occlusion
3 wks. duration

Duration 3 wks.

Due to Arteriosclerotic Heart Disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Coronary occlusion & infarction of myocardium

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Crawford M. D.
Address Union Memorial Hospital Date signed 5/16/40

AS 8

69405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 69405

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Linden & Madison

(c) Hospital or institution: Maryland General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1320 Linden Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Madison Armistead

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lula

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept 22 1865

8. AGE: Years: 55 Months: 8 Days: 25 If less than one day: hr. min.

9. Birthplace: Va (Town, county, and state)

10. Usual Occupation: Print Salesman

11. Industry or business: Self

FATHER

12. Name: James Armistead

13. Birthplace: Va

MOTHER

14. Maiden Name: Virginia Madison

15. Birthplace: Va

16 (a) Informant: Mrs Phillips

(b) Address: 1320 Linden Ave

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof: May 18 1940 (month) (day) (year)

(c) Cemetery or crematory: Harrisville Va

Location: Harrisville Va

18 (a) Funeral director: Tilghman Cook

(b) Address: 1217 E Fayette St

19 (a) 1940 (Date rec'd by registrar) (b) Hamilton Williams, M.D. Registrar

Gates

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17 1940 at 1:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-16 1940 to 5-17 1940 and that I last saw him alive on 5-17 1940.

Immediate cause of death: Cerebral Hemorrhage

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. C. Rost

Address Maryland Gen. Hosp. Date signed 5-17-40

69406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 69406

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4717 Homer Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs 7 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4717 Homer Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Lawrence J. Litz

3 (b) If veteran, name war: Spanish

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of ~~husband~~ or wife: Mable Florence

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) June 11, 1881

8. AGE: Years	Months	Days	If less than one day
58	11	5	... hr. ... min.

9. Birthplace Washington, D.C
(Town, county, and state)

10. Usual Occupation: Awning maker

11. Industry or business:

FATHER
12. Name: Paul Litz
13. Birthplace: Germany

MOTHER
14. Maiden Name: Margaret Eckstine
15. Birthplace: Germany

16 (a) Informant: Mrs. Mable F. Litz
(b) Address: 4717 Homer Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-40 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Maryland

18 (a) Funeral director: Willgain, Cook
(b) Address: 1217 St. Paul St.

19 (a) Date rec'd by Registrar: Washington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1940, at 5:20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said ... (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to: — Duration

Due to: — Duration

Other Conditions: — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: No
(b) Date of occurrence:
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: H. W. Lauchheimer M.D.
Medical Examiner.

Date signed 5/17/40

69407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12 F 69407
193-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Caton Avenue
(c) Hospital or institution: Jenkins Memorial Hospt.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Mos 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rte 1 Dalton
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME J. Pauline Werning

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31 - 1868

8. AGE: Years 72 | Months 1 | Days 16 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph R. Werning
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Helen E. Woom
15. Birthplace Balto., Md.

16 (a) Informant Jenkins Memorial Hosp
(b) Address 1000 Caton Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 1940 (Month) (Day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Baltimore Md

18 (a) Funeral director Nelson Cook
(b) Address 1218 E Fayette St

19 (a) 5-20-40 (Date received by registrar) (b) Huntington Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1940, at 11:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1, 1939 to May 17 1940, and that I last saw her alive on May 12 1940.

Immediate cause of death	Duration
Arteriosclerotic cardio-vascular disease.	
Due to	
Due to	
Other Conditions Hypertrophic arthritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Lewis M. D.
Address Jenkins Memorial Hosp Date signed 5-17-40

69408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 - 0 Registered No. F 69408

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1540 Asquith St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 93

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1540 Asquith St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alonzo B Staylor

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Sarah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 11, 1846

8. AGE: Years	Months	Days	If less than one day
93	7	5	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Contractor (Brick)
11. Industry or business Bricklayer

FATHER
12. Name Phillip Staylor
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Ida Penbrup
(b) Address 1540 Asquith St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Baltimore, Md

18 (a) Funeral director Dunward D. Covington
(b) Address 21 W. 25th St

19 (a) MAY 17 1940 (Date filed by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/16 1940, at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1940, to May 14 1940, and that I last saw h[illegible] alive on May 14 1940.

Immediate cause of death
(a) Bronchial Pneumonia
Due to
Due to
Other Conditions Arteriosclerotic Cardio Vascular Renal Disease
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration
(a) 5 days
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph S. Blum M. D.
Address 2416 E. Preston St Date signed 5/17/40

VS 3

F 69409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55222 SD Registered No. F 69409

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3209 Weedon Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Ticha

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna Cora

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): ?

8. AGE: Years: 80 yrs. ? Months: Days: If less than one day: hr. min.

9. Birthplace: Czechoslovakia (Town, county, and state)

10. Usual Occupation: Shoe Maker

11. Industry or business: Unemployed

FATHER
12. Name: ? (d)
13. Birthplace: Czechoslovakia

MOTHER
14. Maiden Name: ?
15. Birthplace: Czechoslovakia

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-40 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Balto. Md.

18 (a) Funeral director: Frank Brach & Son
(b) Address: 1906 Gaylord St

19 (a) MAY 17 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16 1940, at 7.50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1 1940, to 5-16 1940, and that I last saw him alive on 5-16 1940.

Immediate cause of death: Bronchopneumonia — Duration: Few days
Due to: Arteria Sclerotic gangrene foot — ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: L. Krukowski M. D.
Address: Balto City Hosp. Date signed 5-17-40

VS 2

69410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 of Registered No. F 69410

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. James Hall
(c) Hospital or institution: 1031 Augusta St

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 918 Madeira St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Vopalecky

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Kaspar

6 (c) If alive, give age 5 years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1895

8. AGE: Years	Months	Days	If less than one day
45	5	1	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name Frank Kolanka
13. Birthplace Austria

MOTHER
14. Maiden Name Unknown
15. Birthplace Austria

16 (a) Informant Kaspar Vopalecky
(b) Address 918 Madeira St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5-20-1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director Frank Graceffo & Son
(b) Address 1906 Eastern Ave

19 MAY 17 1940 Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1940, at 9 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. P. Handsfield M.D. Medical Examiner.
Date signed 5/17/40

F 69411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 69411

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2419 Jefferson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2419 Jefferson St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John F. Sangkam

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Catherine nee Hebble
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 23, 1873

8. AGE: Years	Months	Days	If less than one day
67	1 4	25	hr. min.

9. Birthplace Balto. Co., Rosedale Md. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Samuel Sangkam
13. Birthplace Rosedale Md.

MOTHER
14. Maiden Name Margaret Sangenfelter
15. Birthplace Rosedale Md.

16 (a) Informant Catherine Sangkam
(b) Address 2419 Jefferson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 | 18 | 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem.
Location E. Carmel St.

18 (a) Funeral director John A. Miller
(b) Address 2334 Jefferson St.

19 (a) MAY 17 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1940 at 4 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1940 to May 16 1940 and that I last saw h[illegible] alive on May 15 1940.

Immediate cause of death	Duration
a Uremic Cardiac Dis	4 yrs.
Due to Hypertension &	about
Due to Arteriosclerosis (Chronic)	8 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carl Vogt M.D.
Address 903 S. Bolton St. Date signed May 17/40

VS 1

Cimbolo

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69412

CERTIFICATE OF DEATH

√124-B

F 69412

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 3913 Parks Heights ave ST., 15-17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Francesco Cimbola

(a) RESIDENCE NO. 3913 Parks Heights ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rosa Cimbola.

6 DATE OF BIRTH (month, day, and year): Mch 26-1873.

7 AGE: Years 67 | Months 1 | Days 19 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Business Man

(b) General nature of industry, business, or establishment in which employed (or employer): Produce Dealer.

(c) Name of employer: none.

9 BIRTHPLACE (city or town) (State or country): Catalpe Italy

PARENTS

10 NAME OF FATHER: Peter Cimbola

11 BIRTHPLACE OF FATHER (city or town) (State or country): Catalpe Italy

12 MAIDEN NAME OF MOTHER: Susanna Cimbola

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Catalpe Italy

14 Informant: Peter Joseph Cimbola

(Address) 3913 Parks Heights ave

15 MAY 17 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 15-1940

17 I HEREBY CERTIFY, That I attended deceased from February 19 1940 to May 15 1940 that I last saw him alive on May 15 1940 and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac Failure and Compensation - Ascites.

(duration) yrs. 5 mos. da.

CONTRIBUTORY (Secondary) Hepatic Cirrosis

(duration) 1 yrs. 6 mos. da.

18 Where was disease contracted if not at place of death? √

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical.

(Signed) Wm. H. Wright M. D.

5/15, 1940 (Address) 1209 Pittsburgh St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral

DATE OF BURIAL: May 18 1940

20 UNDERTAKER: Albert M Perego

ADDRESS 446 E Fayette St

F 69413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 69413

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2813 Fleetwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2813 Fleetwood (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George F. W. Winterstein.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 717-07-7161

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Margaret Winterstein

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 4, 1880

8. AGE: Years 59 | Months 8 | Days 11/2 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business Below Rep.

FATHER 12. Name Karl Winterstein.

13. Birthplace Baltimore.

MOTHER 14. Maiden Name Dorothy Brauer

15. Birthplace Germany

16 (a) Informant Mrs Margaret Winterstein

(b) Address 2813 Fleetwood

17 (a) burial (Burial, cremation, or removal) (b) Date thereof May 18/40 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Balto Co Md

18 (a) Funeral director John Ulm

(b) Address 2008 Orleans St

19 (a) MAY 18 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1940, at 7:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1937, to May 15 1940, and that I last saw h.. alive on May 14 1940.

	Duration
Immediate cause of death Coronary occlusion	sudden
Due to Coronary arteriosclerosis	3-4 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter B. Krean M.D.

Address 231 N Calhoun St Date signed 5/16/40

VS 8

36008
F 69414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157 Registered No. F 69414

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md — (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 Gorsuch Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David Zulauf
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 9-7-88
8. AGE: Years ~1 | Months 20 | Days 10 | If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

MOTHER / FATHER
12. Name Harry Zulauf
13. Birthplace Md
14. Maiden Name Marie Gross
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director John Ulrich
(b) Address 2661 Allendale

19 MAY 18 1940 (c) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1940, at 12:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1940 to May 17 1940, and that I last saw him alive on May 17 1940.

Immediate cause of death: Hydrocephaly Hydrocephaly — Duration 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Hydrocephaly

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Ireland M. D.
Address Johns Hopkins Hospital Date signed 5-

VS 2

69415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 69415

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 532 N Bond St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 77

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 532 N Bond St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary Simpson.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	W.

6 (b) Name of husband or wife Moses Simpson

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec 25 1862

8. AGE: Years	Months	Days	If less than one day
77	4	18	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation .....

11. Industry or business At home

FATHER
12. Name Jacob Stass
13. Birthplace Germany

MOTHER
14. Maiden Name Julia Beck
15. Birthplace Germany

16 (a) Informant Gladys M Conrad
(b) Address 532 N Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18/40 (month) (day) (year)
(c) Cemetery or crematory St Matthews
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2205 Pulaski Hwy

19 (a) MAY 18 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1940, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/19 1939, to 5/15 1940, and that I last saw h[illegible] alive on 5/15 1940.

Immediate cause of death	Duration
Acute Coronary occlusion	
Due to Chr Arteriosclerosis	
Due to Acute Pulmonary Edema	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature H. H. Thompson M. D.
Address 733 Argonne Dr Date signed 5/16/40

VS 3

59416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. 59416

1. PLACE OF DEATH: (a) Baltimore City, Maryland — JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 239 N. Durham St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Riley Boykin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Carrie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-25-08

8. AGE: Years	Months	Days	If less than one day
31	9	21	hr. min.

9. Birthplace S. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

MOTHER / FATHER

12. Name Frank Boykin

13. Birthplace S.C.

14. Maiden Name Bessie Johnson

15. Birthplace S C

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-21-40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director A. Halstead

(b) Address 918 Druid Hill Ave.

19 (a) (Signature of person who will be registrar) Huntington Williams M.D.

(b) Address

MAY 20 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1940 at 1:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 25 1940 to May 16 1940 and that I last saw him alive on May 16 1940.

Immediate cause of death: Pulmonary embolism — Duration: 2 hours

Due to: Femoral thrombo-phlebitis, right — Duration: 2 weeks

Due to:

Other Conditions: Bronchopneumonia, Tuberculosis, diabetic — Duration: 2 months

(Include pregnancy within 3 months of death)

Major findings: Of operations: None

Of autopsy: same

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature WTS McAlister Jr M. D.

Address Date signed 5-16-40

F 69417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 69417

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital.
(d) Length of stay in hospital or inst. (~~yrs., mos., or days~~) 6½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 634 Saratoga St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Junius McCallum

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-8854

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	Colored	married

6 (b) Name of husband or wife Marie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Henry

13. Birthplace N. C.

MOTHER 14. Maiden Name Annie McKnimmon

15. Birthplace N. C.

16 (a) Informant Marie McCallum

(b) Address 634 Saratoga St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-20-40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director J. Halstead

(b) Address 918 Lyndhurst

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MAY 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-15 1940, at 11:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-15 1940 to 5-15 1940, and that I last saw him alive on 5-15 1940

Immediate cause of death Cerebral Hemorrhage — Duration 5 hours

Due to Hypertensive Cardio-Vascular Disease — Duration Unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis C. Garcia M. D.

Address University Hospital Date signed 5-16-40

69418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69418

Registered No. 930

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2340 N. Calvert St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2340 N. Calvert St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Chase

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Wm. H. Chase
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/30/52

8. AGE: Years	Months	Days	If less than one day
88	1	16	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Wm. Edwards
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Clara Smith
15. Birthplace Balto. Md.

16 (a) Informant Margaret W. Chase
(b) Address 2340 N. Calvert St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5/18/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemy.
Location Fred. Ave. Balto. Md.

18 (a) Funeral director John O. Mitchell Sons Inc.
(b) Address 1900 Eutaw Place

19 (a) (Registered by registrar) (b) Huntington Williams M.D. Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16, 1940, at 1.10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1937 to May 16 1940, and that I last saw her alive on May 1940.

Immediate cause of death
apoplexy (thrombosis)
Due to Arteriosclerosis
myocarditis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
6 mo
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. Little
Address 2435 Maryland Ave Date signed 5/17/40

Dr. Little

89115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

20 F 69419 Registered No.

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County Delaware Co.
(c) City or town Springfield Pa.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 155 ~~Robbins~~ Rd
(If rural give location)
Rolling
(e) If foreign born, how long in U. S. A.? 6 years

3 (a) FULL NAME Alfred F. Waterland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife Katharine

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) 3-22-95

8. AGE: Years 45 | Months 1 | Days 23 | If less than one day hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation SALESMAN

11. Industry or business

FATHER 12. Name Henry Waterland

13. Birthplace England

MOTHER 14. Maiden Name Isabella Butler

15. Birthplace Ireland ?

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof May 18-1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore, Md

18 (a) Funeral director H. M. Fletcher & Sons

(b) Address North & Pine Sts

19 (a) MAY 18 1940 (Date rec'd) (b) Huntington Williams M.D.

Life

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 15 1940 at 7.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from APR 27 1940, to MAY 15 1940, and that I last saw him alive on MAY 15 1940.

Immediate cause of death Uremia — Duration

Due to Tuberculosis of Seminal Vesicle; Tuberculosis epididymis; Tuberculosis pulmonary ulcerated; tuberculosis of kidney

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Tuberculosis of left kidney

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Brown McDonough M.D. M. D.

Address Johns Hopkins Hospital Date signed 5-15-40

V8 3

420

HEALTH DEPARTMENT—CITY OF BALTIMORE 69420

CERTIFICATE OF DEATH

94-W

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. South Baltimore Gen. Hos. St. 78-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick E. Zerrlaut Sr. (Zerrlaut) If U. S. Veteran specify WAR

(a) Residence: No. 4016 Sharon Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Ethel A. Zerrlaut

6. DATE OF BIRTH (month, day, year) August 8, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	9	8 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City Fire Dept.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Ethel A. Zerrlaut
(Address) 4016 Sharon Avenue

18. BURIAL, CREMATION OR REMOVAL
Place Western Cem. Date May 20, 1940

19. UNDERTAKER Wm. J. Tickner & Sons, Inc.
(Address) North & Penna. Avenues.

Filed ... Thornton Williams, M.D.

APR 18 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1940 to May 17, 1940

I last saw him alive on 17th PM, 1940. Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Coronary Thrombosis	5-16-40
Angina Pectoris	

Other contributory causes of importance:

Was an operation performed? no Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury? ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) H. W. Williams M.D.

(Address) So. Balto. Gen. Hos.

69421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-2 ✓

Registered No. F 69421

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 months
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore city (If outside city or town limits, write RURAL and give town)
(d) Street No. 1409 Patterson Park Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ** years

3 (a) FULL NAME Lawrence F. Kries (Lawrence F. Kries)
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Anna H. Kries
6 (c) If alive, give age 65 years
7. Birth date of deceased (mo., day, yr.) April 12th 1869

8. AGE: Years	Months	Days	If less than one day
71	1	4	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Inventor
11. Industry or business Retired

FATHER
12. Name John Kries
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Molly Kittingham
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Anna H. Kries
(b) Address Baltimore, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20th 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.,
(c) MAY 18 1940 (Date received by Registrar) (b) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16- 1940, at 5 27 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 17 1940 to May 16 1940 and that I last saw him alive on May 16 1940.

Immediate cause of death Carcinoma of prostate & metastasis — Duration 2 yrs.
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Prostate
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hamender Jones M. D.
Address Date signed

69422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 69422
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 W. Fayette St
(c) Hospital or institution:
U. of A. Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3322 Woodbourne Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles E Reilly

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-05-8140

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W.	Separated

6 (b) Name of husband or wife Mary

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) May 4 1882

8. AGE: Years	Months	Days	If less than one day
58	0	12	hr. min.

9. Birthplace Balto, Md
(Town, county, and state)

10. Usual Occupation Paper hanger

11. Industry or business Domestic Veteran Decorating

FATHER
12. Name Charles H. Reilly
13. Birthplace Balto

MOTHER
14. Maiden Name Anna Lee Jacobs
15. Birthplace Balto

16 (a) Informant Elizabeth Cramer daughter
(b) Address 3322 Woodbourne

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md

18 (a) Funeral director Wm. J. Ficken & Sons
(b) Address 1012 W. Pa. Ave.

MAY 18 1940 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1940, at 5:32 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Wm Underhill M.D.
Medical Examiner

Date signed 5/16/40

VS 6

69423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a ✓ File No. E-60423

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1425 W. Lexington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) life
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: —
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1425 W. Lexington (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Henry Briel

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-03-1084

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1874

8. AGE: Years	Months	Days	If less than one day
65	11	26	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Pensioned iron moulder

11. Industry or business Bartlett & Hayward

FATHER
12. Name Christian Briel
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Hartman
15. Birthplace Balto

16 (a) Informant Clara Virginia Sanabar
(b) Address 1430 Hollins St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof May 18 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Dickman & Son
(b) Address 1426 W. Lexington

19 (a) MAY 18 1940 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1940, at about 3 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic alcoholism	
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Wade Hurt M.D. (Medical Examiner.)
Date signed 5/20/40

VS 6

69424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

Registered No. F 69424

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fulkens + Eaton Aves
(c) Hospital or institution:
St Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 24
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 E 21st Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Nellie Schaeffer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife James C Schaeffer
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 65 | Months — | Days — | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Ziegler
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Elizabeth Donnelly
15. Birthplace Baltimore, Maryland

16 (a) Informant James Schaeffer
(b) Address 700 E 21st St

17 (a) (Burial, cremation, or removal) (b) Date thereof 5/20/40 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location

18 (a) Funeral director Mary M Redfield
(b) Address 201 E 22nd St

(Signature of Registrar) Huntington Williams M.D. Registrar

MAY 18 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16- 1940, at 4:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-28 1940, to 5-16 1940, and that I last saw her alive on 5-16 1940.

Immediate cause of death Carcinoma, stomach — Duration

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings: —
Of operations
Of autopsy Carcinoma, stomach.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward J. Levey M. D.
Address St Agnes Hosp Date signed 5-16-40

F 69425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 69425

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1016 Argyle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1016 Argyle Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MAMIE GREEN

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Unknown (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " " "

MOTHER
14. Maiden Name Mary Davis
15. Birthplace Frederick, Md.

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a. a. Co. Md

18 (a) Funeral director Jas. H. Skinner
(b) Address 927 E. Monument St

19 (a) Filed (b) Huntington Williams, M.D. Registrar

MAY 18 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1940, at 5:10 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death, Arteriosclerotic heart disease. — Duration

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Williams M.D.
Medical Examiner.
Date signed 5-15-40

69426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

✓ F 69426

Registered No. [illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 W. 22nd Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 52 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1 W. 22nd Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Leonora V. Shower

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23-1862

8. AGE: Years	Months	Days	If less than one day
78	—	22	hr. min.

9. Birthplace Manchester, Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Judge Adam Shower
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Ann Geiger
15. Birthplace Maryland

16 (a) Informant Dr. John A. Shower
(b) Address 104 N. Beaver St. York, Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18-1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Md.

18 (a) Funeral director Horace F. Burger
(b) Address 3631 Falls Road

19 (a) [illegible] (Date rec'd by Reg.) (b) Huntington Wilkins, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15- 1940, at 9:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1939 to May 15 1940, and that I last saw h er alive on May 15 To 40

Immediate cause of death Carcinoma L. Breast. — Duration 7 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 2020 N. Charles St. Date signed 5/17/40

F 69427 46085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 D

Registered No. F 69427

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days 10 mths.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Myrtle Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Kennard

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-9823

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Brown	Widowed

6 (b) Name of husband or wife Estelle (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1885

8. AGE: Years	Months	Days	If less than one day
54	6	8	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Truck Driver
11. Industry or business James Decker, Hanover St

FATHER
12. Name Alga Kennard (d)
13. Birthplace Md.

MOTHER
14. Maiden Name Rachel Baker (d)
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 5/18/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md.
18 (a) Funeral director Lottie Gross
(b) Address 1408 Ashland Ave.
19 (a) MAY 18 1940 (Date rec'd by registrar) (b) Hunting Town Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1940, at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 1939, to May 14 1940, and that I last saw him alive on May 14 1940.

Immediate cause of death Hypertensive cardiovascular disease — Duration unknown

Due to

Due to

Other Conditions Generalized arteriosclerosis — unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Enlarged heart, congestive failure

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Baltimore City Hospitals Date signed 5/[illegible]/40

VS 3

59428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 69428

Registered No. [illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4703 Parkheights Ave.
(c) Hospital or institution: ----
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4703 Parkheights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

27 feb 6

3 (a) FULL NAME Anna M. Semmelroth

3 (b) If veteran, name war: ---
3 (c) Social Security Account No. -----

4. Sex: Female
5. Color or race: Wht.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Emil H. Semmelroth
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Dec. 5, 1868

8. AGE: Years 71 | Months 5 6 | Days 12 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation House-wife
11. Industry or business

FATHER
12. Name Joseph Green
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Emil H. Semmelroth
(b) Address 4703 Parkheights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21, 1940 (month) (day) (year)
(c) Cemetery or crematory Cathederal
Location Baltimore Md.

18 (a) Funeral director Chas. S. Lisle
(b) Address 2700 Edmondson Ave. Huntington Williams Mgr

19 (a) [illegible] (Date rec'd by registrar) (b) [illegible] Registrar

VS 2-40

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1940 at 11.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1940 to May 17 1940 and that I last saw h[illegible] alive on May 17 1940

Immediate cause of death: Cerebral Hemorrhage — Duration: 5.17.40
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John D Bubert M. D.
Address 803 Park Heights Ave Date signed May 18 1940

F 69429

MALLINOTT

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a

Registered No. F 69429

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 574 Wilson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 574 Wilson St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

14

3 (a) FULL NAME Cora Mallinott

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	Col	Married

6 (b) Name of husband or wife Robert Mallinott
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5, 1885

8. AGE: Years	Months	Days	If less than one day
55	3	10	hr. min.

9. Birthplace Lunenburg, Va (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Ephraim Marshall
13. Birthplace Va

MOTHER
14. Maiden Name Roberta Hatchett
15. Birthplace Va

16 (a) Informant Mary Cole
(b) Address 574 Wilson St

17 (a) (Burial, cremation, or removal) (b) Date thereof May 16, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.

19 (a) MAY 18 1940 Huntington W Va

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1940, at 6:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 14 1940, to May 15 1940, and that I last saw her alive on May 14 1940.

Immediate cause of death	Duration
Peritonitis	1 day
Perforated Gastric Ulcer	
Due to	
Gastric Ulcer	2 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B H Carroll M. D.
Address 911 Warren Ave Date signed 5-17-40

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F. 69430
Registered No.

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 920 Rutland Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Squire Green

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-4-39

8. AGE: Years | Months: 8 mo | Days: 12 | If less than one day: hr. min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER
12. Name Squire Green
13. Birthplace Va —

MOTHER
14. Maiden Name Mildred Levison
15. Birthplace N. Y —

16 (a) Informant Records —
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-40 (month) (day) (year)
(c) Cemetery or crematory mt Calvary
Location B. & O. Co md

18 (a) Funeral director Mrs P. J. Elliott-Hz
(b) Address 1129 N. Carolina St

19 (a) 19 (Date received by registrar) (b) Huntington Williams M.D.
1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1940 at 2 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1940. to May 16 1940. and that I last saw him alive on May 16 1940.

Immediate cause of death: Bronchopneumonia — Duration: 2 days
Due to ?
Due to
Other Conditions Pertussis — 3 wks.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry P. Doetsch
Address Johns Hopkins Hosp Date signed 5-19-40

VS 8

69431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

128

F 69431

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 das
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 Latrobe Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Maurice Carter

3 (b) If veteran, name war: World War

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Bessie Dougherty
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) July 29, 1896

8. AGE: Years	Months	Days	If less than one day
43	9	16	hr. min.

9. Birthplace Accomack Co., Virginia
(Town, county, and state)
10. Usual Occupation Garage
11. Industry or business

FATHER
12. Name William Carter
13. Birthplace Accomack Co., Va.

MOTHER
14. Maiden Name Anne Carter
15. Birthplace Accomack Co., Va.

16 (a) Informant U.S. Marine Hospital Records
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-40 (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location Frederick Rd Balto. Md

18 (a) Funeral director Mrs R. E. Elliott-Ltr
(b) Address 429 N. Carrollton Ave

19 (a) MAY 20 1940 (Date received by Registrar) (b) Hamilton Mitchell, M.D.

VS 3

MEDICAL CERTIFICATION

28. DATE OF DEATH May 15, 1940 at 7:15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 8, 1940 to May 15 1940, and that I last saw him alive on May 15, 1940.

Immediate cause of death	Duration
Abscesses, multiple, of brain and liver	3 weeks
Due to Pancreatitis, acute, suppurative	4 weeks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. B. H. Anderson
T.B.H. Anderson, Medical Officer in Charge
Address U.S. Marine Hospital Date signed 5-16-40
Baltimore, Maryland

379462 F 69432 BALTIMORE CITY HEALTH DEPARTMENT F 69432

CERTIFICATE OF DEATH

91-e Registered No.

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1833 E Eager St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucy Boyd
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-20-19

8. AGE: Years 20 | Months 6 | Days 27 | If less than one day hr. min.

9. Birthplace Virginia (town, county, and state)
10. Usual Occupation Maid
11. Industry or business

FATHER
12. Name Elias Boyd
13. Birthplace Va -

MOTHER
14. Maiden Name Georgia White
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21-1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A A Co Md

18 (a) Funeral director Robert E. Williams
(b) Address 1515 McElderry St

19 MAY 18 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1940, to May 17 1940, and that I last saw her alive on May 17 1940.

Immediate cause of death	Duration
Cardiac failure	3 days.
Due to Bacterial endocarditis	2 wks.
Due to Staphylococcus albus.	
Other Conditions Patent interventricular septum. (Include pregnancy within 3 months of death)	Life.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles E. Ireland M. D.
Address Johns Hopkins H. Date signed 5-17

VS 8

ARCA. 5-11 2M8

F 69433 HEALTH DEPARTMENT—CITY OF BALTIMORE F 69433

CERTIFICATE OF DEATH

83a

1. PLACE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1038 N Wolfe St. 9-4 Ward)

Length of residence in city or town where death occurred ...yrs.....mos.....ds. How long in U.S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Ella Bell Stanley

(a) Residence: No. 1038 N Wolfe St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Stanley

6. DATE OF BIRTH (month, day, year) Aug 5 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	59	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

FATHER

13. NAME Jos.

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary —

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Louise Young
(Address) 1038 N Wolfe

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date May 18 1940

19. UNDERTAKER Robert F Wilkinson
(Address) 1618 Pennsylvania Ave Washington Nathaniel, M.D.

MAY 18 1940, 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15 1940

22. I HEREBY CERTIFY, That I attended deceased from Apr 18, 1940, to May 15, 1940
I last saw h[illegible] alive on May 15, 1940 death is said to have occurred on the date stated above, at 3.35 a m

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage

Date of onset

Other contributory causes of importance.

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If [illegible] capacity

(Signed) B B Stanley MD M. D.
(Address) 1305 N Eutaw Pk Ave

F 69434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 151

F 69434 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6305 Yorkshire Drive
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs 6 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6305 Yorkshire Drive.
(If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

3 (a) FULL NAME a Upton Griffith

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Fannie M. Price

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Sept 30 1862

8. AGE: Years 77 | Months 7 | Days 16 | If less than one day: hr. min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business —

FATHER
12. Name Adam Griffith
13. Birthplace Balto Co. Md.

MOTHER
14. Maiden Name Ellen Bent
15. Birthplace Balto Co. Md.

16 (a) Informant Mrs. A. U. Griffith
(b) Address 6305 Yorkshire Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19 1940 (month) (day) (year)

(c) Cemetery or crematory Oladel Rode
Location Butler, Balto Co., Md

18 (a) Funeral director Landis M. Brooks

(b) Address [illegible]

MAY 18 1940 (Date rec'd by registrar) (c) Huntington Matthews, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16th 1940 at 7:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from December 27 1939, to May 16th 1940, and that I last saw him alive on May 16th 1940.

Immediate cause of death: Carbuncle of Nose — Duration: 1 week

Due to: —

Due to: —

Other Conditions: Chronic syphilis — 8 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature A. S. Clapsaddle M. D.

Address 6210 York Rd Date signed May 17 1940

VS 3

F 69435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B Registered No. F 69435

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2913 Walbrook Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Deloney Mason (55553)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife SALLIE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1868

8. AGE: Years	Months	Days	If less than one day
72	2		hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Retired FARMER

11. Industry or business

FATHER
12. Name William (D)
13. Birthplace Md.

MOTHER
14. Maiden Name Susan Holland (D)
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 1940 (month) (day) (year)
(c) Cemetery or crematory Pitts Creek Baptist Church
Location Pocomoke Md.

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.

19 (a) (Undertaker or Agent) (b) [illegible]

MAY 18 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1940, at 9:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 11, 1940, to May 17, 1940, and that I last saw him alive on May 17, 1940.

Immediate cause of death: Tuberculosis of the lungs — Duration Jan 1940

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.

Address Balto. City Hospitals Date signed 5-17-40

F 60456

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42

F 60456 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Caton Avenue
(c) Hospital or institution: Jenkins Memorial Hospt.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) " "

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County Washington, Md.
(c) City or town Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3718 Warren St. N.W. Wash. D.C.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Dorothy Marlowe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 3 | 1910

8. AGE: Years	Months	Days	If less than one day
30 years	2 Mos		hr. ..... min.

9. Birthplace Washington D.C.
(town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Eugene Marlowe
13. Birthplace Md

MOTHER
14. Maiden Name Annie Marlowe
15. Birthplace Md

16 (a) Informant Jenkins Memorial Hosp
(b) Address 1000 Caton Avenue
17 (a) Removal (b) Date thereof 5-18-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Wash. D.C.
18 (a) Funeral director James F. Ryan Jr.
(b) Address 317 Pa. Ave. S.E. Washington, D.C.
19 (a) 5-18-1940 (b) Registrar
(Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1940 at 9 40 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from July 1, 1939 to May 18 1940, and that I last saw her alive on May 18, 1940.

Immediate cause of death: Hypostatic pneumonia — Duration: 2 days
Due to: Extreme muscular weakness; following infl. resp. infect.
Due to: Muscular atrophy
Other Conditions: Infantile Paralysis
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Sewall M.D.
Address Jenkins Memorial Hosp Date signed 5-18-40

VS 8

F 69437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-6

F 69437 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton
(c) Hospital or institution: St. Agnes' Hospital Aug
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1918 Maisel St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

75 53

3 (a) FULL NAME Mrs. Marie Grover

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Frank Grover

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28/65

8. AGE: Years	Months	Days	If less than one day
74	9	18	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Roberta Peterson
(b) Address 1926 Maisel St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20, 40 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cemetery
Location Washington Blvd. & Davey Ave.

18 (a) Funeral director Overton, Inc.
(b) Address 1617 W. Lanvale St.

19 (a) MAY 19 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16 1940, at 4:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-13 1940, to 5-16 1940, and that I last saw her alive on 5-16 1940.

Immediate cause of death Carcinoma, head of pancreas (or stomach)

Due to

Due to

Other Conditions Marked secondary anemia

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Not granted.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Sewall M. D.

Address St. Agnes Hospital Date signed 5-16-40

VS 3

F 69438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 69438 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 231 N. Paca St.
(c) Hospital or institution:
U. of M. University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2102 Presbury St (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

15 3

3 (a) FULL NAME James Cohen

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Eva
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation
11. Industry or business Salesman

FATHER
12. Name Israel Cohen
13. Birthplace Russia

MOTHER
14. Maiden Name Minnie Anica
15. Birthplace Russia

16 (a) Informant Eva Cohen
(b) Address 2102 Presbury St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Blvd.
Location Washington Blvd.

18 (a) Funeral director Sol Levinson & Bro.
(b) Address 1124 W. Baltimore
Huntington Wolfe Jones M.D.

19 (a) MAY 19 1940 (Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1940, at 2:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said C (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic Nephritis	
Hypertension	
Due to Hypertrophy of heart with myocardial failure	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Wandel Kopf M.D. Medical Examiner.
Date signed 5/17/40

VS 6

69439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. E 69439

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Johns Hopkins Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 27 Year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto-City.
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 11 N. Exeter St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 27 years

3 (a) FULL NAME Abraham Hyman

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 215-05-4915

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife ✓

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 10, 1892

8. AGE: Years 48 | Months 4 | Days 7 | If less than one day hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation General Manager
11. Industry or business Hat Store

FATHER
12. Name Meyer Jacob Hyman
13. Birthplace Poland

MOTHER
14. Maiden Name Leah Shkop
15. Birthplace Poland

16 (a) Informant Mrs Ruth Nasdor
(b) Address 11 N Exeter St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof May 19/40 (month) (day) (year)
(c) Cemetery or crematory Hebr Southern Ave
Location Southern ave

18 (a) Funeral director Sol Levenson & Bro
(b) Address 1124-26 W North ave

19 (a) MAY 19 1940 (b) Huntington Md
(Date received by Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/17/40 19 , at 8 35 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Coronary thrombosis — Duration ½ hour
Due to
Due to
Other Conditions Diabetes Mellitus — 2 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations None done
Of autopsy None —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: -
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William L. Helfrich M.D.
Medical Examiner
Date signed 5/18/40 (Medical Examiner)

VS 6

F 69440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 69440

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2739 Kildaire Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs 27 d

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2739 Kildaire Drive (If rural give location)
(e) If foreign born, how long in U. S. A.) ..... years

3 (a) FULL NAME William Frank Miller.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mary F. Miller
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 6 - 1867

8. AGE: Years	Months	Days	If less than one day
72	8	11	..... hr. ..... min.

9. Birthplace Pa (Town, county and state)
10. Usual Occupation House Painter
11. Industry or business

FATHER
12. Name Nicholas Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Dont Know
15. Birthplace Germany

16 (a) Informant Mrs Henry F. Kelly
(b) Address 2739 Kildaire Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20-40 (month) (day) (year)
(c) Cemetery or crematory St Matthews
Location Baltimore

18 (a) Funeral director John Welch
(b) Address 200 E Oliver

19 (a) (b) Huntington Ave Balto, Md

MAY 19 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1940 at 8 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940 to 5/17 1940, and that I last saw him alive on 5/17 1940

Immediate cause of death	Duration
Chronic Myocarditis (Complications)	
Due to	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Myers Foley M. D.
Address 5 E Lexington St Date signed 5/19/40

F 69444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 69441 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hebrew Aged Home
(c) Hospital or institution: Hebrew Home for the Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Year
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Belvedere & Hampton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 20 years

3 (a) FULL NAME Rebecca Yaker

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Solomon
6 (c) If alive, give age 82 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 82 | Months | Days | If less than one day: hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Sigmund Frankel
(b) Address Belvedere & Hampton

17 Burial (Burial, cremation, or removal) (b) Date thereof 6/19/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location U. H. B. Burial Equity

18 (a) Funeral director Jos. L. Levin & Bro.
(b) Address 1459 E. Baltimore St.

19 (a) 6-9-1940 (b) [illegible] for Williamson Mort

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1940, at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1939, to May 18 1940, and that I last saw her alive on May 15 1940

	Duration
Immediate cause of death: Bronchopneumonia	5-11-40
Fracture Right Femur	5-4-40
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5-4-40
(c) Where did injury occur? Baltimore (City or town) (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell out of chair.

23. Signature H. Edmund Levin M. D.
Address Lutherville Date signed 5/18/40

69442

Malle

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 182

F 69442

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1812 W. Pratt St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1812 W. Pratt St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine L. Malle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 28-1939

8. AGE: Years	Months	Days	If less than one day
	6	20	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Frank A. Malle
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Catherine L. Simmonds
15. Birthplace Baltimore, Md

16 (a) Informant Frank A. Malle
(b) Address 1812 W. Pratt St

17 (a) Burial (b) Date thereof May 20-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Pk Cem
Location Baltimore Md

18 (a) Funeral director Pott & B. M. Walter
(b) Address Fred'k Stucker St

19 1940 Huntington Williams M.D.
(Date registered) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 - 1940, at 8:40 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Inspection & Inquiry find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Suffocation	
Due to [redacted]	
Due to	
Other Conditions Cyanotic & Blood bright foam, nose & mouth	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 5-18-40
(c) Where did injury occur? above address
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Found between Father & Mother in bed

23. Signature Howard J. Walden M.D.
Medical Examiner.
Date signed 5-19-40

F 69443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V186-a Registered No. F 69443

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Lombard Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto-City
(c) City or town (If outside city or town limits, write RURAL and give district)
(d) Street No. 1812 875 W Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? 5 mos years

3 (a) FULL NAME William R Scholz, Jr

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 18, 1939

8. AGE: Years	Months	Days	If less than one day
	5	0	hr. min.

9. Birthplace Balto - Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name William R Scholz
13. Birthplace Balto - Md

MOTHER
14. Maiden Name Mary Lind
15. Birthplace Balto - Md

16 (a) Informant William R Scholz
(b) Address Balto - Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel Cemetery
Location O'Donnell St & Pk

18 (a) Funeral director John J. Cocoran & Son
(b) Address 901 Eastern Ave

19 (Date received by registrar) 1940 (Signature of registrar) Hunter for Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1940 at 5:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Intracranial Hemorrhage	5 hrs
Due to Fall on head	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes (fill in the following):
(a) Accident, suicide, or homicide? Accident
(b) Date of occurrence 5/17/40
(c) Where did injury occur? Balto - City Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Fell on head from bed

23. Signature William G Hilpert M.D. Medical Examiner.
Date signed 4/19/40 (Medical investigator)

F 69444

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69444

CERTIFICATE OF DEATH

√ 95-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 S. Exeter St. 3-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Joseph Castrilli

If U. S. Veteran specify WAR _____

(a) Residence: No. 303 S. Exeter St St., _____ Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Angela Castrilli

6. DATE OF BIRTH (month, day, year) July 16 1864

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
76.	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scissors

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grinder

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Italy.

FATHER

13. NAME Joseph Castrilli

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Angela Castrilli

(Address) 303 S. Exeter St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 20 1940

19. UNDERTAKER Wendell J. DiSpirito

(Address) 1405 Gough St.

20. FILED _____ 19___ _____ Registrar.

MAY 19 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-11- 1940

22. I HEREBY CERTIFY, That I attended deceased from 3-7- 1940 to 5-16- 1940.

I last saw h. alive on 5-15 1940 Death is said to have occurred on the date stated above, at 1025 m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Organic valvular disease of heart -	years
Other contributory causes & importance Thrombosis - Brain -	3 mos -

Was an operation performed? Yes Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) S. Durand M. D.

(Address) Medical Arts Bldg

F 69445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 69445 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1012 Stiles St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 31

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1012 Stiles St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carmine Gallenotte (Zanellotti)

3 (b) If veteran, name war no

3 (c) Social Security Account No. 213-01-0329

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male.	White	single

6 (b) Name of husband or wife Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3 1888.

8. AGE: Years	Months	Days	If less than one day
52.	-	14	hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Terrazzo Helper

11. Industry or business

FATHER
12. Name Charles Zanellotte
13. Birthplace Italy

MOTHER
14. Maiden Name Margueth Poggiole
15. Birthplace Italy

16 (a) Informant Mary Terry
(b) Address 1012 Stiles St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-21-40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Wendell J. Hagel
(b) Address 1405 E. Lough St.

19 (a) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1940, at 9 15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1940, to May 17 1940, and that I last saw him alive on May 17 1940.

Immediate cause of death
(a) Lobar Pneumonia-Type III
Due to with Bacteremia

Duration 6 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Melvin F. Black M. D.
Address Mercy Hospital Date signed 5-17-40

VS 8

F 69446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-[illegible] Registered No. F 69446

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 Cole St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martin Fleck

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-7111

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3 1903

8. AGE: Years	Months	Days	If less than one day
36	11	14	hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Sewer & (Clerk)

FATHER
12. Name Daniel
13. Birthplace Pa.

MOTHER
14. Maiden Name Millie Torran
15. Birthplace Pa.

16 (a) Informant Joseph Fleck
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-40 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Balto Md.

18 (a) Funeral director Geo. A. Fuhrman
(b) Address Fulton & Forrest Sts

19 (a) (Undertaker or other) (b) Address

MAY 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/17 1940, at 12:15 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/16 1940, to 5/17 1940, and that I last saw him alive on 5/17 1940.

Immediate cause of death	Duration
Portal cirrhosis	
Due to Chr. alcoholism	
Due to	
Other Conditions Ascites	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Hobnail, enlarged liver found in abdomen

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles J. Lenz M. D.
Address St. Agnes Hosp Date signed 5-17-40

69447

HEALTH DEPARTMENT—CITY OF BALTIMORE

69447

CERTIFICATE OF DEATH

94-W

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3226 Barclay St. 12-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jamey N. Payne

If U. S. Veteran specify WAR

(a) Residence: No. 3226 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Maggie Payne

6. DATE OF BIRTH (month, day, year) Apr. 12-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Buckland Co
(State or country) Virginia

FATHER

13. NAME Abraham Payne

14. BIRTHPLACE (city or town) ? ?
(State or country) Virginia

MOTHER

15. MAIDEN NAME Jennie ?

16. BIRTHPLACE (city or town) ? ?
(State or country) Virginia

17. INFORMANT Cathryn J. Payne
(Address) 704 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 5-20 1940

19. UNDERTAKER Mrs. Geo. H. Hoelzel
(Address) 1631 Druid Hill Ave

No. 19 1940 Hunter Glen Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1940 to May 16, 1940

I last saw him alive on May 16, 1940. Death is said to have occurred on the date stated above, at 10:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Coronary thrombosis	4 hrs.

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? EKG Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) B. Garland Driscoll M. D.
(Address) 1534 Druid Hill Ave

F 69448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-P

F 69448 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1814 Madison Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1814 Madison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sylvia Wathurd

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	Widowed

6 (b) Name of husband or wife Budd Wathurd
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24 - 1874

8. AGE: Years	Months	Days	If less than one day
65	9	25	hr. min.

9. Birthplace Nottaway Co Va. (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Burches Roberts
(b) Address 1814 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-19-40 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Balto. Co. Md.

18 (a) Funeral director Mac Gue & McCleaf
(b) Address 631 Druid Hill Ave

19 (a) AY 19 1940 (Date rec'd by registrar) By Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1940, at 2.30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1940, to May 16 1940, and that I last saw h.im alive on May 15 1940.

Immediate cause of death Carcinoma Bladder — Duration Feb 1940 years

Due to — Duration

Due to — Duration

Other Conditions Repeated Hemorrhages from Bladder - Marked Anemia Anuria. — Duration Feb 1940
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. P. Harris M.D.
Address 1429 E Monument St Date signed 5/18/40

VS 3

69449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 ✓ Registered No. E 69449

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2714 Kinsey Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2714 Kinsey Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert F. Burnett, Sr.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Frances Pattigan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1873

8. AGE: Years	Months	Days	If less than one day
66 87	9	14	hr. min.

9. Birthplace West Virginia (State, country and state)
10. Usual Occupation Retired
11. Industry or business B. & O. Railroad

FATHER
12. Name William B. Burnett
13. Birthplace West Virginia

MOTHER
14. Maiden Name Ora Whittington
15. Birthplace West Virginia

16 (a) Informant Mrs. Robert F. Burnett
(b) Address 2714 Kinsey Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/40 (month) (day) (year)
(c) Cemetery or crematory Loraine
Location Baltimore, Md

18 (a) Funeral director John J. Fahey & Son
(b) Address [illegible]

19 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1940 at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1936 to May 16 1940, and that I last saw h[illegible] alive on May 16 1940

Immediate cause of death: Cardiac Asthenia — Duration 10 days
Due to: Rectal Carcinoma — 10 mos
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. F. Kaufman, M.D.
Address [illegible] Date signed 5/16/40

VS 8

69450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a

F 69450

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 846 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 500 Scott St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

27 ✓

3 (a) FULL NAME: Elizabeth Ford (30201)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife: Andrew

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 3, 1896

8. AGE	Years	Months	Days	If less than one day
	43	5	14	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Thomas Agnor
13. Birthplace Va.

MOTHER
14. Maiden Name Nancy Ruley
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/40 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Salem
Location Sumner Rd. Balto. Co. Md.

18 (a) Funeral director John J. Fahnestock Sons
(b) Address 1310 Light St.

19 (a) Filed by Registrar Wellington Williams M.D.
(Date rec'd by registrar) MAY 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1940, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from January 22 19 38 to May 17, 1940, and that I last saw her alive on May 17, 1940.

Immediate cause of death: Tuberculosis of the lung — Duration 1933

Due to

Due to

Other Conditions: Carcinoma of the cervix 1939
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Palleson M. D.

Address Balto. City Hospitals Date signed 5-17-40

69451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

F 69451

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West. Balto. General St.) (L Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 2 da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Frances Louise Kauffman

If U. S. Veteran specify WAR _____

(a) Residence: No. R.D. #5 Westminster Md. St., _____ Ward. Carroll Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar Kauffman.

6. DATE OF BIRTH (month, day, year) Dec. 30, 1918

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
21	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Albert L. Bond.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Hilda M. Ecker

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mr Edgar Kauffman

(Address) Westminster Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. James Cemy. Date May 22, 1940

19. UNDERTAKER C.M. Wilt

(Address) Winfield Md

MAY 19 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-19, 1940

22. I HEREBY CERTIFY, That I attended deceased from 5-17-40, 19___ to 5-19-40, 19___

I last saw her alive on 5-19-, 1940. Death is said to have occurred on the date stated above, at 1:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendix -	

Other contributory causes of importance:

generalized peritonitis

Was an operation performed? Yes Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Isadore Ecker, M. D.

(Address) West. Balto. Gen. Hosp.

69452
378307

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D F 69452 Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ga. (b) County
(c) City or town Atlanta (If outside city or town limits, write RURAL and give town)
(d) Street No. 1036 Kentucky Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank L White
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Adeline
6 (c) If alive, give age 50 years
7. Birth date of deceased (mo., day, yr.) 10-4-84
8. AGE: Years 55 Months 7 Days 14 If less than one day hr. min.
9. Birthplace Ga (Town, county, and state)
10. Usual Occupation
11. Industry or business
FATHER 12. Name William B. White
13. Birthplace N.Y.
MOTHER 14. Maiden Name Mary Mc Cann
15. Birthplace Ga
16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-40 (month) (day) (year)
(c) Cemetery or crematory
Location Augusta Ga.
18 (a) Funeral director Geo. McComb Co
(b) Address 611 N. Wolfe St
19 (a) (Date rec'd by registrar) (b) Registrar

MAY 20 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1940 at 905 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apl-11 1940 to May 18 1940 and that I last saw him alive on May 18 1940.

Immediate cause of death: Arteriosclerotic heart disease and cardiac failure — Duration: 4 mos.
Due to
Due to
Other Conditions: Uremia — Duration: 5 days.
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ward W. Rigg M. D.
Address Johns Hopkins Hosp. Date signed 5/19/40

F 69453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 59

F 69453 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Mercy Hospital

(c) Hospital or institution: Balto Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.

(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Garrison

(If outside city or town limits, write RURAL and give town)

(d) Street No. —

(If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Baby Girl Sawyer

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Baby.

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 5-7-40

8. AGE: Years	Months	Days	If less than one day
			1 hr. min.

9. Birthplace Balto Md.

(Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER - FATHER

12. Name Richard Irvin Sawyer

13. Birthplace St Marys Co Md.

14. Maiden Name Mary Loretta McCowan

15. Birthplace Garrison Md.

16 (a) Informant Mother

(b) Address Garrison Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Retreat

Location Baltimore Md

18 (a) Funeral director For H. A. Moore

(b) Address Garrison Md.

19 (a) (Local registrar) (b) Date received MAY 24 1940 Registrar

UNIVERSITY MEDICAL SCHOOL

Commissioner of Health

MAY 20 1940

VS 3

5646

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-7 1940 at 2 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-7 1940 to 5-7-1940 and that I last saw h r alive on 5-7 1940

Immediate cause of death	Duration
Premature Labor	
Due to Stud born twin	
Due to Hydramnios	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C. J. Mendelis M. D.

Address Mercy Hosp Date signed 5-7-40

F 69454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-c

F 69454 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) 2130 Madison Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME IDA SCHOTTEA.

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Ellsworth M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28. 1865

8. AGE: Years	Months	Days	If less than one day: hr.	min.
74	11	21		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name (Unknown) (Bryan)
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Margaret Tillhorn
(b) Address Glendale Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21. 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Md
Location Woodlawn Md

18 (a) Funeral director Tillhorn & Cook
(b) Address 1217 E. Fayette St

19 (a) May 20 1940 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1940, at 6 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobular bilateral	
Due to Fracture, left femur	
Due to	
Other Conditions Arteriosclerosis general (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy no above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence June 10, 1939 11-3
(c) Where did injury occur? Madison Ave near Eutaw (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? no (Specify type of place)
(e) Means of injury struck by auto while crossing street

23. Signature H. H. Wallenwaber M.D. Medical Examiner.
Date signed 5-19-40

VS 6

F 69455

F 69455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1186-40

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo. 15 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3514 Clifton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Alma Foster

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 215-01-0661

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 6 - 1881

8. AGE: Years 58 | Months 6 | Days 11 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county and state)

10. Usual Occupation Clerk

11. Industry or business Home Friendly Ins. Co

FATHER
12. Name Mr. Wenslow Foster
13. Birthplace Virginia

MOTHER
14. Maiden Name Miss Phillie Mahler
15. Birthplace Maryland

16 (a) Informant Miss Virginia Foster
(b) Address 3514 Clifton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 217 St. Paul St

(Date received) (Registrar) Hunter for Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17 1940, at 10:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-2 1940 to 5-17 1940 and that I last saw her alive on 5-17 1940.

Immediate cause of death: Lobar Pneumonia — Duration

Due to

Due to

Other Conditions Hx. - Chronic Myocard. Fractur Lft Femur & Lft Radius
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-2-40
(c) Where did injury occur? Balto (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? ~~Employed~~ ~~at work~~ on front 3 low house
(e) Means of injury Fall on ice

23. Signature J. C. Cox

Address Maryland Gen. Hosp. Date signed 5-17-40

Hunter & Williams M.D.
Chief Division of Statistics

F 69456

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-A

F 69456 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. Graymouth Farm (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Mary Spencer

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Robert Spencer
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): 1908

8. AGE: Years: 32 | Months: | Days: | If less than one day: hr. ... min.

9. Birthplace: Va (Town, county, and state)

10. Usual Occupation: At Home

11. Industry or business:

MOTHER / FATHER
12. Name: Howard Scroggins
13. Birthplace: Va
14. Maiden Name: Middie Robinson
15. Birthplace: Va

16 (a) Informant: Robert Spencer
(b) Address: Dundalk Md

17 (a) ... (Burial, cremation, or removal) (b) Date thereof: May 21-1940 (month) (day) (year)
(c) Cemetery or crematory: Mt Calvary
Location: Balto. Co. Md

18 (a) Funeral director: James A Hayes
(b) Address: 142 W Fayette St

19 (a) ... (b) ... Baltimore Md

MAY 20 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17-1940, at 9.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-17-1940 to 5-17-1940 and that I last saw her alive on 5-17-1940.

Immediate cause of death: Cerebral Hemorrhage
Due to: Left side Hemiplegia
Due to: ...
Other Conditions: ...
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

Duration: 2 days.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ...
(c) Where did injury occur? ... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... (Specify type of place) While at work? ...
(e) Means of injury ...

23. Signature: C. F. Maloney M. D.
Address: Provident Date signed: 5/16/40

F 69457

604

55691

F 69457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23d
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1006 S. Sharp St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph A. Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-3979

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Dorothy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 26, 1898

8. AGE: Years	Months	Days	If less than one day
42	2	21	hr. min.

9. Birthplace Balto.
(Town, county, and state)
10. Usual Occupation Labor on Wharf
11. Industry or business Light Street

FATHER
12. Name Frank Jones
13. Birthplace Unknown

MOTHER
14. Maiden Name Harriet ?
15. Birthplace Unknown

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 5 20 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calary Cemtery
Location Balto.

18 (a) Funeral director Walter B. Spriggs
(b) Address 139 W. Hamburg St.

MAY 20 1940 (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17 1940, at 11 05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-16 1940, to 5-17 1940, and that I last saw him alive on 5-17 1940.

Immediate cause of death: Intestinal obstruction of undetermined etiology — Duration: one week

Due to:

Due to:

Other Conditions: Respiratory failure, Pulmonary edema, Fatty cirrhosis of liver, Terminal anuria
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.
Address Balto City Hosp. Date signed 5-17-40
Howard D. Steenken M. D.
Chief Medical Examiner

69458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69458 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1205 Argyle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or ~~town~~ Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1205 Argyle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

17

3 (a) FULL NAME William F Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-9602

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Widowed

6 (b) Name of husband or wife Harriet Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
70	!	?	hr. min.

9. Birthplace Talbot Co Md (Town, county, and state)
10. Usual Occupation Stableman
11. Industry or business

MOTHER FATHER
12. Name William Thomas
13. Birthplace Eastern Shore Md
14. Maiden Name Rebecca Flamer
15. Birthplace Eastern Shore Md

16 (a) Informant William C. Thomas
(b) Address 10 O E Edmonson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-40 (month) (day) (year)
(c) Cemetery or crematory Arlington Mem Park
Location Balto. Co. Md

18 (a) Funeral director Mrs Frances A. Hensley
Address 578 N. Bradle St

19 (a) 20 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17 19 40 at 9:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-26 1940 to 5-17 1940 and that I last saw him alive on 5-16-1940

Immediate cause of death Cardio-Vascular Disease — Duration 6 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Arwell Jones M. D.

Address 554 D O Garage Date signed 5-17-40

F 69459

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-a

F 69459 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland W
(b) Street address 1036 Castle St
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1036 Castle St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 65 years

3 (a) FULL NAME Barbara Zika

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Vaclav Zika

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 31, 1859

8. AGE: Years 81 | Months 1 | Days 18 | If less than one day hr. min.

9. Birthplace Europe (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business at Home

FATHER
12. Name Frank Furst
13. Birthplace Europe

MOTHER
14. Maiden Name Not Known
15. Birthplace Europe

16 (a) Informant Miss Ehmma Zika
(b) Address 1036 Castle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Hill Cemetery
Location Honora Lane & Philadelphia Rd.

18 (a) Funeral director Edwin A Conklin
(b) Address 924 E. Eager St.

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 20 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18, 1940, at 3 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 14 1940, to May 18 1940, and that I last saw her alive on May 17 1940.

Immediate cause of death: Acute Uraemia — Duration: 3 days

Due to: Cardio Vascular Renal Disease — Duration: ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Pokorny, M. D.
Address 2209 E Madison St Date signed 5/18/40

F 69460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5-31-a F 69460 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1423 E. Federal St.
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town 1423 E. Federal St
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1423
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marchinda (Maggie) Sciabarrasi

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Louis Sciabarrasi

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17, 1860

8. AGE: Years: 80 | Months: 2 | Days: 2 | If less than one day: hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER
12. Name Frank Riggo
13. Birthplace Italy

MOTHER
14. Maiden Name Peabid Valantia
15. Birthplace Italy

16 (a) Informant Louis Sciabarrasi
(b) Address 1423 E. Federal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4430 Belair Road

18 (a) Funeral director Elmer W. Conklin & Son
(b) Address 924 E. Eager St.

19 (a) Filed MAY 20 1940 (b) Registrar Dr. Williams, M.P.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19th, 1940, at 9a M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1940 to May 19 1940, and that I last saw h on alive on May 17 1940.

Immediate cause of death: Chronic Glomerulonephritis
Generalized Arteriosclerosis — Duration: 7

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. A. Smith M. D.
Address 1213 E. North Ave Date signed 5/20/40

69461

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69461

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 236 N. Arlington Ave (Ward) 18-2

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Yrs. Mos. Ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza Johnson

If U. S. Veteran specify WAR

(a) Residence: No. 236 N. Arlington Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, Widowed, or divorced: HUSBAND of (or) WIFE of: Albert Johnson

6. DATE OF BIRTH (month, day, year): Aug 15th 1860

7. AGE: Years 79 | Months 9 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House work

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME:

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Marshall

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Pauline Leake

(Address) 236 N. Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Date: May 20, 1940

19. UNDERTAKER: Mrs Katy R. Williams

(Address) 322 N. Schroeder St.

20. FILED: May 20 1940 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/15, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 23 40 to May 15th 40

I last saw h[illegible] alive on May 15 40. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

Uremia Plegia

Date of onset

Arteriosclerotic Nephritis 5 days

Other contributory causes of importance:

Hypertension

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis: Clinical & Statistical

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. T. Hume M. D.

(Address) 1622 N. Arlington Ave

May 22 1940

F 69462

BALTIMORE CITY HEALTH DEPARTMENT 45C F 69462
CERTIFICATE OF DEATH Registered No. 55192 SD

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore City Hospitals
(c) Hospital or institution: 4940 Eastern Avenue 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 524 Arlington Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Janet Bowen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 6, 1866

8. AGE: Years 73 | Months 7 | Days 11 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Thomas Johnston
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Jerman
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Prospect Hill, Towson Md.
Location

18 (a) Funeral director J. J. Moran
(b) Address 3000 E. Baltimore St.

19 (a) (Signature of local registrar) (b) Huntington Williams, M.D.

MAY 20 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17 1940, at 4:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-30 1940, to 5-17 1940, and that I last saw her alive on 5-17 1940.

Immediate cause of death: Carcinoma Palate - Hard — Duration: ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward J. [illegible] M. D.
Address Balto City Hosp. Date signed 5-17-40

F 69463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

A3D

F 69463 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 S. Robinson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 S. Robinson St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah E. Myers

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 24 1857

8. AGE: Years 82 | Months 9 | Days 24 | If less than one day 3 hr. min.

9. Birthplace Cambridge (Town, county, and state) Md.

10. Usual Occupation

11. Industry or business

FATHER 12. Name Sutton Parson
13. Birthplace Md

MOTHER 14. Maiden Name dont know
15. Birthplace Md.

16 (a) Informant Mrs. Sommers
(b) Address 22 S. Robinson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastpoint.

18 (a) Funeral director J. Morgan
(b) Address 3000 E. Balto St.

19 (a) May 20 1940 (b) Signature of registrar Hilton Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/17/1940. at 11 P.M.

21. I certify that death occurred on the date above stated: that I attended deceased from May 3 1940. to May 17 1940. and that I last saw h alive on May 17 1940.

Immediate cause of death: Hypostatic Pneumonia — Duration 1 day

Due to: Deep Bronchitis — Duration 2 weeks

Due to: Myocardial degeneration and Arterial Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. V. Clift

Address 5010 Greenleigh Rd Date signed 5-18-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1937

Registered No. 33464

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6300 York Rd. St. 27-12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JAMES MILTON SEITZ

If U. S. Veteran specify WAR

(a) Residence: No. 6300 York Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Theodosia Hess

6. DATE OF BIRTH (month, day, year) Jan. 8. 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Mfg.-Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Ice Co.

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 30yrs

12. BIRTHPLACE (city or town) (State or country) Hametown Pennsylvania

FATHER

13. NAME Samuel Seitz

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Christine Klinefelter

16. BIRTHPLACE (city or town) (State or country) Shrewsbury Penna.

17. INFORMANT Miss Lillian N. Seitz (Daughter)

(Address) 6300 York Road

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Cemetery Date May. 20. 1940

19. UNDERTAKER HENRY SANDER & SONS, INC. Henry T. Sander

(Address) North Ave. & Broadway.

May 20 1940 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18. 1940.

22. I HEREBY CERTIFY, That I attended deceased from May 12th 1940 to May 18th 1940

I last saw him alive on May 18th 1940 Death is said to have occurred on the date stated above, at 1.00 A. M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset May 17th

Other contributory causes of importance: Arteriosclerotic Heart Disease 5 yrs.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Physical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. S. Charfoos M. D.

(Address) 6 x 10 York Road

F 69465

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a

Registered No. F 69465

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Rd.
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1661 Darley avenue
(If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George A Floyd

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mary A
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 15 - 1868

8. AGE: Years	Months	Days	If less than one day
71	7	3	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business

FATHER
12. Name John Floyd
13. Birthplace Ireland

MOTHER
14. Maiden Name
15. Birthplace Maryland

16 (a) Informant Mary A. Floyd
(b) Address 1661 Darley Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Leonard Town
18 (a) Funeral director Leonard Sons
(b) Address 5305 Harford Rd.
19 (a) (Signature of registrar) Hampton Williams, M.D.

MAY 20 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1940, at 2:20 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1934, to May 18 1940, and that I last saw h alive on May 17 1940.

Immediate cause of death	Duration
Arterio Sclerosis General with Hypertension	
Due to Chronic glomerular Nephritis	6 yrs.
Due to Right cerebral Hemorrhage & Thrombosis & Myocardial Hypertrophy Pneumonia	2 hrs. & more 20 yrs.
Other Conditions Paranoid condition 15 yrs	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hampton Williams M. D.
Address 3326 Fed. Hill Date signed

69466

HEALTH DEPARTMENT—CITY OF BALTIMORE 69466

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 S. KENWOOD AVE. 1-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Walter Cole

(a) Residence: No. 609 S. KENWOOD AVE St., S S No. Ward. 215-03-3677

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Agnes Cole

6. DATE OF BIRTH (month, day, year): Oct 23 - 1884

7. AGE: Years 50 | Months 6 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machine Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Contractor Can.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Michael Cole

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: Emma Burrus

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Agnes Cole

(Address) 609 So Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Oakland Date: 5/22/1940

19. UNDERTAKER: Leonard Mentz

(Address) 2305 Pimlico Road

FILED MAY 20 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-19, 1940

22. I HEREBY CERTIFY, That I attended deceased from 12-16-36, 19 to 5-19, 1940

I last saw him alive on 5-19, 1940. Death is said to have occurred on the date stated above, at 7:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ESSENTIAL HYPERTENSION	1934
CHRONIC GLOMERULONEPHRITIS	1936
RIGHT HEMIPLEGIA	3-22-40
COMPLETE LEFT HEMIPLEGIA	5-13-40
Other contributory causes of importance: CARDIAC FAILURE	5-19-40

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) William L. Fleming M. D.

(Address) 3025 Biltmore Road

HEALTH DEPARTMENT—CITY OF BALTIMORE

69467 — CERTIFICATE OF DEATH — F 69467

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen. Hosp. St. 27-8 Ward)

Length of residence in city or town where death occurred 3 yrs. (life) mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Eleanor Louise Habbs

If U. S. Veteran specify WAR

(a) Residence: No. 3922 W. Garrison Ave. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) July 19, 1936

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Carlton Habbs

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Eleanor Boylan

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Cemetery Date May 20, 19

19. UNDERTAKER (Address)

20. FILED MAY 20 1940 Thos. Wrightson Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1940, to May 18, 1940.

I last saw her alive on May 18, 1940. Death is said to have occurred on the date stated above, at 2:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Rheumatic heart disease	
Pulmonary Atelectasis, bilateral with	
Pulmonary Edema, bilateral	

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Samuel L. Lee M. D.

(Address) So. Balto. Gen. Hosp.

F 69468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 69468
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2929 Clifton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2929 Clifton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15 16

3 (a) FULL NAME Emma Alveda Arnold.

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Arthur Arnold
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 22 1874

8. AGE: Years	Months	Days	If less than one day
66	3	25	hr. min.

9. Birthplace Baltimore Co. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Nicholas B. Mays
13. Birthplace Baltimore Co. Md

MOTHER 14. Maiden Name Margaret Wilhelm
15. Birthplace Baltimore Co. Md.

16 (a) Informant Mr. Raymond a Arnold.
(b) Address 2925 Midwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 1940 (month) (day) (year)
(c) Cemetery or crematory Sherwood Baptist.
Location Sherwood. Md.

18 (a) Funeral director Wilhelm J. Tuckner & Sons
(b) Address Pratt & Pendergrass Aves

19 (a) 20 1940. (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 16th 1940, to May 17 1940, and that I last saw h[illegible] alive on May 17 1940.

Immediate cause of death	Duration
Coronary thrombosis - hydrogen apoplexy & uremia	m.
Due to Arteriosclerosis	
Due to Diabetes mellitus	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations X
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. M. Myerly
Address 3045 W North Ave Date signed May 20/40

VS 3

F 69469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69469 Registered No. 39-B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 413 S. High St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City. (If outside city or town limits, write RURAL and give town)
Street No. 413 S. High St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Frank Lazzaro

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Raffaela Scala

6 (c) If dead, give age 61 years

7. Birth date of deceased (mo., day, yr.) Sept 2, 1877

8. AGE: Years 65 | Months 7 | Days 15 | If less than one day: hr. min.

9. Birthplace Termini Italy. (Town, county and state)

10. Usual Occupation Soda Water Bottler

11. Industry or business

FATHER 12. Name Angelo Lazzaro

FATHER 13. Birthplace Termini, Italy

MOTHER 14. Maiden Name Josephine Cecola

MOTHER 15. Birthplace Termini, Italy

16 (a) Informant Louis Lazzaro

(b) Address 448 N. Patterson Park Ave

17 (a) Burial (b) Date thereof May 21-40 (month) (day) (year)

(c) Cemetery or crematory Lowndes

Location Holy Redeemer

18 (a) Funeral director Frank J. Kaplan

(b) Address 2416 E. Balto. St.

MAY 20 1940 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1940, at 8:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1940, to ——— 19 , and that I last saw h. alive on May 17, 1940.

Immediate cause of death: Chronic Hypertrophic Arthritis — Duration: 8 mo.

Due to:

Due to:

Other Conditions Terminal Bronchopneumonia Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Reginald J. Grimaldi, M.D.

Address 244 S. Exeter St. Date signed 5-19-40

VS 8

F 69470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46

F 69470 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 218 N. Kenwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 56 years

3 (a) FULL NAME John F. Schwarzmann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5 1881

8. AGE: Years	Months	Days	If less than one day
58	10	12	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name John Schwarzmann

13. Birthplace Germany

MOTHER 14. Maiden Name Emma Berkman

15. Birthplace Germany

16 (a) Informant John Schwarzmann

(b) Address 218 N. Kenwood Ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof May 21-40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location

18 (a) Funeral director Frank V. Peterson

(b) Address 281 E. Baltimore St. Huntington Notification, Md.

MAY 20 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1940, at 7:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1940 to May 17 1940, and that I last saw h alive on May 17 1940.

Immediate cause of death

Perforation of intestine + Wound disruption — Duration 15 min

Due to Carcinomatosis Sigmoid

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma Sigmoid
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Edwin Schumaker M. D.

Address Mercy Hospital Date signed 5/19/40

VS 3

69471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69471

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2807 Pelham Avenue
(c) Hospital or institution: ----
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2807 Pelham Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

2-1

3 (a) FULL NAME LILLY F. McGEE

3 (b) If veteran, name war *-----

3 (c) Social Security Account No. ------

4. Sex Female

5. Color or race white

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Robert C. McGee

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 23, 1870

8. AGE: Years 69 | Months 7 11 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Robert Lamb
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Dinkenson
15. Birthplace Dinkenson

16 (a) Informant William C. McGee
(b) Address 2807 Pelham Avenue

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 5/21/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Chas. F. Kane & Son Inc
(b) Address 118 W. Mt. Royal Ave

19 (a) 20 (Local reg. by registrar) **(b)** [signature] Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 19 40 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1940 to May 17 1940, and that I last saw him alive on May 17 1940

Immediate cause of death Cerebral Hemorrhage — Duration 5/17/40 May 14, 40

Due to ____

Due to Arteriosclerosis — 1935

Other Conditions Ch. Myocarditis — 1937

(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature [signature] M.D.

Address 901 N. Kenwood Ave **Date signed** 5/18/40

(Manggis)

F 69472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3 F 69472 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 503 W. Franklin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 503 W. Franklin St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

17-1

3 (a) FULL NAME Constantine Manggis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 10 - 1892

8. AGE: Years: about 47 | Months: - | Days: 7 | If less than one day: hr. min.

9. Birthplace Greece Kalkis
(Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Greece Kalkis

MOTHER
14. Maiden Name Unknown
15. Birthplace Greece Kalkis

16 (a) Informant Madame Botula
(b) Address 221 W. Centre Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 40 (month) (day) (year)

(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Albert W. Gregory
(b) Address 440 E. North Ave

MAY 20 1940 (Date rec'd by registrar)

(Huntington Williams M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1940 at 1 15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940 to May 17 1940, and that I last saw him alive on May 17 1940.

Immediate cause of death: Pulmonary Intercalary

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. H. Moody

Address 1403 Park Ave Date signed 5/18/40 M.D.

VS 3

F 69473

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193-D

F 69473 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3128 Baker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3128 Baker St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine G. Roessler

3 (b) If veteran, name war V

3 (c) Social Security Account No. 212-12-9569

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Edward A. Roessler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 27th 1871

8. AGE: Years	Months	Days	If less than one day
69	43	22	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Saleslady
11. Industry or business Bakery

FATHER
12. Name Christian Sonneborn
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Meuser
15. Birthplace Germany

16 (a) Informant Mrs Julia Sanders
(b) Address 3128 Baker St.

17 (a) (Burial, cremation, or removal) (b) Date thereof May 21st 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director E. Schuloman & Son
(b) Address 1435 Hanover St.

MAY 20 1940 (Date rec'd by registrar)

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1940, at 12.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1940 to May 19 1940 and that I last saw h[illegible] alive on May 19 1940.

Immediate cause of death Chronic Cardiac Decompensation

Duration
4

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest A. Adler M.D.
Address 1736 Poplar Grove St Date signed 6/3/40

VS 8

69474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 69474

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2744 Alameda Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2744 Alameda Blvd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Dungan

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of ~~husband or~~ wife Mary C. Leavy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 28, 1870

8. AGE: Years	Months	Days	If less than one day
69	5	20	hr. min.

9. Birthplace City
(Town, county and state)

10. Usual Occupation Retired

11. Industry or business C & P Telph. Co.

FATHER
12. Name Robt. Dungan
13. Birthplace City

MOTHER
14. Maiden Name Anna Brown
15. Birthplace City

16 (a) Informant Mrs Mary Eitel
(b) Address 2765 Tivoli Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/40 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director C. I. Fanning & Son
(b) Address 1938 E. Lafayette Ave.

19 (a) Registered by registrar Huntington Williams M.D. Registrar
(b)

VS 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18th 1940, at 3½ a. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1938 to MAY 18 1940 and that I last saw him alive on May 18 1940

Immediate cause of death Arteriosclerotic Cardiovascular Renal Disease — Duration June 1938

Due to Cardiac Decompensation with Anasarca — Duration Feb 5 1940

Due to — Duration

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas D. Edmunds M. D.

Address 2746 Alameda Date signed 5/18/40

69475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

✓ F 69475

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 N. Belnord Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 N Belnord Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 34 Yrs., years

3 (a) FULL NAME Marie Lisy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Louis Lisy
6 (c) If alive, give age . years

7. Birth date of deceased (mo., day, yr.) Feb 12, 1877

8. AGE: Years	Months	Days	If less than one day
63	3	5	hr. min.

9. Birthplace Czeckoslovakia
(Town, county, and state)
10. Usual Occupation Business
11. Industry or business Grocery

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Husband
(b) Address 700 N. Belnord Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.,
May 20 Funeral director C. E. Schimunek.
(b) Address 2601-03 E. Madison St.
19 (a) 1940 (Date rec'd by registrar) Washington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1940, at 2° M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 14, 1939 to May 17, 1940 and that I last saw her alive on May 17, 1940

Immediate cause of death: Carcinoma of Breast — Duration

Due to Generalized Metastasis & Carcinoma Toxis

Due to

Other Conditions Uremia Cachexia
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas B Gatch M.D.
Address 801 N Luzerne Ave Signed 5/18/40

69476

Dorweis

HEALTH DEPARTMENT—CITY OF BALTIMORE

69476

CERTIFICATE OF DEATH

83-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 S. Fulton Ave St. 19-4 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? 6 yrs. mos. da.

2. FULL NAME Caroline Dorweis (Dorwein)

If U. S. Veteran specify WAR

(a) Residence: No. 303 S. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late John H

6. DATE OF BIRTH (month, day, year) Mar 14, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Louis Kritz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Loering

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Laura E. Dorweis

(Address) 303 S. Fulton Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Western Date May 20, 1940

19. UNDERTAKER Harry H. Wittle

(Address) 4101 Eastern Ave Huntington Williams P.

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1936 to May 17, 1940

I last saw h[illegible] alive on May 17, 1940 Death is said to have occurred on the date stated above, at 9.25 P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmhage	May 1940
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Scagnetti M. D.

(Address) 1729 W. Lombard St

Sec instructions on back of certificate.

F 69477

Latinas Moore

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

F 69477 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 21

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) ~~Street~~ No. 1447 Hamley St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Latines Moore

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Manoe Moore

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18 1897

8. AGE: Years 42 | Months 10 | Days 1 | If less than one day hr. min.

9. Birthplace S. Carolina (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Romeo Hallingquest

13. Birthplace S. Carolina

MOTHER 14. Maiden Name Rebecca Lendusem

15. Birthplace S. Carolina

16 (a) Informant Manoe Moore

(b) Address 1447 W. Hamley St.

17 (a) (Burial, cremation, or removal) (b) Date thereof May 23 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion

Location Balto.

18 (a) Funeral director Walter B. Spriggs

(b) Address 139 W. Hamley St.

19 (a) Registrar (Date rec'd by registrar) MAY 20 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-19 1940, at 11:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-18 1940, to 5-19 1940, and that I last saw h~~e~~r alive on 5-19 1940

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 day

Due to: Hypertension Cardio-Vascular Disease — Duration: Unknown

Due to — Duration:

Other Conditions: Chronic Nephritis — Duration: Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis G. Gaines M. D.

Address University Hospital Date signed 5-19-40

F 69478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. F 69478

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1422 E Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1422 E Preston St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Amelia Watkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	Widowed

6 (b) Name of husband or wife Isaac Watkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
Appears 82			hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Adam Anderson
13. Birthplace Princess Anne Somerset Co Md

MOTHER
14. Maiden Name Louisa Townsend
15. Birthplace Md.

16 (a) Informant Isaac C Watkins Jr.
(b) Address 1422 E Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 21 1948 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Brooklyn Md

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson pl Washington Dist of Col

19 (Date received by registrar) MAY 20 1948 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1948, at 2.49 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1948 to May 17 1948, and that I last saw him alive on May 16 1948.

Immediate cause of death	Duration
Chronic Interstitial Nephritis	2 yrs.
Due to Uremia	
Due to	
Other Conditions Colitis & Marked Hemorrhoids	1 wk

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. J. Herring
Address 429 E Monument St Date signed 5/18/48

VS 8

F 69479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

F 69479 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Linden Ave.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 130 E. Central Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Beulah Collins

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	colored	Married

6 (b) Name of husband or wife William Collins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17 1904

8. AGE: Years	Months	Days	If less than one day
36		26	hr. min.

9. Birthplace Balto City (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Thomas McDaniel

13. Birthplace Balto City

MOTHER 14. Maiden Name Cordelia Bean

15. Birthplace Little York Pa

16 (a) Informant Cordelia McDaniel

(b) Address 130 E Central Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 1940 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cemetery

Location Arbutus Md

18 (a) Funeral director Robt. J. Williams

(b) Address 1515 McElderry St

19 (a) Huntington Williams, Hyatt (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1940 at 3:57 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-16 1940 to 5-16 1940, and that I last saw h e r alive on 5-16 1940.

Immediate cause of death Tuberculosis and Anemia

Due to —

Due to —

Other Conditions Consumption of Ovaries (Include pregnancy within 3 months of death)

Major findings: Of operations No Operation

Of autopsy none

Duration: — — — —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Granville O. Phillips M. D.

Address 1514 Linden Ave Date signed 5-17-40

MAY 20 1940

F 69480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 186a Registered No. E 69480

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Dr Bard Ken Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Day

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Md~~ N.Y. (b) County Kg
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
Street No. 416 55th St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME John Madden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Marguerite
6 (c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) Not Known
8. AGE: Years 68 | Months | Days | If less than one day: hr. min.
9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Pat Madden
13. Birthplace Ireland

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Marguerite Madden
(b) Address 416-55th St Brooklyn N.Y.
17 (a) Disposition (Burial, cremation, or removal) (b) Date thereof 5-20-40 (month) (day) (year)
(c) Cemetery or crematory Brooklyn New York
Location N.Y.
18 (a) Funeral director Wm. S. Zlatkowski
(b) Address 2007 Eastern Ave
MAY 20 1940 (b) Huntingtor Williamsport Pa

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1940 at 5½ M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture at femur neck
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5/19/40
(c) Where did injury occur? 4915 Gunther (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell and struck 2nd floor window
23. Signature W. M. Blanchard M.D. Medical Examiner.
Date signed 5/20/40

VS 6

F 69481

BALTIMORE CITY HEALTH DEPARTMENT 93D F 69481
CERTIFICATE OF DEATH 55629 SD Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3124 Dillon Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Burns

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mitchell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19, 1891

8. AGE: Years 49 | Months 0 | Days 29 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Thomas O'Donnell (d)
13. Birthplace Ireland

MOTHER
14. Maiden Name Barbara Joyce (d)
15. Birthplace Ireland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/40 (month) (day) (year)
(c) Cemetery or crematory Dub athedral
Location old Frederick Rd.

18 (a) Funeral director J. J. Morgan
(b) Address 3000 E. Baltimore

19 (a) [illegible] (Registrar) Registrar

MAY 20 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1940, at 8:52 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1940, to May 18 1940, and that I last saw h[illegible] alive on May 18 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration unknown

Due to

Due to

Other Conditions Hypertensive Cardiovascular disease — unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City, Md. Date signed 5/18/40

F 69482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 69482 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 400 N. Rose St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Anthony Romagnano — Anthony Romagnano

3 (b) If veteran, name war: No.
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife: Sophia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1 1873

8. AGE: Years	Months	Days	If less than one day
66	7	17	hr. min.

9. Birthplace: Italy (town, county, and state)
10. Usual Occupation: Laborer (Ret.)
11. Industry or business

MOTHER - FATHER
12. Name: ? Romagnano
13. Birthplace: Italy
14. Maiden Name: ?
15. Birthplace: Italy

16 (a) Informant: Anthony Romagnano
(b) Address: 400 N. Rose St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 21 40 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Old Frederick Rd.

18 (a) Funeral director: Martin K. Doppel
(b) Address: 37 S. Union St. Baltimore, Md.

MAY 20 1940 (Registered by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/18/40 19 , at 2:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/4/40 19 to 5/18/40 19 , and that I last saw h in alive on 5/18/40 19 .

Immediate cause of death: Tobacco Amaurosis Type VI — Duration: 21 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Philip J. Marcus M.D.
Address: Mercy Hospital Date signed 5/19/40

VS 3

F 69483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Dr Blake 1307 N Central ave
131-B

Registered No. F 69483

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 733 Forrest St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
10 N Street No. 733 Forrest
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew Hatwood

3 (b) If veteran, name war None

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Sophie Hatwood

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/1890

8. AGE: Years 50 | Months 3 | Days | If less than one day hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace N C

MOTHER 14. Maiden Name Sophie Tate

15. Birthplace N C

16 (a) Informant Theodore Hatwood

(b) Address 733 Forrest St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem Co

Location Balto Co

18 (a) Funeral director Rayner Sanders

(b) Address 113 E Preston St

19 (a) MAY 20 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17 1940 at 3.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/10 1940 to 5/17 1940 and that I last saw him alive on 5/17 1940.

Immediate cause of death: Paralytic Stroke — Duration 5/17/40 1 wk

Due to: Hypertonic Arteriosclerosis — Duration 1 year

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. R. Blake M.D.

Address 1327 N Central Ave Date signed 5/19

VS 3

F 69484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 69484

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Preslin (55289)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 2, 1878

8. AGE: Years 61 | Months 7 | Days 23 | If less than one day hr. min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Preslin
13. Birthplace Ireland

MOTHER
14. Maiden Name Ann Pitcher
15. Birthplace Ireland

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAY 20 1940
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (c) MAY 20 1940 (Date rec'd by Registrar)
Registrar 5030

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5, 1940, at 2:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 3, 1940, to May 5, 1940, and that I last saw him alive on May 5, 1940.

Immediate cause of death: Pneumococcus — Duration: Jan 1940

Due to

Due to — Hrs

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address Balto. City Hospitals Date signed 5-5-40 M. D.

V2 3

69485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-A ✓ Registered No. E 69485

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 914 St. Barnabas Ct.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 914 St Barnabas Court
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME NANNIE LEE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
50 ?			hr. min.

9. Birthplace Alabama
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Spencer Parker
(b) Address above address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAY 20 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) (b) Huntington Williams M.D.
Registrar

MAY 20 1940 3628

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1940, at 10. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H L Wollenweber M.D.
Medical Examiner.
Signed 5-21-40

over

E 69486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 69486

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Charles County
(c) City or town Waldorf
(If outside city or town limits, write RURAL and give town)
(d) Street No. Unknown
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES COOMBES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 56 | Months | Days | If less than one day hr. min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mercy Hospital Records
(b) Address City

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory UNIVERSITY MEDICAL SCHOOL MAY 20 1940
Location

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) MAY 20 1940 (b) Huntington Williams M.D. 5029
(Registrar's signature)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1940, at 3:20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Williams M.D.
Medical Examiner.
Date signed 5-13-40

F 69487

BALTIMORE CITY HE[illegible]

CERTIFICATE OF DEATH

159

F 69487

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible]
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 W Lombard (If rural give location) University Hosp
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Boyle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15 1940

8. AGE: Years	Months	Days	If less than one day
			5 hr. 10 min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Henry Karcher
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary Margaret Dubert
15. Birthplace Baltimore Md.

16 (a) Informant Mother
(b) Address 1112 W Lombard St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAY 18 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) MAY 20 1940 (b) Herrington Williams, M.D. Registrar
(Date rec'd by registrar)

5627

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1940, at 2:27 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-15 1940 to 5-15 1940 and that I last saw h[illegible] alive on 5-17 1940.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stanley Q. Bradley M. D.
Address University Hosp. Date signed 5-15 1940

F 69488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 69488

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31stSt.
(c) Hospital or institution:
U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 das.
(e) Length of stay in Baltimore (yrs., mos., or days) lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1011 Southeast Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
George Francis Sadowski

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. none

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Hannah Gabrish
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) April 3, 1888

8. AGE: Years 52 | Months 1 | Days 14 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation street cleaner
11. Industry or business

FATHER
12. Name Peter Sadowski
13. Birthplace ? Poland

MOTHER
14. Maiden Name Mary Anna ?
15. Birthplace ? Poland

16 (a) Informant U. S. Marine Hospital Records
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/40. (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Delman Hills Road

18 (a) Funeral director M. F. Sadowski & Son
(b) Address 1808 Eaton St.

19 MAY 20 1940 (Date rec'd by Registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1940, at 10:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 25, 1940 to May 17 1940, and that I last saw him alive on May 17, 1940.

	Duration
Immediate cause of death: Myocardial, degeneration	3 weeks
Due to: Arteriosclerosis, General	unknown
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy same as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T.B.H. Anderson, Medical Officer in Charge, M.D.
Address U.S. Marine Hosp. Baltimore, Md. Date signed 5-17-40

VS 3

F 69489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59-0 Registered No. F 69489

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Caton Avenue
(c) Hospital or institution: Jenkins Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days Mar. 23
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 Caton Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alicia O'Rourke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 80 yrs. ? | Months | Days | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Patrick O'Rourke
13. Birthplace Unknown

MOTHER
14. Maiden Name Alice
15. Birthplace Unknown

16 (a) Informant Jenkins Memorial Hospl
(b) Address 1000 Caton Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Moriah Cemetery
Location Baltimore Md.

18 (a) Funeral director Martin Tyler & Sons
(b) Address 1827 W. North Ave.

19 (a) MAY 20 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19th. 1940. at 8:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 Ath 1939. to May 19 1940. and that I last saw her alive on May 18, 1940.

Immediate cause of death: Arteriosclerosis

Due to

Due to

Other Conditions: Hypostatic pneumonia and Uremia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Sievers M. D.
Address Jenkins Memorial Date signed 5-21-40

F 69490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 69490 Registered No.

55448 SD

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 835 N. Maderia Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Saphia Gregorek

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Widowed

6 (b) Name of husband or wife Stanley
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 11, ? 95

8. AGE: Years	Months	Days	If less than one day
45 yrs.	? 3	8	..... hr. ..... min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John
13. Birthplace Poland

MOTHER
14. Maiden Name Rosalie Rycherski
15. Birthplace Poland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23-40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1930 Eastern Ave. Baltimore, Md.

AY 20 1940 (Date rec'd by Registrar) (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1940, at 6.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1940 to May 19 1940, and that I last saw her alive on May 19 1940.

Immediate cause of death	Duration
Hypertensive cardiovascular disease	unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. Rzgodzinski M. D.
Address Baltimore City Hospitals Date signed 5/19/40

VS 8

F 69491 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

937 F 69491

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4826 Coleherne Rd. (St.) 28th (Ward) 4

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 87 yrs. 5 mos. 26 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary H. Smith

(a) Residence: No. 4826 Coleherne Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Henry C. A. Smith

6. DATE OF BIRTH (month, day, year): Nov. 23, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

FATHER

13. NAME: John F. Hodes

14. BIRTHPLACE (city or town) (State or country): ----- Germany

MOTHER

15. MAIDEN NAME: Avelena Grieser

16. BIRTHPLACE (city or town) (State or country): ----- Germany

17. INFORMANT: Miss Elizabeth Hodes
(Address) 4826 Coleherne Road

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 5/22 19 40

19. UNDERTAKER: H. W. Mears and Son
(Address) 805 North Calvert Street

20. MAY 20 1940 19 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-19 19 40

22. I HEREBY CERTIFY, That I attended deceased from May 15 19 40 to May 19 19 40

I last saw ... alive on May 19 19 40 Death is said to have occurred on the date stated above, at 5:30a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
May 15/4,	
Edema Lungs	May 15
	May 18
	now
Other contributory causes of importance: Congestive Heart Disease	May 15

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation

What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

5/21/1940 If so, specify

(Signed) Sherman K. Trant M. D.

(Address) 2601 Market Street

F 69492

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

931 V

F 69492 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5221 Springlake Way
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5221 Springlake Way (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Eben R. Haggett

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Susie C. Clarke
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept. 28. 1876

8. AGE: Years	Months	Days	If less than one day
63 72	7	21	..... hr. ..... min.

9. Birthplace Newcastle, Maine (Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER / FATHER
12. Name Ebenezer Haggett
13. Birthplace ----- Maine
14. Maiden Name Eleanore Clarke
15. Birthplace ----- Maine

16 (a) Informant Mrs. Susie C. Haggett
(b) Address 5221 Springlake Way

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/40 (month) (day) (year)
(c) Cemetery or crematory
Location Newcastle Maine

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 North Calvert St. Huntington Hillsboro, W. P.

MAY 20 1940 (Date rec'd by registrar) (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1940, at 9.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 to May 19 1940, and that I last saw him alive on May 17 1940.

Immediate cause of death: Cardiac decompensation — Myocarditis — Duration 80 days

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Frozym Smile M.D.
Address 2435 Maryland Ave Date signed 5/20/40

VS 8

STATE OF MARYLAND—CERTIFICATE OF DEATH

56-D F 69493

1. PLACE OF DEATH
F 69493
(Registered No.) Registration Dist. No.
Village or City Baltimore, Md. No. University Hospital St. Ward
(If death occurred in a hospital or institution give its NAME instead of street and number)
Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Elizabeth Anderson
(a) Residence: No. Eckhart, Maryland St. Ward 4D Allegany Co.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (write the word): widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Horace Anderson

6. DATE OF BIRTH (month, day, and year): Nov. 5, 1903

7. AGE: Years 36 | Months 6 | Days 13 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: At Home.
10. Date deceased last worked at this occupation (month and year): Dec. 1939.
11. Total time (years) spent in this occupation: 6yrs.

12. BIRTHPLACE (city or town) (State or country): Eckhart, Md.

FATHER
13. NAME: Emanuel Porter.
14. BIRTHPLACE (city or town) (State or country): Vicinity of Hollidaysburg, Pa.

MOTHER
15. MAIDEN NAME: Frances Porter.
16. BIRTHPLACE (city or town) (State or country): Eckhart, Maryland.

17. INFORMANT (Address): Mary Lyon Brogan Eckhart, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Eckhart, Md. Date May 20, 1940

19. UNDERTAKER (Address): John O. Mitchell & Sons Inc. 600 Eutaw Place, Balto.

20. MAY 20 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: May 18 (Month) (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1940, to May 18, 1940
I last saw h... alive on May 18, 1940; death is said to have occurred on the date stated above, at 11:20 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Brain Tumor (Meningioma of Left parietal & temporal regions)	3 yrs?
Other Contributory Causes of importance:	

Name of operation: Craniotomy Date of: 5/14/1940
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...
(Signed) J. B. Nuttall M. D.
(Address) University Hospital Balto. Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69494

CERTIFICATE OF DEATH

131-a F 69494

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1629 St Paul St 12-5 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mary Emma Eubank

If U. S. Veteran specify WAR _____

(a) Residence: No. 1629 St Paul St St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) July 17, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
73	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City retired

10. Date deceased last worked at this occupation (month and year) About June 1938

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) Essex County (State or country) Virginia

FATHER

13. NAME Bernard Eubank

14. BIRTHPLACE (city or town) Unknown (State or country) Liberty Va

MOTHER

15. MAIDEN NAME Mary Mundy

16. BIRTHPLACE (city or town) Unknown (State or country) Liberty Va

17. INFORMANT Sister (Kate B. Eubank)
(Address) 1624 St Paul St

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date May 21 1940

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1901 Eutaw Place

20. FILED MAY 20 1940 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18th, 1940

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to May 18th, 1940

I last saw him alive on 5-18-1940, Death is said to have occurred on the date stated above, at 11:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic - hypertensive	
Cardio-vascular disease.	
Other contributory causes of importance:	
nephritis - ruptured	own

Was an operation performed? NO Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) John F Aubrey M. D.

(Address) Temple Court Apts.

34th & Guilford Ave

F 69495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 69495

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1012 N. Patterson Park Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1012 N. Patterson Park Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: ANNA G. HABNICHT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Charles S. Habnicht
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 18, 1874

8. AGE: Years	Months	Days	If less than one day
66	4 3	0 29	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Thomas Hamilton
13. Birthplace Scotland

MOTHER
14. Maiden Name Marie Judge
15. Birthplace Ireland

16 (a) Informant Mrs. Margaret Weber
(b) Address 1012 N. Patterson Park Ave.

17 (a) Burial (b) Date thereof May 21, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director John Ulloch
(b) Address 2909 Eastern Ave.

19 (a) MAY 20 1940 (b) Thos. Morton Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1940, at 11 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1934 to May 17 1940, and that I last saw h[illegible] alive on May 15 1940.

Immediate cause of death	Duration
Coronary Heart Disease	6 yrs.
Due to arterial Hypertension	6 yrs
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George S Lyford M. D.
Address 422 S Patterson Pk Date signed 5/20/40

VS 3

F 69498 Harman

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 69498 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 734 N North Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 734 N North Ave (If rural give location)
(e) If foreign born; how long in U. S. A.? years

3 (a) FULL NAME Abraham E Harmon

3 (b) If veteran, name war: —
3 (c) Social Security Account No.:

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 27, 1860

8. AGE: Years 79 | Months 7 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired Salesman

11. Industry or business Wholesale Clothing

FATHER 12. Name Vernon Harmon
13. Birthplace Holland

MOTHER 14. Maiden Name Rebecca Hitchcock
15. Birthplace Virginia

16 (a) Informant Mary Harmon
(b) Address Married

17 (a) [illegible] (Burial, cremation, or removal) (b) Date thereof 5/22/40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Richmond Va

18 (a) Funeral director [illegible]
(b) Address 1219 E Pond St

19 (a) 5/21 1940 (Date received by registrar) (b) [illegible] M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1940, at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1938 to 5/20 1940 and that I last saw [illegible] alive on 5/19 1940

Immediate cause of death: Cardiac failure — Duration 12 hrs.
Due to: Bronchopneumonia — 2 wks
Due to: Cystitis — several years
Other Conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur J. Linch M.D.
Address 724 W. North Ave Date signed 5/21/40

VS 3

F 69497 54638--FD BALTIMORE CITY HEALTH DEPARTMENT F 69497

CERTIFICATE OF DEATH 137a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo. 8das.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 740 S. Kilwood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME William Richards

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sarah Ann Richards

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26 1861

8. AGE: Years 78 | Months 10 | Days 23 | If less than one day: hr. min.

9. Birthplace Wales
(Town, county, and state)

10. Usual Occupation laborer

11. Industry or business Retired Watchman

FATHER
12. Name William Richards
13. Birthplace Wales

MOTHER
14. Maiden Name Charlotte Hopkins
15. Birthplace Wales

16 (a) Informant Bible Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/40 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn
Location Balto Md.

18 (a) Funeral director William Cook

(b) Address 217 St. Paul St.

19 (a) (Signature of local registrar) (b) Huntington Williams M.D. Registrar

MAY 21 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-19 1940, at 2:18 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-11 1940 to 5-19 1940, and that I last saw him alive on 5-18 1940.

Immediate cause of death: Benign prostatic hypertrophy — Duration: ?

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L Kuladowski M. D.

Address Balto City Hosp Date signed 5-19-40

F 69498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 69-W

F 69498

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2335 Annapolis Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2335 Annapolis Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maynard F. Lathe

3 (b) If veteran, name war World War

3 (c) Social Security Account No. 215-12-9614

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Wh	married

6 (b) Name of husband or wife Catherine F. Lathe

6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1889

8. AGE: Years	Months	Days	If less than one day
51	4	7	..... hr. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation retired

11. Industry or business truck helper

FATHER
12. Name Thomas Lathe
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah (unknown)
15. Birthplace Maryland

16 (a) Informant Catherine F. Lathe
(b) Address 2335 Annapolis Ave.

17 (a) Burial (Burial, ~~cremation, or removal~~) **(b) Date thereof** 5/22/40 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Western
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (c) MAY 21 1940 (Date received by Registrar) Huntington Phillips M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1940, at 11:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm B Vandegrift M.D.
Medical Examiner.
Date signed 5/21/40

VS 6

69499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1860

F 69499

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 33 E. Mt. Vernon Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Coyle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Walter H. Coyle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 11, 1874

8. AGE: Years	Months	Days	If less than one day
66	4	8	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business self

FATHER
12. Name Charles Egner
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Emmert
15. Birthplace Baltimore Co., Maryland.

16 (a) Informant Walter H. Coyle
(b) Address 33 E. Mt. Vernon Place

17 (a) Burial (b) Date thereof 5/22/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto., Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) Date received MAY 21 1940 (b) registrar Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1940, at 11.30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Fracture, left hip	
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 4/29/40
(c) Where did injury occur? 33 E. Mt. Vernon Place (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell on floor

23. Signature Wm. Vanderwright M.D.
Medical Examiner.
Date signed 5/20/40

8500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-N

F 69500
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Charles & 39th
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 12 N

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 39th Charles & 39th (If rural give location)
(e) If foreign born, how long in U. S. A.? 0 years

3 (a) FULL NAME Mary Etta Waters Stall

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4 Sex: female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: William Stall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov-21-1859

8. AGE: Years 80 | Months 5 | Days 27 | If less than one day hr. min.

9. Birthplace Laurel - Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Geo W Waters
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah J. Chaney
15. Birthplace Md

16 (a) Informant Miss Myra E. Waters
(b) Address Laurel - Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May-21-40 (month) (day) (year)
(c) Cemetery or crematory Linden Park
Location Baltimore Md.

18 (a) Funeral director Edward Memorial Co.
(b) Address 1811 Eutaw Pl.

19 (a) [illegible] (Signature of Registrar) Huntington Williams, M.D. Registrar
(Date rec'd by Registrar) MAY 23 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1940, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1939 to May 1940 and that I last saw h-er alive on May 14 1940.

Immediate cause of death: Coronary thrombosis — Duration: Few months

Due to: Coronary artery disease (see the back) — 6 yrs

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Frederick Lantz M. D.
Address Temple Garden apts Date signed May 21-40

Please write in ink or type. Do not use pencil. Be sure that cause of death is clearly and legibly stated.

F 69501

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

127-a

F 69501 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 316 S. Patterson Pk. Ave.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9½ hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street address 316 S. Patterson Pk Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 32 years

3 (a) FULL NAME Leah Hershberg

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Isaac

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 64 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof V-21-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Blvd. Plot
Location Woodlawn Blvd

18 (a) Funeral director Jack Spurz Inc
(b) Address 1439 E. Balto St.

19 (a) (Date received) MAY 21 1940 (Registrar's signature) Huntington Williams M.D.
(b) Registrar's No. 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20th 1940, at 10:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1940 to May 20 1940, and that I last saw her alive on May 20 1940.

	Duration
Immediate cause of death: Cardiac failure	
Due to: Paralytic ileus	
Due to: Strangulated hernia	
Other Conditions: Mitral & Aortic Insufficiency Pulmonary edema. Cachexia (Include pregnancy within 3 months of death)	

Major findings:
Of operations Strangulated femoral hernia
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Melvin D. Zappelman
Address Sinai Hosp Date signed May 30-40

F 69502

6956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 824 Greenmount Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

10-2

3 (a) FULL NAME Charles Williams (20877)

3 (b) If veteran, name war

3 (c) Social Security Account No. No Number

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 28, 1900

8. AGE: Years	Months	Days	If less than one day
39	4	20	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Jail

FATHER
12. Name Charles
13. Birthplace Md.

MOTHER
14. Maiden Name Henrietta Thomas
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22/40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem Co.
Location Balto. Co.

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 Date received by Registrar MAY 21 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18, 1940, at 2:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 13 1937 to May 18, 1940, and that I last saw him alive on May 18, 1940.

Immediate cause of death: Tuberculosis of the lungs
Tuberculous Laryngitis

Due to

Due to

Other Conditions Amyloidosis due to chronic tuberculosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. D.
Address Balto. City Hospitals Date signed 5-18-40

E. J. Matthews, M.D. Chief Med Clin
E. E. Brantigan

VS 3

F 69503 54946--MD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 69503
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street 756 Sarah Ann St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-2799

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-22-1891

8. AGE: Years	Months	Days	If less than one day
49	2	23	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name Unk
13. Birthplace Va.

MOTHER
14. Maiden Name Katie Frazier
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-31-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave

19 (a) (b) Registrar

MAY 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/15/1940, at 1:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/22/1940 to 5/15/1940, and that I last saw him alive on 5/15/1940.

Immediate cause of death Bronchopneumonia — Duration 2 days
Myocardial failure — ?
Due to Arteriosclerosis
Due to
Other Conditions Chronic pulmonary Emphysema.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None, as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Segreeney M. D.
Address Baltimore City Hospitals Date signed 5/15/40

F 69504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1641 F 69504 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3839 Brooklyn Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Joseph F. Hendricks

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-10-6143

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Anna Hendricks

6 (c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) Mar. 6, 1914

8. AGE: Years	Months	Days	If less than one day
26	2	14	..... hr. ..... min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Ships - fitter

11. Industry or business Bethlehem Steel Co.

FATHER
12. Name Miles C. Hendricks
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Grace E. Jones
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Anna Hendricks
(b) Address 625 E. Clement St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23/40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem
Location Annapolis Road

18 (a) Funeral director Frkd. J. Krauss Jnr
(b) Address 216 N. Charles St.

MAY 21 1940 Huntingtown Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1940 at 6 45 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet wound of head	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 5/17/40
(c) Where did injury occur? Town - 501 E. Gittings St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury 22 Cal. Pistol

23. Signature H. B. Wareheim M.D. Medical Examiner.
Date signed 5/20/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

69505

CERTIFICATE OF DEATH

93-D F 69505

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2140 Druid Hill Ave Ward 13 ≠3)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur Downes

If U. S. Veteran specify WAR

(a) Residence: No. 2140 Druid Hill St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Annie Downes

6. DATE OF BIRTH (month, day, year): June 1918 67

7. AGE: Years 73 | Months 10 | Days 29 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country): Fredericksburg Va

FATHER

13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country): " "

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Annie Downes

(Address) 2140 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Arlington Md. Cem. 5-21-40

19. UNDERTAKER: Mrs Frances A. Hemsley

(Address) 543 N. Bradford St

20. FILED ... 19...

MAY 21 1940 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 18, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26 1939 to May 18 1940

I last saw him alive on ... 16 1940 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	1938
Other contributory causes of importance: Ch. Nephritis	1939

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Brown M. D.

(Address) 1663 W North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 69506

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94-a

F 69506
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

THE MORGUE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2469 Brentwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME PRESTON ARCHER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Not known

13. Birthplace

MOTHER 14. Maiden Name Lydia Calhoun

15. Birthplace Va

16 (a) Informant Mrs Dorthory Rozen

(b) Address New York. Mena.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-40 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Park

Location Balto. Co. Md

18 (a) Funeral director Mrs. Frances A. Hendley

(b) Address 578 N. Bradle Ave Huntington Williams M.D.

19 (a) (Date received by registrar) (b) Registrar

MAY 21 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1940, at 5:35 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	sudden
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. J. Wallenmeyer M.D. Medical Examiner.
Date signed 5-18-40

F 69507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 792-B

F 69507
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 824 1/2 W Baltimore St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 77 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 824 1/2 W Baltimore St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HIRAM O. DENNIS

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Mary E Dennis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 11, 1863

8. AGE: Years 77 | Months 2 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore, Md (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Baltimore Box Equipment Corp.

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Son Henry Dennis

(b) Address 1323 W Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22 1940 (month) (day) (year)

(c) Cemetery or crematory Sandy Hook, Md.

Location Sandy Hook, Md.

18 (a) Funeral director Howard N. Blight, Jr.

(b) Address 4914 Belair Road.

MAY 21 1940 (b) H. Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19, 1940, at 11 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Cardiac failure mitral valvular D.C.A.

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmaier M.D.
Asst Medical Examiner.

Date signed 5-20-40

69508

37836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

147-C Registered No. F 69508

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 Weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla. (b) County
(c) City or town Coral Gables (If outside city or town limits, write RURAL and give town)
(d) Street No. 1017 Hardee Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? ------- years

3 (a) FULL NAME Percy V - Wright

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary R -
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) 12-13-92

8. AGE: Years	Months	Days	If less than one day
47	5	6	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name Jarvis W. Wright
13. Birthplace Md -

MOTHER
14. Maiden Name Georgia Garrett
15. Birthplace Md -

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick & Loudon Aves.
18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street
19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

MAY 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1940, at 6 16 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 11 1940, to May 19 1940, and that I last saw him alive on May 19 1940.

Immediate cause of death Coronary Embolism — Duration 3 Days

Due to Auricular fibrillation

Due to Arteriosclerosis with Hypertension

Other Conditions Hysterectomy absence of left Ovary (Include pregnancy within 3 months of death)

Major findings: Of operations Ca, left Ovary

Of autopsy Arteriosclerosis with Hypertension

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James R. Gray M.D.
Address Johns Hopkins Hospital signed 5/20/40

69509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7

F 69509

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 803 S. Luzerne St

(c) Hospital or institution: Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 803 S. Luzerne St (If rural, give location)

(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Maryanna Kozlowski

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15-1861

8. AGE: Years 78 | Months 9 | Days 4 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name —

13. Birthplace —

MOTHER 14. Maiden Name —

15. Birthplace —

16 (a) Informant Mrs. Dziennik

(b) Address 803 S. Luzerne St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-40 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location

18 (a) Funeral director Wm. S. Fialkowski

(b) Address 2007 Eastern Ave

19 (a) May 21 1940 (Date received by registrar) (b) Huntington Milligan M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1940, at 5-19 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940 to May 19 1940, and that I last saw h[illegible] alive on May 14 1940.

Immediate cause of death	Duration
Arteriosclerotic Cardiovascular Disease	
Chronic Nephritis.	
Due to Myocardial Failure	5-8-40
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence None

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E. Dziennik M. D.

Address 842 E. Eastern Ave Date signed 5-20-40

VS 3

F 69510 BALTIMORE CITY HEALTH DEPARTMENT F 69510

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3301 Belvedere Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3301 Belvedere Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MOSES LEE ROSENBURG.

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 214-03-6813

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Dorothy Rosenburg
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 13, 1888.
8. AGE: Years 51 | Months 8 | Days 7 | If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Employee; [illegible]:-Para-
11. Industry or business mount Collection Servic

FATHER
12. Name Lewis Rosenburg,
13. Birthplace Germany.

MOTHER
14. Maiden Name Rose Weiner,
15. Birthplace Germany.

16 (a) Informant Mrs. M.L. Rosenburg,
(b) Address 3301 Belvedere Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/40. (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Baltimore, Md.

18 (a) Funeral director David Lowenstein & Sons.
(b) Address 1902 Eutaw Place.

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 31 1940 N. B. Body released by Coroner Medical Examiner.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20th, 1940, at A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 7th 1940 to May 20th 1940, and that I last saw h[illegible] alive on [illegible]

Immediate cause of death: Cerebral Thrombosis — Duration 1 hr.
Due to: ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. A. Erwin M. D.
Address Pk. Heights & Garrison Date signed

69511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. E 69511

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1917 Patterson Park Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William John BEATLEY

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna Isabella Beatley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4, 1882

8. AGE: Years	Months	Days	If less than one day
57	7 6	15	hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)
10. Usual Occupation Fish Marker
11. Industry or business

FATHER
12. Name William L. Beatley
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Mary [illegible] (?)
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22 '40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md
18 (a) Funeral director Wilson & Bro
(b) Address 1219 E. Fourth St.
19 (a) [illegible] (Registrar) (b) Huntington Williams, M.D. Registrar

MAY 21 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19, 1940, at 4:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 30, 1940, to May 19, 1940, and that I last saw him alive on May 19, 1940.

Immediate cause of death	Duration
Tuberculosis, pulmonary, far advanced	Unknown
Due to	
Due to	
Other Conditions Cardiac disease, myocarditis chr. arteriosclerotic (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. M. H. Du Laney, M. D.
Address U.S.Marine Hospital, Baltimore, Maryland. Date signed May 20, 1940

69512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 69512 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct data is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 446 E. Fort Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 446 E. Fort Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Linthicum
3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband ~~or wife~~ Chas A
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 10 - 1860
8. AGE: Years 79 | Months 5 | Days 9 | If less than one day hr. min.
9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ? Ballinger
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Carrie Linthicum
(b) Address 446 E. Fort Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Md
18 (a) Funeral director Wm Cook
Address 1217 St Paul St.
19 (Date received) (Registrar) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1940, at 4.40 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1934 to May 19 1940, and that I last saw h alive on May 19 1940.

Immediate cause of death: Arteriosclerosis with Hypertension — Duration: 6 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. H. Street M. D.
Address 421 E Fort Ave Date signed 5-24-40

F 69513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-04 F 69513 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write correct is especially important. the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6714 Philadelphia Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 6714 Philadelphia Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26

3 (a) FULL NAME Ida E. Hofstetter

3 (b) If veteran, name war W

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) ~~Single, married~~, widowed, ~~or divorced~~ Widowed

6 (b) Name of husband ~~or wife~~ Edward Hofstetter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 5th 1872

8. AGE: Years	Months	Days	If less than one day
67	6	16	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name Heinrich Fuhlbrink
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Anna Grofgang
15. Birthplace Unknown

16 (a) Informant Fred W. Hofstetter
(b) Address 3219 Erdman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 40 (Rec'd by registrar) (b) Huntington Nilligues M.D. Registrar

VS 40

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21st 1940, at 2.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 24 1940, to May 21 1940, and that I last saw h~~er~~ alive on May 6 1940.

Immediate cause of death — Duration
Chronic Myocarditis
Chronic Nephritis
Due to Arteriosclerosis
Hypertension
Due to
Other Conditions Hemiplegia, R-
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Fred F Kerr M.D.
Address 4700 Sheldon Ave Date signed 5/21/40

69514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 69514

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2224 E. Biddle

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2224 E. Biddle

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

8/1

3 (a) FULL NAME Isabelle L. Rockstroh

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband ~~or wife~~ Francis.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11-1863

8. AGE: Years 76 | Months 10 | Days 9 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER 12. Name Wm Black

13. Birthplace

MOTHER 14. Maiden Name Adalaide

15. Birthplace

16 (a) Informant Mrs Isabelle McLaughlin

(b) Address 2224 E. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-40 (month) (day) (year)

(c) Cemetery or crematory Balto

Location Balto Md

18 (a) Funeral director Wm Cook

(b) Address 1317 at Pond st

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1940, at 1:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940 to May 20 1940, and that I last saw her alive on May 19 1940

Immediate cause of death Carcinoma of Left Breast

Due to Secondary Carcinoma of Abdomen

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

Duration
?
?

PHYSICIAN

Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Vincent V. Doska

Address 845 N. Patterson Pk Ave Date signed 5/21/40

69515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69515 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct, and especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1805 Sexton St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1803 Sexton st (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Myrtle S Laing

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-18-0820

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 3 ~~1890~~ 1889

8. AGE: Years 50 | Months 6 5 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, or state)

10. Usual Occupation ~~Housewife~~

11. Industry or business Gen Work

FATHER — 12. Name William Laing

13. Birthplace Baltimore

MOTHER — 14. Maiden Name Amanda

15. Birthplace Baltimore

16 (a) Informant Brent Laing

(b) Address 1803 Sexton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21-40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick ave

(a) Funeral director Edw Tawson

(b) Address 2309 Wash Blvd

19 (a) [illegible] (Delivered by registrant) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1940 at 11-15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1940 to May 19 1940 and that I last saw ~~her~~ alive on May 19 1940

Immediate cause of death: Cerebral Hemmorhage — Duration: July 11, 40

Due to: Cardio vascular disease — July 11, 40

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Geo Simkiewicz M. D.

Address 2470 Wash Blvd Date signed May 21 1940

VS 3

Luther Williams

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

69516 — 59-L — F 69516 — Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1237 Myrtle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1237 Myrtle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Luther Williams
3 (b) If veteran, name war
3 (c) Social Security Account No. Not

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife Not
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 11, 1921

8. AGE: Years	Months	Days	If less than one day
19	3	6	hr. min.

9. Birthplace Greensboro N. C. (Town, county, and state)
10. Usual Occupation Student
11. Industry or Business

FATHER
12. Name Howard Williams
13. Birthplace Greensboro N.C.

MOTHER
14. Maiden Name Emma Lomax
15. Birthplace Greensboro N.C.

16 (a) Informant Emma Williams
(b) Address 1237 Myrtle Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof May 21 1940 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location
18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.
19 (a) 5-20 (Date filed by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1940 at 6 A. M.
21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1940 to May 17 1940 and that I last saw h alive on 1940.

Immediate cause of death
Chr. Infection Arthritis
Due to
Due to
Other Conditions Myocarditis
(Include pregnancy within 3 months of death)
Major findings:
Of operations No
Of autopsy Not

Duration
over
not Life

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature M. D.
Address 761 Hollins St Date signed May 21 1940

VS 3

Nellie Heim

F 69517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1703

F 69517 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address North Broadway

(c) Hospital or institution: Church Home & Inf

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19

(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3936 Trinity

(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Nellie Heim

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4-1919

8. AGE: Years 20 | Months 10 | Days 15 | If less than one day hr. min.

9. Birthplace California

(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Harry Heim

13. Birthplace Baltimore

MOTHER

14. Maiden Name Nelly Scoggins

15. Birthplace Baltimore

16 (a) Informant Harry Heim

(b) Address 3936 Trinity St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22-40 (month) (day) (year)

(c) Cemetery or crematory Maryland Mem.

Location Gaylor. ave

18 (a) Funeral director John. A. Mogan

(b) Address 3000 E Balto. St

19 (a) MAY 21 1940 (Date received by Registrar) (b) Registrar Willi... H...

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-19 1940, at 3:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-30 1940 to 5-19 1940 and that I last saw h... alive on 5-19 1940.

Immediate cause of death Ulcerative colitis — Duration 5 yrs

Due to

Due to

Other Conditions Malnutrition

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard Jones

Address Annapolis Md Date signed 5/19/40 M. D.

69518

BALTIMORE CITY HEALTH DEPARTMENT 160a F 69518

CERTIFICATE OF DEATH 55576 SD Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 Young Court (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Cooper

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/12/40

8. AGE: Years | Months | Days 2 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation New Born

11. Industry or business

FATHER
12. Name Charles Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name Gertrude Cooper
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-20-40 (month) (day) (year)
(c) Cemetery or crematory Crematory
Location Baltimore City Hospitals

18 (a) Funeral director
(b) Address Baltimore City Hospitals

19 (a) 5-21-1940 (Date received by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1940, at 7 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1940 to May 14 1940 and that I last saw h[illegible] alive on May 14 1940.

Immediate cause of death	Duration
Intussusception	
Due to Meconium Ileus	
Due to Disease of Pancreas	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Louise Bacon M. D.
Address Balto City Hosp. Date signed 5-25-40

F 69519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

XV F 69519 13 W Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months
(e) Length of stay in Baltimore (yrs., mos., or days) Just come to reside

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town Perryman
(If outside city or town limits, write RURAL and give town)
(d) Street No. [illegible]
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME John W. Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 25, 1874

8. AGE: Years	Months	Days	If less than one day
65 66	9	26	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Wm. Brown
13. Birthplace Maryland

MOTHER
14. Maiden Name Matilda Brown
15. Birthplace Maryland

16 (a) Informant Hospital records
(b) Address Baltimore Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 24 40 (month) (day) (year)
(c) Cemetery or crematory Susan Creek M. E.
Location Susan Creek, Md.

18 (a) Funeral director Elmer E. Baldwin
(b) Address Havre de Grace Md

19 (a) Filed [illegible] (b) [illegible]
(Date received by registrar)

VOL [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/21 1940, at 2 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/11 1940, to 5/21 1940, and that I last saw him alive on 5/21 1940.

Immediate cause of death Uremia — Duration

Due to Chronic nephritis Hypertension & V. disease

Due to Perineal abscess and cellulitis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Perineal abscess

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin Green M. D.
Address Mercy Hosp. Date signed 5/24/40

69520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 69520 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2510 WEST PRATT ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street 2510 WEST PRATT ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

20 wk

3 (a) FULL NAME FRANK X. SCHINDLER.

3 (b) If veteran, name war: NONE

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife: KATHRINE SCHINDLER
6 (c) If alive, give age: 74 years

7. Birth date of deceased (mo., day, yr.) DEC. 22 1863

8. AGE: Years	Months	Days	If less than one day
76	4	2726	hr. min.

9. Birthplace GERMANY (Town, county, and state)
10. Usual Occupation TAILOR
11. Industry or business

FATHER
12. Name UNKOWN
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKOWN
15. Birthplace GERMANY

16 (a) Informant JOHN SCHINDLER SON
(b) Address 1717 WILKINS AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 22/40 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR RD.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

MAY 21 1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 18 1940 at 10/35 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940 to May 18 1940. and that I last saw living on May 17 1940.

Immediate cause of death: Uraemia - Nephritis
Other Nephritis Interstitial

Due to

Due to

Other Conditions Pulmonary Oedema

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Norbert A. Peter M. D.
Address 215 N. Wolfe St. Date signed May 20/40

F 69521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

Registered No. F 69521

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Hilleary & Caton Ave

(c) Hospital or institution: St. Agnes' Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2113 W. Pratt St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr Raymond Hutchens

3 (b) If veteran, name war	3 (c) Social Security Account No.
None.	None.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	married

6 (b) Name of husband or wife Bertha Hutchens

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May-29-1887.

8. AGE: Years	Months	Days	If less than one day
52	11	19	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER 12. Name Payton Hutchens

13. Birthplace Staunton - Va.

MOTHER 14. Maiden Name Sussie Timmo.

15. Birthplace Staunton - Va.

16 (a) Informant Mrs. Bertha M. Hutchens.

(b) Address 2113 W. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22-1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cemetery.

Location Baltimore - Md.

18 (a) Funeral director Charles J. Schwab.

(b) Address 505 N. Monroe St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

MAY 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-18-40 1940 at 5:07 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-14 1940 to 5-18- 1940, and that I last saw him alive on 5-18 1940.

Immediate cause of death: Coronary Thrombosis

Due to Coronary atherosclerosis

Due to

Other Conditions Probable carcinoma, Stomach

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy Coronary sclerosis, thrombosis

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Charles W. Lewis M. D.

Address St Agnes Hosp Date signed 5-18-40

F 69522

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D Registered Number E 69522

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 115 E. Clement St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 115 E. Clement St (If rural give location)
(e) If foreign born, how long in U. S. A.? 70 years

3 (a) FULL NAME John Voelkel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Barbara A. Voelkel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12, 1864

8. AGE: Years	Months	Days	If less than one day: hr.	min.
76	1	8		

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired Trackman
11. Industry or business Street Railway

FATHER
12. Name John H. Voelkel
13. Birthplace Germany

MOTHER
14. Maiden Name Don't Know
15. Birthplace Germany

16 (a) Informant Barbara A. Voelkel (Wife)
(b) Address 115 E. Clement St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director H. Edward Evans
(b) Address 1400-02 N. Charles St

MAY 21 1940 (Date rec'd by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20, 1940, at 12:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 5-6-1940, to 5-20-1940, and that I last saw him alive on 5-20-1940.

Immediate cause of death Chronic myocarditis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. I. Friedman, M. D.
Address 1319 Light St. Date signed 5/20/40

VS 3

F 69523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D ✓ 54874 Registered No. SD F 69523

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Maryland House of Correction (If rural give location)
6 ✓ 1032 Stockton St
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Doman, crossfiled with William Dorman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years: 45 yrs. ? | Months | Days | If less than one day: hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: Inmate Md. House of Correction

11. Industry or business

FATHER
12. Name: Howard Swift
13. Birthplace: ?

MOTHER
14. Maiden Name: Sidney Almar
15. Birthplace: ?

16 (a) Informant: Records
(b) Address: Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) [illegible] MAY 21 1940
Location Commissioner of Health

18 (a) Funeral director: Per H. A. Moore
(b) Address

19 MAY 21 1940 (Date received by Registrar) (b) Hunter [illegible]

VS 8

F 5631

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14 1940, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-19 1940 to 5-14 1940, and that I last saw him alive on 5-14 1940.

Immediate cause of death: Carcinoma rectum — Duration: ?

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: [illegible] M. D.
Address: Balto City Hosp. Date signed 5-15-40

Grave #6 — Grave #6

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

183

Registered No. F 69524

~~F~~ 69524

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: found in harbor near No 2 Locust
(c) Hospital or institution: buoy off Sparrows Pt
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Unknown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: m | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: about 50 | Months | Days | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation
11. Industry or business

PARENTS
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY MAY 21 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) MAY 21 1940 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 19 , at 8:45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death: drowning
Due to: probably accidental
Due to:
Other Conditions: none
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide probably accidental
(b) Date of occurrence Unknown
(c) Where did injury occur? harbor (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? —
(Specify type of place)
(e) Means of injury drowning

23. Signature Paul L. Wolbarsht M.D. Medical Examiner.
Date signed 5-15-40

F 69525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 172

Registered No. F 69525

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1616 W. Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ARTHUR M. SMITH

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 216-01-5176

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Patsy Mae Smith

6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) July 19, 1910

8. AGE: Years 29 | Months 10 9 | Days 13 1 | If less than one day: hr. min.

9. Birthplace Elkton - Maryland (Town, county, and state)

10. Usual Occupation Scraper - paint

11. Industry or business Ship - yards

FATHER
12. Name Charles Smith
13. Birthplace Maryland

MOTHER
14. Maiden Name Lillian Wallace
15. Birthplace Maryland

16 (a) Informant Mrs Patsy M Smith
(b) Address 1616 W Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23. 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md

18 (a) Funeral director Wm J Fickus & Sons
(b) Address

MAY 21 1940 (Date rec'd by registrar)

(b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1940, at 8 20 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Shock, traumatic	
Due to Fracture, skull	
Due to	
Other Conditions Rupture of liver and spleen (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 20, 1940
(c) Where did injury occur? SS Tennessee Maryland dry dock (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work? Yes
(e) Means of injury fell 30 ft down hold of ship

23. Signature Lt. L. Wallenmeier M.D. Medical Examiner.

Date signed 5-21-40

VS 6

F 69526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 69526

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5453 Jonquil Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LE ROY MOFFETT BENSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-03-2302

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband~~ wife: Ruth J. Benson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 22, 1893

8. AGE: Years 46 | Months 7 | Days 28 | If less than one day hr. min.

9. Birthplace E. Grand Forks, Minnesota (Town, county, and state)

10. Usual Occupation Unemployed - Purchasing Agent

11. Industry or business

FATHER
12. Name Joseph C. Benson
13. Birthplace Sweden

MOTHER
14. Maiden Name Minnie Glans
15. Birthplace Sweden

16 (a) Informant Mrs. Ruth J. Benson
(b) Address 5453 Jonquil Avenue

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 22 1940 (month) (day) (year)

(c) Cemetery or crematory
Location Grand Forks N. Dakota

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna. Avenues

19 (a) MAY 21 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1940, at 2 50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	sudden
Due to	
Due to	
Other Conditions Arteriosclerosis general (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Asst Medical Examiner.
Date signed 5-20-40

VS 6

F 69527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 69527

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1607-E. Lafayette Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1607-E. Lafayette Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME Anna B. Borgmeier

3 (b) If veteran, name war: --

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Joseph F. Borgmeier
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 25, 1869

8. AGE: Years	Months	Days	If less than one day
70	6	24	xxxxxxxxx min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Christerpher Bauer
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace Germany

16 (a) Informant Joseph F. Borgmeier
(b) Address 1607-E. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735-Harford Ave.

19 (a) (b)

Registered by number MAY 21 1940 Deputy Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1940, at 9:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1940, to May 18 1940, and that I last saw ~~him~~ alive on May 18 1940.

Immediate cause of death	Duration
Coronary Thrombosis	30 days
Due to Arterio Sclerosis & Hypertension	5 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Anna B. Lemmon M. D.
Address 718 N Patterson Pk Ave Date signed

F 69528

Dr. Glassman 753 N. Fayette st Sun 3043

F 69528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97-P

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2512 W. Baltimore st

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d

(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 30

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2512 W. Baltimore St (If rural give location)

(e) If foreign-born, how long in U. S. A.? years

3 (a) FULL NAME Dorsey M. Burdette

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 1st 1888

8. AGE: Years	Months	Days	If less than one day
51	11	18	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business B. O R R

FATHER 12. Name John H. Burdette

13. Birthplace Md

MOTHER 14. Maiden Name Martha Watkins

15. Birthplace Md

16 (a) Informant Gertrude E. Burdette

(b) Address 806 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-40 (month) (day) (year)

(c) Cemetery or crematory Greenmount Location Maryland

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 (a) (Signature of registrar) (b) Huntington Williams M.D. Registrar

MAY 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19th 1940, at 8¼ P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1940 to May 19 1940, and that I last saw h— alive on 19

Immediate cause of death Chronic Valvular Heart Disease — Duration ?

Due to

Due to

Other Conditions Pulmonary Edema — 2 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harry Glassman M. D.

Address 753 W Fayette St Date signed May 20 1940

F 69529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-a

Registered No. F 69529

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address The Johns Hopkins Hospital

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs. 10 min.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Anne Arundel

(c) City or town Annapolis (If outside city or town limits, write RURAL and give town)

(d) Street No. 965 Severn Forest (If rural give location)

(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Katherine Randolph Thompson

3 (b) If veteran, name war ———

3 (c) Social Security Account No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	single

6 (b) Name of husband or wife single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1940

8. AGE: Years	Months	Days	If less than one day
			2 hr. 10 min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER

12. Name H. Raymond Thompson Jr.

13. Birthplace Md.

MOTHER

14. Maiden Name Katherine Haywood

15. Birthplace New Orleans

16 (a) Informant Records of Hospital

(b) Address Johns Hopkins Hospital

17 (a) Entombment (Burial, cremation, or removal) (b) Date thereof May 22-40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.

Location Loudon Park Ave

18 (a) Funeral director Steward & Mowen Company

(b) Address 108-W-North Avenue

19 (a) ——— (Date rec'd by registrar) (b) ——— Registrar

MM 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1940, at 8:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1940, to May 20 1940, and that I last saw h.m alive on May 20 1940.

Immediate cause of death	Duration
Asphyxia neo-natorum.	
Due to Fetal anomalies.	
(Hydrocephalus, spina bifida, etc.)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E. W. Overstreet M. D.

Address Johns Hopkins Hosp. Date signed 5-24-40

69530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69530

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Maternity Hospital

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4+2

(e) Length of stay in Baltimore (yrs., mos., or days) 4 days.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Harford

(c) City or town Bel Air

(If outside city or town limits, write RURAL and give town)

(d) Street No. Main St

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Mamie E. Burkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fem

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Wm E. Burkins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 20, 1884

8. AGE: Years Abt. 55 | Months 7 | Days 2 | If less than one day hr. min.

9. Birthplace Harford Co. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Own Home

FATHER

12. Name ? Beale

13. Birthplace Md Penna.

MOTHER

14. Maiden Name Cassandra (Cashman)

15. Birthplace

16 (a) Informant Mrs. Burkins/Hospital Records.

(b) Address Bel-Air Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-40 (month) (day) (year)

(c) Cemetery or crematory Darlington

Location Darlington Harford Co

18 (a) Funeral director Deane & Falls

(b) Address Bel Air Md

19 (a) (Date received by registrar) (b) [illegible] Williams M.D. (Registrar)

MAY 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1940, at 8:26 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 18th 1940, to May 22 1940, and that I last saw her alive on May 22 1940.

Immediate cause of death: Cerebral hemorrhage, right

Due to Hypertensive Cardiovascular Disease.

Due to Left Hemiplegia.

Due to Old right hemiplegia

Duration
5-18-40
2
"

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. E. Muse Jr. M. D.

Address University Hosp. Date signed 5-22-40

F 69531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B F 69531 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1705 Brentwood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-15-1887

8. AGE: Years	Months	Days	If less than one day
52	5	6	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name John
13. Birthplace Unk

MOTHER
14. Maiden Name Mary
15. Birthplace Md.

16 (a) Informant B.C.H. records
(b) Address

17 (a) Burial (b) Date thereof 5-25-1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Calvary
Location A.A. Co.

18 (a) Funeral director Joseph A. Lisicky
(b) Address 409 N Mount Street

19 MAY 22 1940 (b) [illegible] Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1940, at 6.25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1940 to May 21 1940, and that I last saw him alive on May 21 1940.

Immediate cause of death: Pulmonary Tuberculosis — Duration between onset and death

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp. Date signed 5-21-40. M. D.

PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The ... is especially important. Physicians: please write the causes of death clearly and legibly.

F 69532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-c

F 69532 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 622 Cumberland St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HERMAN CAPLAN.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4-1923

8. AGE: Years	Months	Days	If less than one day
16	11	17	hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Jacob Caplan
13. Birthplace Russia

MOTHER 14. Maiden Name Sarah Caplan
15. Birthplace England

16 (a) Informant Jacob Caplan
(b) Address 622 Cumberland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Fairview Cemetery
Location Philadelphia Rd.

18 (a) Funeral director Jack Neura Inc.
(b) Address 1439 E. Baltimore St.

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1940, at 4 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Shock, traumatic	
Due to Fracture, left temporal bone.	
Due to	
Other Conditions Contusion of right side of scalp (Ineligible pregnancy within 3 months of death)	
Major findings: Of operations no	
Of autopsy no	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence May 21, 1940
(c) Where did injury occur? 400 Block York Rd. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place While at work? no (Specify type of place)
(e) Means of injury Crushed between train and car

23. Signature Wm. H. L. Wallenmeyer M.D. Coroner Medical Examiner.

Date signed 5-21-40

F 69533

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-a

Registered No. F 69533

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1617 Filbert St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days) 73 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (Curtis Bay)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1617 Filbert St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Purnell E Reddish

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Minnie M

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14 1866

8. AGE: Years	Months	Days	If less than one day
73	11	6	hr. min.

9. Birthplace Curtis Bay Md (Town, county, and state)

10. Usual Occupation Retired Farmer

11. Industry or business

FATHER
12. Name Purnell Reddish
13. Birthplace Ind

MOTHER
14. Maiden Name Ellen Burnett
15. Birthplace Md

16 (a) Informant Norman B. Reddish
(b) Address 1617 Filbert st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Mareck
(b) Address 715 Light St.

19 (a) Date received by registrar MAY 22 1940 (b) Registrar Huntington Mitchell, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1940, at 8:20 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1940 to May 20 1940, and that I last saw h[illegible] alive on May 20 1940.

Immediate cause of death:
Hypertensive Cardiac - Vascular Renal Disease
Due to Cerebral Hemorrhage

Duration
—
4 hours

Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Floyd Lubin
Address 320 Cantagalo Ave Date signed 5/21/40

Vontron

F 69534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 69534

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1229 So. Clinton St
(c) Hospital or institution: D. S. A. Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1229 So. Clinton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Newton Vontron

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 30, 1939

8. AGE: Years — | Months 8 | Days 19 | If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Joseph Vontron

13. Birthplace Balto

MOTHER 14. Maiden Name Martha Long

15. Birthplace Balto

16 (a) Informant Martha Long

(b) Address 1229 So. Clinton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22 / 40 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Baltimore

18 (a) Funeral director Clarence F. Hoffmann

(b) Address 1639 N. Broadway

19 (a) MAY 22 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1940, at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Lobular pneumonia — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Sandcroft M.D. Medical Examiner.

Date signed 5/20/40

F 69535

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 69535 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 200 days
(e) Length of stay in Baltimore (yrs., mos., or days) one year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1609 N. Register St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MR LEVI HENRY

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mrs Joseph Henry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT 18, 1871

8. AGE: Years	Months	Days	If less than one day
69 68	8	1	hr. min.

9. Birthplace PIEDMONT, WEST VIRGINIA (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Levi Henry
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary Weisenberg
15. Birthplace Hancock, Md

16 (a) Informant Elmer Henry
(b) Address 1606 N Register St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemt
Location E north ave

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 N Broadway

19 (a) [illegible] Huntington, West Virginia

VS 9

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1940, at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 3 1939, to May 20 1940, and that I last saw him alive on May 20 1940.

Immediate cause of death

Due to Generalized arteriosclerosis C. V. Disease

Due to Hypertension, Cardiac hypertrophy & dilatation

Other Conditions Gangrene of Left leg due to arterial Embolism

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

Duration
1 week

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John F. Coolahan M. D.
Address Church Home & Inf. Date signed 5-20-40

F 69536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164c

F 69536 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) Life Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3740 Gough Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 20 Yrs years

3 (a) FULL NAME Joseph Ferrari Joseph Ferrari

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-2933

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife XXXX Margaret Ferrari
6 (c) If alive, give age - 51 years

7. Birth date of deceased (mo., day, yr.) Jan. 11 1885

8. AGE: Years 55 | Months 4 | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace Napoli (Italy)
(Town, county, and State)
10. Usual Occupation Crane Operator
11. Industry or business Bethlem Steel Co.

FATHER
12. Name Francesco Ferrari
13. Birthplace Italy

MOTHER
14. Maiden Name Maria Gallo
15. Birthplace Italy

16 (a) Informant Margaret Ferrari (Wife)
(b) Address 3740 Gough St.

17 (a) Burial (b) Date thereof May 23-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Eastern Ave Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St Huntingdon Williamsport Md.

MAY 22 1940 (Date filed by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-20-1940, at 2 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Hemorrhage of Head — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5-20-40
(c) Where did injury occur? 3740 Gough St. — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Dog inflicted wound of Head

23. Signature Howard L. Mencken M.D.
Medical Examiner.
Date signed 5-20-40

VS 6

F 69537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91

F 69537 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Balto City
(b) Street address 4132 Falls Road
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 4132 Falls Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary C. Morrison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: W

6 (b) Name of husband or wife: James P. Morrison

6 (c) If alive, give age: 85 years

7. Birth date of deceased (mo., day, yr.) Oct. 2 1853

8. AGE: Years 86 | Months 7 | Days 16 | If less than one day: hr. min.

9. Birthplace: Balto Co (Town, county, and state)

10. Usual Occupation: None at Home

11. Industry or business

FATHER — 12. Name: Charles Zimmerman

13. Birthplace: Germany

MOTHER — 14. Maiden Name: Mary E. Hemsley

15. Birthplace: Germany

16 (a) Informant: James P. Morrison Jr

(b) Address: 4132 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 23 1940 (month) (day) (year)

(c) Cemetery or crematory: Woodlawn

Location

18 (a) Funeral director: D. S. Manchath

(b) Address: 3839 Falls Rd Woodbourne, Md.

MAY 22 1940 (Date received by local registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 20 1940 at 6:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 15 1940 to MAY 19 1940 and that I last saw h E alive on MAY 19 1940.

Immediate cause of death: Arteriosclerosis — Duration: 5 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Arthur J. Davis M. D.

Address 5001 Harford Rd Date signed 4-21-40

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(1) F 69538

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V 115-c

F 69538
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2533 Woodbrook Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2533 Woodbrook Ave
(If rural give location)
3-3
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles William Jackson

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 216-05-4145

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frieda

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 30 1898

8. AGE: Years 41 | Months 8 | Days 20 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Steam-fitter

11. Industry or business Gunther Brewing Co.

FATHER
12. Name Charles E. Jackson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Jennie Parsons
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Frieda Jackson
(b) Address 2533 Woodbrook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-40 (month) (day) (year)
(c) Cemetery or crematory Loraine
Location Balto Co, Md

18 (a) Funeral director William J. Tickner & Sons
(b) Address North & Pennsylvania Aves

MAY 22 1940 Huntington White
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1940, at 5.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 12. 1940, to May 20 1940, and that I last saw him alive on May 20 1940.

Immediate cause of death — Duration

Acute Tonsilitis (Septic) May 12
Due to
Broncho Pneumonia May 19
Due to Acute Endocarditis May 20

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. C. Ochsner M. D.
Address 2737 W North Date signed 5-21-40

F 69539 F 69539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓98

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1829 South Charles St. 23-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Eliza Sweeney

If U. S. Veteran specify WAR

(a) Residence: No. 1829 South Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of William Sweeney

6. DATE OF BIRTH (month, day, year) Feb. 15, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Thurmont, Md.

FATHER

13. NAME John Holtz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rachel Donnelly

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. Elsie Wolfe

(Address) 1829 S. Charles St.

18. BURIAL, CREMATION, OR REMOVAL Place Lewistown, Md. Date May 26 1940

19. UNDERTAKER M. L. Crager

(Address) Thurmont, Md.

20. FILED MAY 22 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1940 to May 21, 1940

I last saw her alive on May 21, 1940 Death is said to have occurred on the date stated above, at 2:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion	5/20/40

Other contributory causes of importance:

Gangrene of right leg (Indefinite)

over

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, how?

(Signed) R. S. Carroll M. D.

5.21.40 (Address) 1644 Hanover Street, Balto.

N. B.—WRITE PLAINLY, WITH UNFADING INK—This information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 69540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-e F 69540

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1522 Argyle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME ISAAC Walter WORTHINGTON

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-030-436

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Adelaide Worthington

6 (c) If alive, give age: 25 years

7. Birth date of deceased (mo., day, yr.): Feb. 11, 1917

8. AGE: Years: 23 | Months: 3 | Days: 8 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: porter

11. Industry or business: Maryland Casualty Co.

FATHER
12. Name: John Worthington
13. Birthplace: Howard County, Md.

MOTHER
14. Maiden Name: Estelle Dobson
15. Birthplace: Howard County, Md.

16 (a) Informant: Estelle Worthington
(b) Address: 1522 Argyle Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/40 (month) (day) (year)
(c) Cemetery or crematory: Bush Hill Park
Location: Howard County, Md.

18 (a) Funeral director: Katie R. Williams
(b) Address: 322 N. Schroeder St.

19 (a) MAY 20 1940 (Date received by local registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1940, at 9 3/4 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Laceration, frontal cerebral

Due to: Fracture, 5th cervical vertebrae

Due to:

Other Conditions: —

(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: May 19th, 1940
(c) Where did injury occur? 1900 blk. Emmall St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? no (Specify type of place)
(e) Means of injury: passenger in auto struck

23. Signature: J. L. Wollenweber Asst Medical Examiner. M.D.

Date signed 5-19-40

struck telegraph pole

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 69541 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1341 E Clement Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 33 Years 74

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1341 E Clement Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 33 Years years

3 (a) FULL NAME Andrew Wzarowski
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Mary
6 (c) If alien, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 16, 1883

8. AGE: Years	Months	Days	If less than one day
56	6	4	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

FATHER
12. Name Thomas Wzarowski
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Wujik
15. Birthplace Poland

16 (a) Informant Mrs Mary Wzarowski
(b) Address 1341 E Clement St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M Welby
(b) Address 401 E Lafayette Street Huntingdon Pennsylvania

19 [illegible] (Signature of registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 13, 1940 to May 20 1940 and that I last saw him alive on 5-17, 1940.

Immediate cause of death Coronary Thrombosis — Duration 1 Day
Due to Chronic Myocardial Degeneration — 14 yr.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. K. McCord M. D.
Address 2016 Fort Ave. Date signed 5-20-40

F 60542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81-A

Registered No. F 60542

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1517 Division Street
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1526 Harlem Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Archibald Henry Dickerson
3 (b) If veteran, name war —
3 (c) Social Security Account No. ?

4. Sex Male
5. Color or race Negro
6 (a) Single, married, widowed, or divorced? Married
6 (b) Name of husband or wife Lena H. Dickerson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 4/6/1891
8. AGE: Years 48 Months 11 Days 11 If less than one day — hr. — min.
9. Birthplace St. Louis, Missouri (Town, county, and state)
10. Usual Occupation Pharmacist
11. Industry or business Drugs

FATHER
12. Name Henry Dickerson
13. Birthplace — Kentucky

MOTHER
14. Maiden Name Mary Spaulding
15. Birthplace — Kentucky

16 (a) Informant Lena H. Dickerson
(b) Address 1526 Harlem Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director George C. Kelson
(b) Address 1303 Pressman St.

MAY 22 1940 (Date filed) (Registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19, 1940, at 11:20 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from 4.17. 1940, to 5.19 1940, and that I last saw him alive on 5.19.1940

Immediate cause of death: Streptococcic meningitis — Duration 24 days
Due to —
Due to
Other Conditions — —
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature James D. Carr M. D.
Address 515 E Mosher St Date signed 5/21/40

69543

HEALTH DEPARTMENT—CITY OF BALTIMORE

69543

CERTIFICATE OF DEATH

V 131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 W Lanvale St. 16-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eula B. Taylor

If U.S. Veteran specify WAR

(a) Residence: No. 1008 W Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Irvin

6. DATE OF BIRTH (month, day, year) Dec 12, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster Co Pa.

FATHER

13. NAME Hugus Lewis

14. BIRTHPLACE (city or town) (State or country) Fredricksburg Va.

MOTHER

15. MAIDEN NAME Susan ?

16. BIRTHPLACE (city or town) (State or country) Fredricksburg Va.

17. INFORMANT Irvin Taylor (Address) 1008 W Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cem Date 5-22 1940

19. UNDERTAKER Mrs. Geo H. Holland (Address) 1631 Druid Hill Ave

MAY 23 1940

Filed 19 Registrar.

Huntington Williams, M.D.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 15 1940 to May 20 1940

I last saw h.r. alive on May 20th 1940 Death is said to have occurred on the date stated above, at 9P m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Hypertensive Cardio-Vascular Renal Disease	?
	1
Other contributory causes of importance: Cerebral Accident	5/15/40
severe	

Was an operation performed? no Date of —

For what disease or injury? —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) George McDonald M.D.

(Address) 844 N Carey St.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-P

Reg. No. 60544

60544

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Sinai Hospital.
(b) Street address Monument st Rutland ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) No. 2905 Rockrose ave (If rural give location)
(e) If foreign born, how long in U. S. A.) 30 years

3 (a) FULL NAME Abraham Hankin or Hankofsky.

3 (b) If veteran, name war: World War.

3 (c) Social Security Account No. 215-03-4357

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years 45 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Tailor

FATHER
12. Name Isidore Hankin
13. Birthplace Russia

MOTHER
14. Maiden Name Libby Gavrin
15. Birthplace Russia

16 (a) Informant Maurice Boxman
(b) Address 1529 E 33rd st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton ave
(d) Funeral director Sol Levinson & Bro.
(Address) 1124-26 W. North ave

19 (a) May 22 1940 (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1940, at 7.25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1940, to May 21 1940, and that I last saw h[illegible] alive on May 21 1940.

Immediate cause of death: Pneumonia.
Due to: over
Due to:
Other Conditions: Pleurisy
(Include pregnancy within 3 months of death)

Duration: 3 wks

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature [illegible] M.D.
Address Sinai Hospital Date signed 5/22/40

VS 2

F 69545

F 69545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 192-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The street address is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County Balto
(c) City or town Kingston (If outside city or town limits, write RURAL and give town)
(d) Street No. Lower Gibb River (If rural give location) 1021 Brantly Ave.
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ADAM HERMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	widower

6 (b) Name of husband or wife Mary K Herman

6 (c) If alive, give age 68

7. Birth date of deceased (mo., day, yr.) Jan 5, 1870

8. AGE: Years	Months	Days	If less than one day
72	4	16	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation carpenter
11. Industry or business retired

FATHER
12. Name Henry Herman
13. Birthplace Germany Schneider

MOTHER
14. Maiden Name Anna M Snader
15. Birthplace Germany

16 (a) Informant Mrs Jennie Houghton
(b) Address 1021 Brantley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location

18 (a) Funeral director J. H. Cowan & Son
(b) Address 901 Hollins St.

19 (a) Filed MAY 22 1940 (b) by registrar Harrington Williams, Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1940, at 3 45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cardiac disease	
mitral stenosis	
Due to	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. T. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 5-21-40

69546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No. F 69546

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 939 Leadenhall St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 939 Leadenhall (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Parran

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	wh	Married

6 (b) Name of husband or wife Mary Parran
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 20 1874

8. AGE: Years	Months	Days	If less than one day
66	2	—	hr. min.

9. Birthplace Calvert Co Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Fertilizer Factory

FATHER
12. Name John Parran
13. Birthplace Calvert Co Md

MOTHER
14. Maiden Name Millie
15. Birthplace Calvert Co Md

16 (a) Informant Mary Parran
(b) Address 939 Leadenhall St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Balto City

18 (a) Funeral director David L. Brown Hon
(b) Address 108 W Montgomery St

(a) (Signature of local registrar) (b) Huntington Williams M.D.

MAY 22 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1940 at 10:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1940 to May 20 1940 and that I last saw h alive on May 20 1940

Immediate cause of death Uraemia — Duration 2 days
Due to Chronic Interstitial Nephritis — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H H Carroll M. D.
Address 911 Warren Date signed 5/22/40

F 69547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91a

F 69547 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 703 Mura St (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME MARGARET M. KELLY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife John F Kelley
6 (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) July 8, 1915

8. AGE: Years	Months	Days	If less than one day
24	10	13	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business at Home

FATHER
12. Name John J. Welby
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Margaret O'Connor
15. Birthplace Baltimore Md

16 (a) Informant Mrs Margaret Welby
(b) Address 703 Mura St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25 1940 (month) (day) (year)
(c) Cemetery or crematory Mayo Cathedral Cem
Location 43 00 Old Frederick Rd

18 (a) Funeral director Elmer W. Conkling & Son
(b) Address 924 E. Eager St

19 (a) (Date rec'd by registrar) (b) [illegible] Williams, M.D. Registrar

MAY 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1940, at 10 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Subarachnoid hemorrhage	7 hrs
Due to	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
East Medical Examiner.
Date signed 5-21-40

69548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-D F 69548

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to correct age where especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 505 E. 20th Street
(c) Hospital or institution: -----
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 505 E. 20th Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME BERNARD H. McGINN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ or wife: Margaret Collins McGinn

6 (c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): Jan. 6, 1874

8. AGE: Years 66 | Months 4 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Harbor Master

11. Industry or business: City of Baltimore

FATHER
12. Name: Bernard McGinn
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Katherine Z. Hayden
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mrs. Margaret McGinn
(b) Address: 505 E. 20th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 25/40 (month) (day) (year)
(c) Cemetery or crematory: Cathedral Cemetery
Location: Baltimore, Maryland

18 (a) Funeral director: Chas. S. Sauerwein Son Inc.
Address: 118 W. Mt. Royal Ave.

19 (a) May 23 1940 (Date received by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 21 19 40 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 1 19 40 to May 21 19 40, and that I last saw him alive on May 21 19 40.

Immediate cause of death: Rheumatic Heart Disease — Duration: 20 yrs.

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Philip O. Glynn, M. D.

Address: 423 E. North Ave. Date signed: 5-21-40

F 69549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126

Registered No. F 69549

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N. Calhoun Street
(c) Hospital or institution: Franklin Sq Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2540 Arunah Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth K. Moore

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife John J. Moore

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1884

8. AGE: Years 55 | Months 9 | Days 25 | If less than one day hr. min.

9. Birthplace Merry Point Va (Town, county, and state)

10. Usual Occupation House Wife

11. Industry of business

FATHER
12. Name John R. Davis
13. Birthplace Va

MOTHER
14. Maiden Name Willie J. Maston
15. Birthplace Va

16 (a) Informant Margaret M. Jones.
(b) Address Severn. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23. 1940 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto City.

18 (a) Funeral director Mr. Mrs. John W. Tenfelsen
(b) Address 801 W. Fayette St.

19 MAY 22 1940 (b) Huntington Williams, M.D.
Middle name or initial

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-21 1940, at 7 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-13- 1940, to 5-21 1940, and that I last saw h[illegible] alive on 5-21 1940.

Immediate cause of death	Duration
Bronchio-pneumonia	
Due to Thrombosis of hepatic artery with infarct of	
Due to Abs of liver	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Gall-stones + Chronic cholecystitis -
Of autopsy Bronchio-pneumonia +

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Wolf M. D.
Address Franklin Sq Hospital Date signed 5-21-40

VS 3

69550

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D F 69550 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5507 Arabia Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
Street No. 5507 Arabia Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary B. Muller

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	widow

6 (b) Name of husband or wife Gabriel Muller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4- 1878

8. AGE: Years	Months	Days	If less than one day
61	10	17	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Bernard Bertling
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Ahling
15. Birthplace Germany

16 (a) Informant Gabriel Muller
(b) Address 5507 Arabia Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Funke
(b) Address 5305 Harford Rd.

19 (a) (b) Registrar

MAY 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to May 21 1940 and that I last saw h alive on 3/24 1940

Immediate cause of death, Duration
Coronar Thrombosis (Infarction)
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wyloe Gilbert M. D.
Address 5703 Harford Rd Date signed 5/22/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

69551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B F. 69551

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1815 Pennsylvania Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1815 Pennsylvania Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME ELIZABETH HARRIS

3 (b) If veteran, name war —

3 (c) Social Security Account No. 9

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Alexander

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years 48 Months Days If less than one day hr. min.

9. Birthplace Blackstone, Va (Town, county, and state)

10. Usual Occupation domestic

11. Industry or business

FATHER 12. Name John Stokes

13. Birthplace Va.

MOTHER 14. Maiden Name ?

15. Birthplace Va.

16 (a) Informant Alexander Harris

(b) Address 1815 Penna Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Geo. D. Kelson

(b) Address 1303 Pleasant St

19 (a) (Date rec'd by registrar) MAY 22 1940 (b) Registrar's No. 14 3 Filed May 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1940, at 7 25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Autopsy or Inquest)
to her death on the day stated above.

Immediate cause of death Cardiac disease, mitral stenosis — Duration

Due to Rheumatic fever, chronic

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 5-22-40

F 69552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

SD 54968 Registered No. F 69552

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 601 W. Biddle Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Andrew Chambers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1884

8. AGE: Years 55 | Months 6 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore (City, county, and state)

10. Usual Occupation Odd Jobs

11. Industry or business

FATHER
12. Name Richard (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Ada Dett
15. Birthplace Baltimore

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAY 22 1940
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) MAY 22 19[illegible] (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1940, at 6[05] P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1940, to May 14 1940, and that I last saw him alive on May 14 1940.

Immediate cause of death: Cerebral hemorrhage — Duration 3 weeks

Due to:

Due to:

Other Conditions Hypertensive cardiovascular disease — Duration unknown
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy Enlarged heart (Lead not determined)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address Baltimore City Hospitals Date signed 5/15/40 M. D.

VS 3

5635

F 69553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 69553

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4 W
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Brown

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Wh	

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-13-40

8. AGE: Years	Months	Days	If less than one day
			12 hr. 78 min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name John Henry Brown
13. Birthplace Catonsville Md.

MOTHER
14. Maiden Name Pauline F. Rayland
15. Birthplace Charlottesville Virginia

16 (a) Informant Pauline A. Brown
(b) Address 22 Main Ave., Catonsville Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAY 22 1940
Commissioner of Health

18 (a) Funeral director Per M. A. Moore
(b) Address

19 (a) MAY 22 1940 (Date rec'd by registrar)

VS 3

5636

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14 1940, at 11.35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-13 1940, to 5-14 1940, and that I last saw him alive on 5-14 1940.

Immediate cause of death
Prematurity
Congenital Atelectasis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. W. Butler
Address Frederick Hospital Date signed 5-14-40

F 69554

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D
55675 SD
Registered No. F 69554

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs +

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 124 Perry Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Felton Harrison

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) ?
8. AGE: Years: 54 yrs. ? Months: Days: If less than one day: hr. min.
9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (a) (b) Huntington Williams, M.D. Registrar

MAY 22 1940

VS 8

5638

UNIVERSITY MEDICAL SCHOOL MAY 22 1940
COMMISSIONER OF HEALTH

Per M. A. Moore

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1940, at 10:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1940, to May 16 1940, and that I last saw h[illegible] alive on May 16 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration [illegible]
Due to
Due to
Other Conditions: Hypertensive cardio-vascular disease — [illegible]
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. A. Gracely M. D.
Address Baltimore City Hospitals Date signed 5/17/40

CGK

52725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69555 / 124-A

Registered No. F 69555

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 61
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 5044 Reisterstown Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Max Evcsovich

3 (b) If veteran, name war

3 (c) Social Security Account No. X

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1888

8. AGE: Years	Months	Days	If less than one day
52	4	10	hr. min.

9. Birthplace Czech. (Town, county, and state)
10. Usual Occupation Butcher
11. Industry or business

FATHER
12. Name Mealy
13. Birthplace Czech

MOTHER
14. Maiden Name Mary ?
15. Birthplace Czech

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAY 22 1940
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Kline

19 (a) MAY 22 1940 Huntington Williams M.D.
(Date received by Registrar) Registrar

5639

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16 1940, at 3:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-9 1940, to 5-16 1940, and that I last saw h/her alive on 5-16 1940.

Immediate cause of death	Duration
Cirrhosis of liver (Laennec's)	over 3 months
Due to	
Due to	over
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Kurbanderd Jr. M. D.
Address Balto City Hosp Date signed 5-16-40

F 69556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 69558

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3511 CLAREMONT AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3511 CLAIREMONT AVE.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME KATIE LUDWIG.

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: FEMALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife JOHN G.LUDWIG

6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) MAR.25 1870

8. AGE: Years 70 | Months 1 | Days 25 | If less than one day: hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name EDWARD KIRBY
13. Birthplace BALTIMORE MD.

MOTHER
14. Maiden Name MARY E.DINGLER
15. Birthplace GERMANY

16 (a) Informant JOHN G.LUDWIG (HUSBAND)
(b) Address 3511 CLAREMONT AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 23/40 (month) (day) (year)
(c) Cemetery or crematory MT.CARMEL
Location O'DONNELL ST.

18 (a) Funeral director Lilly & Zailer Inc
(b) Address 403 S.WOLFE ST.

19 (Date received by Registrar) MAY 22 1940 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 20 1940, at 3/30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Decemb 1939. to May 20 1940
and that I last saw h alive on May 20 1940.

Immediate cause of death
Chronic myocarditis — Duration
Due to Asteriosclerosis
Due to Senility
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John G Ludwig M. D.
Address 1421 East ave Date signed 5-21-40

VS 3

ok

F 69557

BALTIMORE CITY HEALTH DEPARTMENT

53432

CERTIFICATE OF DEATH 30-E

Registered No. F 69557

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1039 Front St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sadie Willis

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2, 1886

8. AGE: Years	Months	Days	If less than one day
54	2	19	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Dependent on Children
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A. H. Co

18 (a) Funeral director Paynes Sanders
(b) Address 1442 E. Preston St

19 (a) MAY 22 1940 (Date rec'd by registrar) Livingston Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1940, at 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1940, to May 21 1940, and that I last saw her alive on May 21 1940.

Immediate cause of death Syphilitic Heart Disease — Duration Unknown

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Aortic insufficiency, cardiac failure

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. McVaugh Lichtenstein M. D.
Address Apt. to City Hosp. Date signed 5-22-40

VS 3

F 60307
F 60558

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 60558

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.,
(c) City or town Baltimore Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. W. Lake Ave
(If rural give location)
3 Old Frederick Rd.
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lilly Morris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-7-94

8. AGE: Years 45 | Months 10 | Days 14 | If less than one day hr. min.

9. Birthplace Mass (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name William Page
13. Birthplace Virginia

MOTHER
14. Maiden Name Katie Johnson
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-40 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location Balto. Co.

18 (a) Funeral director Sam'l M. Chase & Son
(b) Address 608 N. Gilmor St.

19 (a) (b) Huntington Williams, M.D. Registrar

Date received MAY 22 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1940 at 2.20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940 to May 21 1940 and that I last saw her alive on May 21 40.

Immediate cause of death Post-operative SHOCK — Duration

Due to Retroperitoneal Tumor

Due to

Other Conditions Hypertension, Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bruno Barclare, Jr. M. D.
Address Johns Hopkins Hosp Date signed 5/22/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

69559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

✓ F 69559

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Page is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 Bruce
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mths 17

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 Bruce St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie Hughes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	Col	married

6 (b) Name of husband or wife Robert Hughes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
64	—	—	hr. min.

9. Birthplace Church Creek - Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Alfred Henry
13. Birthplace Church Creek - Md

MOTHER
14. Maiden Name Maggie Mansfield
15. Birthplace Church Creek - Md

16 (a) Informant Mrs Annie Hughes
(b) Address 700 Bruce St

17 (a) Burial (b) Date thereof 5-27-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Old Field Cem.
Location Dorchester Co. - Md

18 (a) Funeral director Mrs. K. R. Williams
(b) Address 322 N. Schroeder St

19 (a) (Date rec'd by registrar) Mrs. K. R. Williams M.D. Registrar
5-25-1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1940, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1940 to May 21 1940 and that I last saw h[er] alive on May 21 1940

Immediate cause of death: Cerebral Hemorrhage — Duration 4 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Keasey M.D.
Address 1 W Pratt Date signed 5/21/40

69560

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 69560

CERTIFICATE OF DEATH

131-V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4826 Coleherne Road St., ... Ward.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred About 75 yrs. -- mos. -- da. How long in U. S. If of foreign birth? -- yrs. -- mos. -- da.

If U. S. Veteran specify WAR .....

2. FULL NAME Avelena Theresa Hodes

(a) Residence: No. 4826 Coleherne Rd. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ------

6. DATE OF BIRTH (month, day, year) ------

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
About 75	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John F. Hodes

14. BIRTHPLACE (city or town) (State or country) ------ Germany

MOTHER

15. MAIDEN NAME Avelena Grieser

16. BIRTHPLACE (city or town) (State or country) ------- Germany

17. INFORMANT Miss Elizabeth Hodes

(Address) 4826 Coleherne Road

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 5/23 1940

19. UNDERTAKER H. W. Mears & Son

(Address) 805 N. Calvert Street

MAY 23 1940

21. Filed Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1936 to May 21, 1940

I last saw her alive on May 21, 1940 Death is said to have occurred on the date stated above, at 9:40 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1936
Bronchopneumonia	May 18-21 1940
Other contributory causes of importance:	
Chronic Interstitial Nephritis	1937

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Sherman Kilgus M. D.

(Address) 2601 Manhattan Ave.

V8 8

Lyle

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 69561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 69561

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 784 N. Homburg
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 784 W. Hamburg St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas James Diskin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Louise Laurent
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/4/1862

8. AGE: Years 77 | Months 6 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER 12. Name John Diskin
13. Birthplace Ireland

MOTHER 14. Maiden Name Cecilia Govin
15. Birthplace Ireland

16 (a) Informant Mrs Louise Diskin
(b) Address 784 N. Homburg St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/40 (month) (day) (year)
(c) Cemetery or crematory Catholic Cem
Location Old Frederick Rd

18 (a) Funeral director John J. Fahey & Sons
(b) Address 1318 Pennsylvania Ave.

MAY 22 1940 (Date received) (Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1940, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1940, to May 20 1940, and that I last saw him alive on May 20 1940.

Immediate cause of death Myocarditis — Duration 3 days

Due to Cardiac dilatation

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mary Straw M. D.
Address 29 Wash. Blvd. Date signed May 24

F 69562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a V

Registered No. F 69562

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 24

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1639 Balt St. (If rural give location)
(e) If foreign born, how long in U. S. A.? - years

3 (a) FULL NAME JOHN LEO SCHMUCK

3 (b) If veteran, name war None
3 (c) Social Security Account No. 214-05-3148

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married.
6 (b) Name of husband or wife: Loretta Schmuck
6 (c) If alive, give age 40 years
7. Birth date of deceased (mo., day, yr.): Aug 26 1893
8. AGE: Years 46 | Months 8 | Days 24 | If less than one day: hr. min.
9. Birthplace: Balto Md. (town, county, and state)
10. Usual Occupation: Molder
11. Industry or business: Beth Steel Co

FATHER
12. Name: George Schmuck
13. Birthplace: Balto Md.

MOTHER
14. Maiden Name: Louise Bopp.
15. Birthplace: Balto Md.

16 (a) Informant: Loretta Schmuck (WIFE)
(b) Address: 1639 Belt St

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 5-24-40 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location: Balto Md

18 (a) Funeral director: Bernard E. Forle
(b) Address: 121 E. Wed St

MAY 22 1940 (Date rec'd by registrar)
(b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 20, 1940, at 10 15 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage, subarachnoid	
Due to spontaneous	
Due to	
Other Conditions Hypertension	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 5-20-40

VS 6

F 69563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 69563

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 640 Maunder Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County, City Balto

(c) City or town Balto Md

(If outside city or town limits, write RURAL and give town)

(d) Street No. 640 Maunder Ave

(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

25

3 (a) FULL NAME John R Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-8801

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Florence Johnson

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Dec 22 76

8. AGE: Years 63 | Months 4 | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace Md.

(Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business —

FATHER 12. Name Uriah Johnson.

13. Birthplace Md.

MOTHER 14. Maiden Name Not Known

15. Birthplace Md.

16 (a) Informant Florence Johnson

(b) Address 640 Maunder Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5-25-40 (month) (day) (year)

(c) Cemetery or crematory Holy Cross

Location H.H. Co.

18 (a) Funeral director Bernard C Hark

(b) Address 121 E. West St

19 (Date rec'd by registrar) MAY 22 1940 (Signature of registrar) Washington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1940, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 2 1939 to May 21 1940 and that I last saw h im alive on May 21 1940

Immediate cause of death Coronary Thrombosis — Duration 6 Mo.

Due to Arterio-Sclerosis

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature Paul Trubon M.D.

Address 320 Potapaco Ave Date signed 5/22/40

VS 3

69564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69564
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver St.
(c) Hospital or institution:
St. Joseph's Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore Co.
(c) City or town
(If outside city or town limits, write RURAL and give town.)
(d) Street No. 7218 Eastern Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marian Sheppard.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23, 1931

8. AGE: Years	Months	Days	If less than one day
9	11	30	hr. min.

9. Birthplace Bel Air, Md.
(Town, county, and state)
10. Usual Occupation None.
11. Industry or business

FATHER
12. Name W. Frank Sheppard
13. Birthplace N.C.

MOTHER
14. Maiden Name Cora Krause
15. Birthplace N.C.

16 (a) Informant Frank Sheppard
(b) Address 7218 Eastern Ave Balto Md

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-24-40 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Bel Air Md

18 (a) Funeral director Howard K McCann
(b) Address Aberdeen Md

MAY 23 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1940, at 5:26 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1940, to May 22 1940, and that I last saw her alive on May 22 1940.

Immediate cause of death	Duration
Tetanus	4 days
Due to Splinter in Leg	7 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Unfavorable Pt Arrived

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Kelmenson M. D.
Address St. Joseph's Date signed 5-22-40

F 69565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69565 Registered No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1815 N. Wolfe st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1815 N. Wolfe st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Johanna C. Whittle

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, ~~widowed, or divorced~~: Married
6 (b) Name of husband ~~or wife~~: George W. Whittle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 13th 1875

8. AGE: Years 64 | Months 8 | Days 8 | If less than one day ... hr. ... min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name Unknown Schultz
13. Birthplace Germany

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant George W. Whittle
(b) Address 1815 N. Wolfe st

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/24/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location Balto, Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) Date received MAY 28 1940 (b) Registrar Washington Nogiaux M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21st 1940, at 3.45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/8 19 40 to 5/21 19 40 and that I last saw her alive on 5/21 19 40.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Cardio-Vascular Renal Disease	
Due to Diabetes.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature H. A. Littman M. D.
Address 1304 S. Clinton Date signed 5/22/40

F 69566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 69566

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1004 Warwick Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 80yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 Warwick Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice V. Davis

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed
6 (b) Name of husband ~~or wife~~: Capt Nathan S. Davis
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 11th 1859

8. AGE: Years	Months	Days	If less than one day
81	2	9	hr. min.

9. Birthplace: Washington D.C.
(Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business: Self

FATHER
12. Name: Thomas E. Farbo
13. Birthplace: Washington D.C.

MOTHER
14. Maiden Name: Mary H. Sothoron
15. Birthplace: Washington D.C.

16 (a) Informant: Mrs Frank Rohrer
(b) Address: 1004 Warwick Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof May 23rd 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~: London Park
Location: Balto Md

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St

19 (a) MAY 22 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20th 1940, at 4:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1940, to May 20 1940, and that I last saw h[illegible] alive on May 20 1940.

Immediate cause of death	Duration
(a) Myocardial Insufficiency,	3 da
Due to (b) Arteriosclerosis (Hypertrophy and Dilating)	10 yrs
Due to (c) [illegible]	2 yrs
Other Conditions	one

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Elliott Conrad M. D.
Address: 806 N Fulton Ave Date signed: May 21/40

F 69567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 69567 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2691 Dulaney St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2691 Dulaney St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

20-53

3 (a) FULL NAME GEORGE M. BEALE

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: M. | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Ursula A Beale

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9, 1874

8. AGE: Years 66 | Months 0 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business London Park Cemetery

FATHER
12. Name ? Beale
13. Birthplace Virginia

MOTHER
14. Maiden Name Anna Brumley
15. Birthplace Virginia

16 (a) Informant Mrs. Ursula A Beale
(b) Address 2691 Dulaney St

17 (a) Burial (b) Date thereof 5-24-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 MAY 23 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1940, at 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 5-21-40

VS 6

69568 HEALTH DEPARTMENT—CITY OF BALTIMORE F 69568

CERTIFICATE OF DEATH ✓83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2413 Woodbrook Ave.) (3-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Matilda M. Harris

If U. S. Veteran specify WAR

(a) Residence: No. 2413 Woodbrook Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Harris

6. DATE OF BIRTH (month, day, year) July 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City.

FATHER

13. NAME Green Hamilton.

14. BIRTHPLACE (city or town) (State or country) New Jersey.

MOTHER

15. MAIDEN NAME Pinky Johnson

16. BIRTHPLACE (city or town) (State or country) Hagerstown Va.

17. INFORMANT Husband

(Address) 2413 Woodbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date May 24 19 40

19. UNDERTAKER George T. A. Gibson & Co.

Address 1535 Druid Hill Ave.

MAY 23 1940

20. FILED Harrington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-21, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1940 to May 21, 1940

I last saw her alive on 5-21-40, 19. Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-24-40

Other contributory causes of importance:

Hypertension

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Clinical & Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Louis E. Hayman M. D.

(Address) 2348 Madison Ave.

Harmon

N. B.—WRITE PLAINLY, WITH UNFADING INK. All questions must be answered or the reason stated why they cannot be supplied. AGE should be stated EXACTLY. PHYSICIANS should write information should be carefully supplied in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

F 69569 ✕ F 69569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓54a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The street age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 21 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Cockeysville (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Harry M. Shank

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife: Margaretha (nee Hess)
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.): Sept 8, 1867

8. AGE: Years	Months	Days	If less than one day
72	8	15	hr. min.

9. Birthplace: Harrisonburg, Virginia (Town, county, and state)
10. Usual Occupation: Machinery Saler
11. Industry or business: (Farm)

FATHER
12. Name: Samuel Shank
13. Birthplace: Harrisonburg, Virginia

MOTHER
14. Maiden Name: Betty Miller
15. Birthplace: Harrisonburg, Virginia

16 (a) Informant: Mrs. H. H. Shank
(b) Address: Cockeysville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25 1940 (month) (day) (year)
(c) Cemetery or crematory: Sherwood
Location: Cockeysville

18 (a) Funeral director: Landon M. Bosley
(b) Address: Sparks, Md.

19 (a) — (registrar) (b) —

MAY 28 1940
VS 2

Hunter's Lane Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1940, at 5:00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1940 to May 23 1940 and that I last saw h alive on May 22 1940.

Immediate cause of death: Brain Tumor (malignant) (Glioma of Left Parietal Lobe) — Duration: 1 year?
Due to:
Due to:
Other Conditions: Chronic Sinusitis (Include pregnancy within 3 months of death)

Major findings:
Of operations: Glioma of Left Parietal Lobe
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: J. B. Nuttall M. D.
Address: University Hosp. Date signed: 5/23/40

F 69570

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 45-L

F 69570
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos. or days) 49 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1813 W Baltimore St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph W Hodges

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Mary Hodges
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 14 1875

8. AGE: Years 65 | Months 1 | Days 7 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county and state)
10. Usual Occupation Retired
11. Industry or business Police Sergeant

FATHER
12. Name John Hodges
13. Birthplace Balto Md

MOTHER
14. Maiden Name Anna Finnegan
15. Birthplace Ireland

16 (a) Informant Mrs Mary Hodges
(b) Address 1813 W Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director Geo A Tyler
(b) Address Fulton & Fayette

19 (a) (Date rec'd by registrar) (b) Huntington Wilson M.D.

MAY 23 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5-21 1940, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2 1940, to 5-21 1940, and that I last saw h.i.m alive on 5-21 1940.

Immediate cause of death Carcinoma
& Buccal Mucosa (Advanced) — Duration 49 days
Due to ovrn
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. D. J. Montagnino M. D.
Address St. Agnes Hosp Date signed 5-24-40

Form.—3-29-33—L. F. S.—500 Blks.

F 69571

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69571

CERTIFICATE OF DEATH

✓ 97

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3821 Fairview Avenue ST. 15-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lilian Belle Pitt

(a) RESIDENCE NO. 3821 Fairview Avenue. ST. WARD
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. R. Pitt

6 DATE OF BIRTH (month, day, and year) Feb. 24, 1876

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	2	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Own Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Kent County, Maryland.

PARENTS

10 NAME OF FATHER Edward Overend

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ohio

12 MAIDEN NAME OF MOTHER Mary E. Shuster

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Mr. Wm. R. Pitt

(Address) 3821 Fairview Avenue.

15 MAY 28 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22, 1940.

17 I HEREBY CERTIFY, That I attended deceased from April, 1939 to May 21 1940, that I last saw h alive on May 21 1940 and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Bronchio-Pneumonia (Terminal) 1 day

CONTRIBUTORY (Secondary) Senile Atherosclerosis (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Harry H. Edmunds M.D.

5/22/1940 Address 1401 Mt. Royal Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, [redacted] Loudon Park Cem. DATE OF BURIAL May 24, 1940

20 UNDERTAKER Wm. J. Tickner & Sons, Inc. ADDRESS North & Penna. Ave.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See instructions on back of certificate.

69572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-D

F 69572 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1904 W. Mosher Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 10 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1904 W. Mosher Street (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

16

3 (a) FULL NAME Patricia Ann Grey

3 (b) If veteran, name war ---
3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ---
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) July 7th 1939

8. AGE: Years	Months	Days	If less than one day
	10	14 4	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation ---
11. Industry or business Infant

FATHER
12. Name Earl S. Grey
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Grace Schulthies
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Earl S. Grey
(b) Address 1904 W. Mosher St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23rd 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location City.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.

19 (a) (Date received by registrar) MAY 23 1940 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1940, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1940, to May 21 1940, and that I last saw h alive on D.O.A. 19

Immediate cause of death Congenital Micrencephalus — Duration 10 mins.

Due to ---

Due to ---

Other Conditions Intracranial Hemorrhage

(Include pregnancy within 3 months of death)

Major findings:
Of operations ---
Of autopsy ---

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ---
(b) Date of occurrence ---
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury ---

23. Signature Dante Robinson M. D.
Address 2433 Guilford Ave Date signed 5/22/40

H L Wollenweber, M.D. Clerk

69573 Kotlicke

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V47-D

F 69573 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days
(e) Length of stay in Baltimore (yrs., mos., or days) V 1 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1202 E Monument St (If rural give location)
(e) If foreign born, how long in U. S. A.? V 1 years

3 (a) FULL NAME Aaron Kotlicke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Ray

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years 61 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Leather Goods

11. Industry or business

FATHER 12. Name Henry

13. Birthplace Poland

MOTHER 14. Maiden Name Rebecca Gottlieb

15. Birthplace Poland

16 (a) Informant Hospt Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-40 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Old Pt & Hamilton Ave

18 (a) Funeral director Jos. Levi Sons

(b) Address Hillsborough Williams, M.D. Balto St

19 (a) (Dist. rec'd by registrar) (b) Registrar

VS Form 10

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22-1940, at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-25 19 40 to 5-22 19 40 and that I last saw him alive on 5-22 19 40.

Immediate cause of death: Ca of lung 2 metastases to liver. Cachexia — Duration 5-6 weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Pillar M. D.

Address Sinai Hospital Date signed 5-23-40

F 69574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69574 Registered No. 194-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2122 Eagle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 5

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2122 Eagle St (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Simon Kashkett

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-6336

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Machinist

FATHER
12. Name Friedel Kashkett
13. Birthplace Russia

MOTHER
14. Maiden Name Rose ?
15. Birthplace Russia

16 (a) Informant Samuel Kashkett
(b) Address 2122 Eagle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23, 40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W. North Ave

(Date) May 23 1940 (Signature) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1940, at 9:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1936 to May 22 1940
and that I last saw him alive on 5/22 1940

Immediate cause of death: Coronary thrombosis — Duration: 4 days

Due to: Acute cardiac dilatation — Duration: Past Yrs

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Miller M.D.
Address 2030 Wilkens ave Date signed 5/22/40

69575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 69575

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 205 Hawthorne Road
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 205 Hawthorne Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louise I. Dennis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife James U. Dennis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14, 1880

8. AGE: Years	Months	Days	If less than one day
60	2	7	hr. min.

9. Birthplace Dorchester County, Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Charles P. Craig
13. Birthplace Md.

MOTHER
14. Maiden Name Irene Dashiell
15. Birthplace Md.

16 (a) Informant James U. Dennis
(b) Address 205 Hawthorne Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23, 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John J. Mitchell
(b) Address 1900 Eutaw Place, Balto., Md.

19 (a) [illegible] (Registrar) Hilarius Jean Nellignes M.D. Registrar

MAY 23 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/21 1940 at 9:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 9 1936 to May 21 1940 and that I last saw her alive on 5/21/40

Immediate cause of death Carcinoma of Breast

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operation Breast Removal Carcinoma

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Woody M. D.
Address 1403 Park Avenue Date signed

69576

CGK

55069 F 69576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct is especially important! Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address No. 6940 Eastern Ave.

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 3

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2608 Huron St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gladys Ware (Also known as Gloucester Gladys E Wright Ware)

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1904

8. AGE: Years	Months	Days	If less than one day
35	9	10	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Perry Wright

13. Birthplace Md.

MOTHER

14. Maiden Name Rebecca Lewis

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof May 25 1940
(month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

18 (a) Funeral director Mrs. Katie R. Williams

(b) Address 322 N. Schroeder St.

19 (a) (Date received by registrar) (b) Signature of registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-21 1940, at 9 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-26 1940 to 5-21 1940 and that I last saw her alive on 5-21 1940

Immediate cause of death Carcinoma cervix - with metastasis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E K Woodward Jr. M. D.

Address Balto City Hosp. Date signed 5-21-40

F 69577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 69577

PLEASE WRITE PLAINLY, with UNFADING INK. Every item of information should be carefully supplied. Tell correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2710 Harlem Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2710 Harlem Ave. 16
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph W. Simmons.

3 (b) If veteran, name war: None.

3 (c) Social Security Account No. None.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White.	Widowed.

6 (b) Name of husband or wife: Carrie E. Simmons
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 4-1855

8. AGE: Years	Months	Days	If less than one day
85	3	17	hr. min.

9. Birthplace Dorchester Co. Md.
(Town, county, and state)
10. Usual Occupation Carpenter.
11. Industry or business

FATHER
12. Name John L. Simmons.
13. Birthplace Dorchester Co. Md.

MOTHER
14. Maiden Name Elizabeth Frazier.
15. Birthplace Maryland.

16 (a) Informant Mrs. Henry Bell.
(b) Address 2710 Harlem Ave.

17 (a) Burial. (b) Date thereof May 24-40.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Baltimore - Md.

18 (a) Funeral director Charles J. Schwab.
(b) Address 505 N. Monroe St.

MAY 23 1940 (c) Huntington Williams M.D.
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 21 - 1940. at 7:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1940. to May 21 1940. and that I last saw him alive on May 20 1940.

Immediate cause of death: Cerebral Hemorrhage

Due to Chr. Arteri Sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
6 days.
years ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. J. Davison M. D.
Address 3228 Eastern Ave. Date signed 5-23-40

F 69578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-0

F 69578 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette Sts.
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 241 W. Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Clarence Meredith

3 (b) If veteran, name war No

3 (c) Social Security Account No. SS 213-07-9947

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Carrie L. Meredith

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) May 14, 1893

8. AGE: Years 47. Months — Days 7 If less than one day: ____ hr. ____ min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Mill Right, Foreman

11. Industry or business Bethlehem Steel

FATHER
12. Name John L. Meredith
13. Birthplace Pulaski Co, Va.

MOTHER
14. Maiden Name Capitola Loving
15. Birthplace Pulaski Co, Va.

16 (a) Informant Carrie L. Meredith
(b) Address 741 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Baltimore Md.

18 (a) Funeral director Frederick A. Cole
(b) Address 200 W. Lanvale St

MAY 23 1940 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-21 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-5 1929. to 5-21 1929. and that I last saw him alive on 5-21 1939.

Immediate cause of death: Multiple Abscesses of Liver — Duration: unknown

Due to: Pylephlebitis — Duration: ____

Due to: Perforated Duodenal Ulcer — Duration: ____

Other Conditions: ____

(Include pregnancy within 3 months of death)

Major findings:
Of operation: multiple abscesses of Liver
Of autopsy: same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A B Daugherty

Address Franklin Sq. Hosp. Date signed 5-21-40

VS 3

F 69579

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69579

CERTIFICATE OF DEATH

124-a

1. PLACE OF DEATH Woman's Hospital

Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 401 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Elizabeth Isabell Owings Bowen

If U. S. Veteran specify WAR .....

(a) Residence: No. Columbia Md Howard County St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced (or) WIFE of Phillip Bowen

6. DATE OF BIRTH (month, day, year) Feb 21 1887 Feb 27, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ellicott City, Md.

FATHER

13. NAME Samuel S. Owings

14. BIRTHPLACE (city or town) (State or country) Howard Co Md

MOTHER

15. MAIDEN NAME Elza Yates Wethered

16. BIRTHPLACE (city or town) (State or country) Howard Co Md

17. INFORMANT Mrs Courtney C Buck

(Address) Ridgeville Md.

18. BURIAL, CREMATION, OR REMOVAL Ellicott City Md

Place St Johns Date July 24, 1940

19. UNDERTAKER Henry W Jenkins & Sons Co

(Address) McCulloh & Richard

20. FILED ..... 19.... Registrar.

MAY 23 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1940, to May 22, 1940

I last saw her alive on May 22, 1940. Death is said to have occurred on the date stated above, at 10:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Portal cirrhosis over	?
Hepatic insufficiency	

Other contributory causes of importance:

Cardio vascular disease or arterio sclerotic Ksis	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Richard W. Wartzburg Jnr. M. D.

(Address) Womans Hospital

A. K.—WHITE PAPER. WRITE LEGIBLY. Use indelible pencil. Do not fold. Do not roll. Do not write outside the lines. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

69580

LB 55852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

111-A

F 69580

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. They correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 min. 18 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 582 Oxford St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hilda Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: colored

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Robert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 4, 1903

8. AGE: Years 37 | Months 2 | Days 18 36 | If less than one day ... hr. ... min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name ? Burr (d)
13. Birthplace Md.

MOTHER
14. Maiden Name Laura Gent (d)
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) ... (Burial, cremation, or removal) (b) Date thereof 5-25-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director A. Halstead
(b) Address 918 David Ave.

19 (a) [illegible] (b) Huntingtn Pk. Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1940, at 1.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1940, to May 22 1940, and that I last saw h[er] alive on May 22 1940.

Immediate cause of death: Pulmonary embolism — Duration between onset and death: ...

Due to: ... — Duration: ...

Due to: ... — Duration: ...

Other Conditions: ...
(Include pregnancy within 3 months of death)

Major findings:
Of operations: ...
Of autopsy Pulmonary embolism

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature I. Murry Silverstein M. D.
Address Balto City Hosp. Date signed 5-28-40

F 69581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 69581

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1209 Wilmer Court (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucille Foster (53388)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1914

8. AGE: Years	Months	Days	If less than one day
26	4	16	hr. min.

9. Birthplace S. Car. (Town, county, and state)
10. Usual Occupation H. Wife
11. Industry or business

FATHER
12. Name George Jackson (D)
13. Birthplace S. Car.

MOTHER
14. Maiden Name Florence Johnson
15. Birthplace S. Car.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-40 (month) (day) (year)
(c) Cemetery or crematory
Location Flaherty S. C.

18 (a) Funeral director Chas. H. Alexander
(b) Address 1320 W. Baltimore St

19 (a) (Signature of registrar) Huntington Williams, M.D. Registrar

MAY 25 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22, 1940, at 7:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1, 1940 to May 22, 1940, and that I last saw her alive on May 22, 1940.

Immediate cause of death Tuberculosis of lungs — Duration Feb. 1940

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature

Address Baltimore City Hospitals Date signed 5/23/40

F 69582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69582 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5718 York Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5718 York Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ROBERT V. Brown

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28 1865

8. AGE: Years 74 | Months 5 | Days 23 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Gardner

11. Industry or business

FATHER
12. Name Thomas Brown
13. Birthplace Ireland

MOTHER
14. Maiden Name Ann Doyle
15. Birthplace Ireland

16 (a) Informant Miss Mary Brown
(b) Address 5718 York Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/40 (month) (day) (year)
(c) Cemetery or crematory St Mary's Cemetery
Location Govans Md

18 (a) Funeral director J. B. Lafferty & Sons
(b) Address 23 E. Lexington St

19 (a) Filed MAY 23 1940 (b) Registrar's signature Wilmer Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/20/1940 at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/16 1940 to 5/21 1940, and that I last saw h alive on 5/21 1940.

Immediate cause of death	Duration
Myocardial Insufficiency	12 hrs
Due to Myocarditis	2 mos
Due to Arteriosclerosis	1 year
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at Work? —
(e) Means of injury —

23. Signature Thomas J. Mackie M. D.
Address 532 E. 22nd St Date signed 5/22/40

69583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69583 Registered No. 94-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 715 Lombard St. W. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY RUSSELL.

3 (b) If veteran, name war -

3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
about 67			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ? Russell
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Catholic Cemeteries
(b) Address Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/40 (month) (day) (year)
(c) Cemetery or crematory Loud Mount Cem
Location Gunpowder Rd - Balto Co.

18 (a) Funeral director John G. Fahey & Son
(b) Address 1318 Light St

(a) Date received (b) Registrar
MAY 23 1940 Hamilton Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1940, at 9P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquest) (Autopsy or Inquest)

Immediate cause of death	Duration
Coronary occlusion	
Due to Arteriosclerosis, general	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 5-22-40

F 69584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

Registered No. F 69584

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1417-E. Lafayette Ave.
(c) Hospital or institution: ----
(d) Length of stay in hospital or inst. (yrs., mos., or days) ~~xiiex~~
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1417-E. Lafayette Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME Mary A. Snyder

3 (b) If veteran, name war --
3 (c) Social Security Account No. ----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Charles J. Snyder
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) 4/21/1872

8. AGE: Years	Months	Days	If less than one day
68	1	--	-- hr. ------ min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Joseph Krastel
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Catherine Bunn
15. Birthplace Germany

16 (a) Informant Charles J. Snyder
(b) Address 1417-E. Lafayette Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Baltimore, Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Ave.

19 MAY 23 1940 (Date rec'd by registrar) (b) Huntington Pollitt, M.D. Registrar

VS 3 MAY 23

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1940, at 10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1940, to May 21 1940, and that I last saw her alive on 5-21 1940.

Immediate cause of death: Generalized Carcinoma — Duration 6 mo.

Due to: ---- Duration ---

Due to: ---- Duration ---

Other Conditions: ---- Duration ---

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ----
Of autopsy: ----

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Phillip D. Flynn, M. D.
Address 423 E. North Ave. Date signed 5-22-40

F 69585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E Registered No. F 69585

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1211 N. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1211 N. Broadway
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Davidson

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	widowed

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2 - 1853

8. AGE: Years	Months	Days	If less than one day
87	0	20	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER 12. Name Henry Bates
13. Birthplace Germany

MOTHER 14. Maiden Name Sophia Lane
15. Birthplace Germany

16 (a) Informant Sophia A. Dill
(b) Address 1211 N. Broadway

17 (a) Burial (b) Date thereof 5-24-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto.
Location Balto Md

18 (a) Funeral director Wilbur Cook
(b) Address 1217 St Paul St.

19 (a) MAY 23 1940 (Registrar's signature) Huntington Willis Registrar M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1940 at 6:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1940 to May 22 1940, and that I last saw h[illegible] alive on May 19 1940.

Immediate cause of death: General Carcinomatosis
Due to: Myocardial Insufficiency
Due to:
Other Conditions: Acute Bronchitis and Cardiac Dilatation
(Include pregnancy within 3 months of death)

Duration: 1 year; 2 days

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Ansenberg M.D.
Address 2025 E North Ave Date signed 5/22/40

VS 3

F 69586

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

943 Registered No. F 69586

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 517 Callendew St.
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 517 Callendew St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Dora Johnson
3 (b) If veteran, name war
3 (c) Social Security Account No. None
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Harry W.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 22-1880
8. AGE: Years 60 Months 3 Days 0 If less than one day hr. min.
9. Birthplace Balto Md (Town, county, and State)
10. Usual Occupation Housewife
11. Industry or business
FATHER 12. Name A. D. Henrickle
13. Birthplace Balto Md.
MOTHER 14. Maiden Name Emma D Coleman
15. Birthplace Balto Md
16 (a) Informant Harry W Johnson
(b) Address 517 Callendew St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md
18 (a) Funeral director Wm Cook
(b) Address 1217 St Paul St.
19 (a) MAY 23 1940 (b) Washington Williams M.D.
(Date received by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1, 1940, to May 22, 1940, and that I last saw h[illegible] alive on May 22, 1940.

Immediate cause of death: Acute Angina Pectoris. — Duration: 1 Min.
Due to
Due to
Other Conditions None.
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas Sonkin M.D.
Address 888 N Calvert St Date signed May 23/40

VS 3

F 69587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No. F 69587

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W. Lexington st
(c) Hospital or institution: Aged Womens' & Aged Mens' Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 ?
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 W. Lexington st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Scott Wright

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 11 1858

8. AGE: Years	Months	Days	If less than one day: hr.	min.
82	4	12		

9. Birthplace Columbia S. C. (Town, county, and state)
10. Usual Occupation At Home for Aged
11. Industry or business

FATHER
12. Name Orlando Z. Bates
13. Birthplace Amherst

MOTHER
14. Maiden Name Elizabeth Glaze
15. Birthplace Amherst

16 (a) Informant Record Aged Womens & Aged Mens Home
(b) Address 1400 W. Lexington st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) MAY 23 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1940 at 4:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 15, 1927 to May 23, 1940, and that I last saw her alive on May 22 1940

Immediate cause of death: Myocarditis chronic.
Nephritis, chronic
Due to Generalized arterio-sclerosis.
Due to
Other Conditions Marked cerebral arterio-sclerosis.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify which place) While at work?
(e) Means of injury

23. Signature Thos B Jarrett M. D.
Address 1115 St. Paul St. Date signed May 23, 1940

VS 3

F 69588

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

Registered No. F 69588

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 dy
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 645 Haw ST (If rural give location)
(e) If foreign born, how long in U. S. A.? [illegible]

3 (a) FULL NAME Johnnie Mae Hill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 24 1928

8. AGE: Years	Months	Days	If less than one day hr.	min.
12	~~2~~	30 29		

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER
12. Name Mitchell Hill
13. Birthplace South Carolina

MOTHER
14. Maiden Name Lora Byrd
15. Birthplace South Carolina

16 (a) Informant Cora Hill
(b) Address 645 Haw Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27 40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A A. Co Md

18 (a) Funeral director Isaiah L Crawford
(b) Address 108 W Monument St

MAY 23 1940 (Date rec'd by registrar) (b) Huntingtown Williams, MD.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1940 at 2.15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/11 1940 to 5/23 1940 and that I last saw her alive on 5/ 23 1940.

Immediate cause of death: Cardiac Failure — Duration: Immediate

Due to: Miliary Tuberculosis — Duration: 3 wks.

Due to — Duration: none

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Confirmed Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J Kunmann Jr M. D.
Address Mercy Hospital Date signed 5/23/40

69589

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

114-a

Registered No. F 69589

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3925 MT. PLEASANT ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3925 MT. PLEASANT ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME MICHAEL MACKLIN

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 216-10-3943

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: MAY MACKLIN

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) DEC. 26 1874

8. AGE: Years 65 | Months 4 | Days 27 26 | If less than one day: ..... hr. ..... min.

9. Birthplace POLAND (Town, county, and state)

10. Usual Occupation LABORER AT STEEL MILL

11. Industry or business SPARROWS POINT MD.

FATHER
12. Name UNKOWN
13. Birthplace POLAND

MOTHER
14. Maiden Name UNKOWN
15. Birthplace POLAND

16 (a) Informant MAY MACKLIN (WIFE)
(b) Address 3925 MT. PLEASANT ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 27/40 (month) (day) (year)
(c) Cemetery or crematory ST. STANISLAUS
Location DUNDALK AVE.

18 (a) Funeral director Lilly & Zeiler Inc
(b) Address 403 S. WOLFE ST.

19 MAY 23 1940 (b) Huntington Williams M.D. Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION pm

20. DATE OF DEATH MAY 22 1940 at 9/30 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1938 to May 22 1940 and that I last saw h[illegible] alive on May 22 1940

Immediate cause of death
(a) Tuberculosis
Siliicosis
Due to .....
Due to .....
Other Conditions Pulmonary tuberculosis. HEMORRHOIDS
(Include pregnancy within 3 months of death)

Duration: over

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature J. H. Goodman M.D.
Address 3400 E. Baltimore Date signed 5/23/40

69590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-B

Registered No. F 69590

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 416 S. Calhoun St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 416 S. Calhoun St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

1913

3 (a) FULL NAME Frances May Radulewicz

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Pete Radulewicz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1919

8. AGE: Years	Months	Days	If less than one day
20	8 9	21	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Herbert Miller
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Lena Eyring
15. Birthplace Baltimore, Md.

16 (a) Informant Pete Radulewicz
(b) Address 416 S. Calhoun St.

17 (a) Burial (b) Date thereof 5 25 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Frederick A. Cole
(b) Address 1201 W Lombard St

19 (a) MAY 23 1940 Huntington Williams, M.D. 27 Woodyard Rd Date signed

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22, 1940, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/15/40 to 5/22/40, and that I last saw h[illegible] alive on 5/22/40.

Immediate cause of death: Erysipelas Streptococcus — Duration 2 days

Due to

Due to

Other Conditions Syphilis — 7 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Shepherd Dixon M. D.
Address Date signed

F 69591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 69591

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Washington
(a) State Md (b) County Wash
(c) City or town Hagerstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 428 Mechanic St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carole Montgomery

3 (b) If veteran, name war: no

3 (c) Social Security Account No. no

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/13/37

8. AGE: Years 2 | Months 65 | Days 10 | If less than one day hr. min.

9. Birthplace Hagerstown Wash Co Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name John Montgomery.
13. Birthplace Md.

MOTHER
14. Maiden Name Blanche Rayland.
15. Birthplace Md.

16 (a) Informant John Montgomery.
(b) Address Hagerstown Md 428 mechanic

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 5-26-40 (month) (day) (year)
(c) Cemetery or crematory Smithsburg
Location Smithsburg Wash Co Md.

18 (a) Funeral director Richard M. Conrad.
(b) Address Hagerstown Md.

19 (a) MAY 24 1940 (b) Registrar

VS 3a

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1940, at 11 00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1940, to May 23 1940, and that I last saw her alive on May 23 1940.

	Duration
Immediate cause of death: Myocarditis d/t Pregnancy	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo J. Bowen M. D.
Address University Hospital Date signed 5/23/40

F 69592

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 150

F 69592
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Johns Hopkins Hospital
(a) Baltimore City, Maryland
(b) Street address 5016 Cordelia Ave
(c) Hospital or institution John Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5016 Cordelia Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Olive Haynie

3 (b) If veteran, name war No
3 (c) Social Security Account No. NONE

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced M

6 (b) Name of husband or wife Randolph R Haynie
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) June 15th 1884

8. AGE: Years 55 | Months 11 | Days 8 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name James Leach
13. Birthplace St. Mary Co. Md.

MOTHER
14. Maiden Name Emma Hartlove
15. Birthplace Balto Md.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director Williams Cook
(b) Address 1217 St. Paul St.

19 (a) Filed (Date registrar) MAY 24 1940 Huntington Williams, M.D. Registrar
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1940, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 5 1931 to Feb 28 1940. and that I last saw h[illegible] alive on Feb 28 1940.

Immediate cause of death (a) Metastases from Carcinoma Breast — Duration 38 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings: Of operation Carcinoma Breast to metastases
Of autopsy Widespread metastases

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Marcus M. Rawlett M.D.
Address Johns Hopkins Hosp. Date signed 5-23-40

F 69593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a

Registered No. F 69593

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. N.Y. (b) County Balto. New York
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) St. and No. 1514 Division St. 114 W. 141 St. (If rural give location)
(e) If foreign born, how long in U. S. A.? – years

3 (a) FULL NAME Julio Petioni

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1882

8. AGE: Years	Months	Days	If less than one day
27	10	–	hr. min.

9. Birthplace B. W. I. (town, county, and state)

10. Usual Occupation Physician

11. Industry or business

FATHER
12. Name Charles Petioni
13. Birthplace B. W. I.

MOTHER
14. Maiden Name Rosia Alfen
15. Birthplace B. W. I.

16 (a) Informant Dr. Petioni
(b) Address 114 W. 141 St. N.Y. N.Y.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-24-40 (month) (day) (year)

(c) Cemetery or crematory
Location New York City. N.Y.

18 (a) Funeral director Mr. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) MAY 24 1940 (Date received by registrar) (Hunter Stevenson Williams M.D. Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-23-1940, at 2.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-22-1940, to 5-23-1940 and that I last saw h[illegible] alive on 5-23-1940.

Immediate cause of death Hemorrhage from Stomach and Hematemesis

Due to Gastric Ulcer

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

Duration
1½ days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. F. Mahoney M. D.
Address President Hospital Date signed 5/25/40

F 69594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 69594

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use black ink. Do not write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2217 Druid Hill Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Darden (55378)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 2, 1897

8. AGE: Years	Months	Days	If less than one day
43	1	20	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name Albert Knockley (D)
13. Birthplace ? ?

MOTHER
14. Maiden Name ? ?
15. Birthplace ? ?

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-40 (month) (day) (year)
(c) Cemetery or crematory Arlington Mem. Park
Location Balto. Co. Md.

18 (a) Funeral director Mrs Ga. D. Howland
(b) Address 1631 Druid Hill Ave.

19 (a) Date received by registrar MAY 24 1940 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22, 1940, at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 6, 1940, to May 22, 1940, and that I last saw her alive on May 22, 1940.

Immediate cause of death Tuberculosis of the lung
Tuberculosis of Mesenteric Glands

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Olesen M. D.

Address Baltimore City Hosp. Date signed 2/23/40

69595 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 69595

CERTIFICATE OF DEATH √91-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen. Hosp. St. 61 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. (life) mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Catherine Eckert

If U. S. Veteran specify WAR _____

(a) Residence: No. 3009 Philadelphia Ave St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Eckert

6. DATE OF BIRTH (month, day, year) April 26, 1905

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
35	0	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) March, 1940

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Louis H Eckert

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Catherine H Meiss

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Hosp. Records
(Address) So. Balto. Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date May 25 1940

19. UNDERTAKER John Ulrich
(Address) 2007 Chesapeake St

20. FILED MAY 24 1940 1940 Hunter H. Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1940, to May 22, 1940.

I last saw h.lt. alive on May 22, 1940. Death is said to have occurred on the date stated above, at 12:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pericarditis with Effusion	5/20/40
Pleurisy with Effusion	5/20/40
Subacute Bacterial Endocarditis	
Rheumatic Fever	

Other contributory causes of importance: Subacute Fatal Embolic Nephritis

over

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. _____

(Signed) Samuel L. Fuqua, M. D.

(Address) So. Balto. Gen. Hosp.

WRITE PLAINLY, WITH UNFADING INK—Every question must be answered. If unknown, or if the question is not applicable, state the fact. Any false statement or misrepresentation of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 69598 F 69598

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH √94-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2412 E North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1906 N Rose St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Krider.

3 (b) If veteran, name war —

3 (c) ~~Social Security~~ Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Annie M Krider
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Jan 13 1875

8. AGE: Years	Months	Days	If less than one day
65	4	9	hr. min.

9. Birthplace Baltimore.
(Town, county, and state)
10. Usual Occupation Stone Cutter.
11. Industry or business monumental.

FATHER
12. Name Henry Krider
13. Birthplace Baltimore

MOTHER
14. Maiden Name Barbara Sacklunt
15. Birthplace Baltimore

16 (a) Informant Annie M Krider
(b) Address 1906 N Rose St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25th 40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2200 Allegheny St

MAY 24 1940 (Registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1940 at 10 ~~P~~ AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 29 1940 to May 22 1940 and that I last saw h in alive on May 18 1940.

Immediate cause of death — Duration
Coronary Arteriosclerosis — 6 months
Coronary Thrombosis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joel Smith.
Address 1213 E. North Ave Date signed M. D. 5/24/40

F 69597

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

F 69597 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2918 Glenmore Ave
(c) Hospital or institution: 27-16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2918 Glenmore Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John T Doster

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ wife Ezekiel Doster
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Aug 2nd 1862

8. AGE: Years 77 | Months 9 | Days 1 | If less than one day: hr. min.

9. Birthplace Allentown Pa (Town, county, and state)
10. Usual Occupation Printer Retired
11. Industry or business Maryland Printing Co

FATHER
12. Name Family dont know
13. Birthplace Dont know

MOTHER
14. Maiden Name Agnes Stutz
15. Birthplace Germany

16 (a) Informant Wife Ezekiel Doster
(b) Address 2916 Glenmore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Taylor Ave Balto Md

18 (a) Funeral director Geo Schilling & Son Geo Schilling
(b) Address 1124-1126 E Madison St

19 (a) (b)
(Undertaker) Registrar

MAY 24 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/22 1940, at 9.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1 1940, to 5/22 1940, and that I last saw h- alive on 5/22 1940.

Immediate cause of death: Chronic Myocarditis (Infection) — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 2206 Harford Ave Date signed 5/23/40 M. D.

F 69598

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 131-W

F 69598 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians—please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3818 Pennington Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County
(c) City or town Philadelphia (If outside city or town limits, write RURAL, and give town)
615 (d) Street No. 110 N. Front St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna M. Lillibridge

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Roy A. Lillibridge
6 (c) If alive, give age? years

7. Birth date of deceased (mo., day, yr.) Jan 26-1889

8. AGE: Years 51 | Months 3 | Days 26 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER 12. Name Jos Fuller
FATHER 13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Unknown
MOTHER 15. Birthplace

16 (a) Informant Harriet E. Spicer (daughter)
(b) Address 3818 Pennington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28 40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore Md.

18 (a) Funeral director Pratt C. B. M. Walter
(b) Address Pratt & Stricker Sts

19 MAY 24 1940 (Date received by Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1940, at 6 15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/17/40 19 , to 5/22/40 19 , and that I last saw her alive on 5/22/40 19 .

Immediate cause of death Cardiovascular renal disease (Heart failure) — Duration

Due to

Due to

Other Conditions Arthritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Rubin M. D.
Address 203 Cataract Date signed

VS 3

69599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V563

F 69599

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 706 W 40th St. 9-2 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Loretto Dasser

If U. S. Veteran specify WAR

(a) Residence: No. 706 W. 40th St (Home 4222 Hartford Road) St., Ward. City

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 19th 1840

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Geo. Co. Md.

FATHER

13. NAME John William Dasser

14. BIRTHPLACE (city or town) (State or country) Prince Georges Co Maryland

MOTHER

15. MAIDEN NAME Julia Ann Gibbons

16. BIRTHPLACE (city or town) (State or country) Prince Georges Co Maryland

17. INFORMANT Emily Rockhold

(Address) House for Incurables

18. BURIAL, CREMATION, OR REMOVAL

Place Mechanicsville Md. Date 5-26-40 19

19. UNDERTAKER Wm. J. Lickman & Sons

(Address) North & Pa Aves

20. FILED MAY 24 1940 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from February 1st, 1938 to May 23rd 1940

I last saw him alive on May 22nd 1940. Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrenous tropic dermatitis	Jan 1940
Spastic paraplegia	1935
Uterine fibroids	1935 ?
Hemorrhoids	1936
Other contributory causes of importance: Chronic cystitis & vaginitis	1937

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. Carroll M.D.

(Address) 11 E. Chase St. Balto

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 69600

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 69600
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1116 Hanover st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 3d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 Hanover st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Carrie Septon (nee Greenshaw)

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife James Edward Septon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14 1864

8. AGE: Years	Months	Days	If less than one day hr.	min.
76	2	8		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation ✓
11. Industry or business ✓

FATHER
12. Name Carl Greenshaw
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Krund
15. Birthplace Germany

16 (a) Informant Miss Margaret Lieth
(b) Address 1116 Hanover st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 | 25 | 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Blvd.

18 (a) Funeral director H. O. Weber & Son
(b) Address 2503 Edmondson Ave

19 MAY 24 1940 (Date rec'd by registrar) Harrington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22nd 1940, at 9.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to May 25th 1940, and that I last saw h alive on May 24th 1940.

Immediate cause of death — **Duration**

Acute Pulmonary Edema — day
Due to Myocardial Degeneration and Arterio-Sclerosis
Due to
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy

PHYSICIAN (Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature A F Lies M. D.
Address 24 S Broadway Date signed May 25/40

F 69601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 F 69601 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2
(e) Length of stay in Baltimore (yrs., mos., or days) 80 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3100 Foster Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 80 years

3 (a) FULL NAME Margaret Manning

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced W

6 (b) Name of husband or wife Michael A. Manning
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 28, 1865

8. AGE: Years 74 | Months 6 | Days 22 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Andrew Schneider
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Rita
15. Birthplace Germany

16 (a) Informant Mr. John Manning
(b) Address 3113 Shannon Dr.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24, 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore

18 (a) Funeral director H. Sander & Son Inc.
(b) Address 28 North Ave. & Broadway

19 (a) MAY 24 1940 (Date rec'd by Registrar) (b) Filed by [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/21 1940 at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/19 1940 to Death and that I last saw him alive on 5/21 1940

Immediate cause of death: Intracerebral Hemorrhage
Due to: Arteriosclerotic Cardiovascular Renal Disease
Due to: Hypertensive cardiovascular disease

Other Conditions: Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Sinai Hospital Date signed 5/24/40

VS 3

69602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a ✓ Record F 69602

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos 2
(e) Length of stay in Baltimore (yrs., mos., or days) 36

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2455 High St
(If rural give location)
(e) If foreign born, how long in U. S. A.) 36 years

3 (a) FULL NAME Harry Weinberg -

3 (b) If veteran, name war ~~———~~

3 (c) Social Security Account No. 213-10-7071

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
47 46	7	7	hr. min.

9. Birthplace Russia - (Town, county, and state)

10. Usual Occupation Tailor on Pants

11. Industry or business

FATHER
12. Name Wolf Weinberg
13. Birthplace Russia

MOTHER
14. Maiden Name? Mosley
15. Birthplace Russia

16 (a) Informant Sol Fink
(b) Address 2602 Loyola Southway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/46 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale -
Location Philadelphia Road

18 (a) Funeral director Sol Levinson Bros
(b) Address 4-26 W Northern

MAY 24 1940
(Date rec'd by registrar)

19 (a) ~~———~~ (b) Thomas H. Hill Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1940, at 7 30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration 2 hours -

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None done

Of autopsy None done -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence -
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury -

23. Signature William F. Helfrich M.D.
Medical Examiner.
Date signed May 24, 1940

F 69603 ✓ F 69603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121 Registered No.

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 816 E. Fort Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret G. Woolschlager

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Louis Woolschlager

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Dec. 2, 1887

8. AGE: Years 52 | Months 5 | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Peter Burke
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret Shea
15. Birthplace Washington D.C.

16 (a) Informant Alice Coulter
(b) Address 49 Gorman Ave (daughter)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Frederick Road

18 (a) Funeral director J. G. Krause & Son
(b) Address 1216 S. Charles St

MAY 24 1940 [illegible] Deputy Registrar, Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22 1940, at 7:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-21 1940 to 5-22 1940 and that I last saw h[illegible] alive on 5-22 1940

	Duration
Immediate cause of death: Peritonitis	
Due to: Retracted Appendicitis	
Due to:	
Other Conditions:	
(Include pregnancy within 3 months of death)	

Major findings: Of operations: Ruptured gangrenous appendix & peritonitis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard J. Sabatino, M. D.
Address St Jos. Hosp. Date signed 5-22-40

F 69604

F 69604

BALTIMORE CITY HEALTH DEPARTMENT 93D Registered No.

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals 26-12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Hannah Cohen

3 (b) If veteran, name war	3 (c) Social Security Account No.
L	L

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
64 yrs.			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Abraham Bass
13. Birthplace Lithuania

MOTHER
14. Maiden Name Not Known
15. Birthplace Lithuania

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-40 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Plot Lot Bowleys Lane

18 (a) Funeral director Jack Sears Inc
(b) Address 1439 E. Balto St

MAY 24 1940 Huntington Williams M.D.
(Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1940, at 8:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 4 1939, to May 23 1940, and that I last saw her alive on May 23 1940.

Immediate cause of death: Hypertensive cardiovascular disease (a)

Duration between onset and death:

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Luckett M. D.
Address Balto City Hosp. Date signed 5-24-40

69605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167

F 69605 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Front steps 1408 McCulloh St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1408 McCulloh St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Young

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	married

6 (b) Name of husband or wife Beatrice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/21/1917

8. AGE: Years	Months	Days	If less than one day
23	3	1	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Henry Young
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Madden
15. Birthplace Md.

16 (a) Informant Beatrice Young
(b) Address 1622 N. Bruce St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/70 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location —

(a) Funeral director Geo. G. Kelson
(b) Address 1303 Prestman St.

19 (a) MAY 54 1970 (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1970, at 5½ P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage Laceration	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 5/22/70
(c) Where did injury occur? 1408 McCulloh St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Knife - stabbing (Homicide)

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 5-23-70

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIS RESERVED FOR BINDING

THE MORGUE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 69606

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
Street No. 535 Robert st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maril Pagh

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F

5. Color or race Black

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Thomas Pagh

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-11-1910

8. AGE: Years 29 | Months 5 | Days 11 | If less than one day hr. min.

9. Birthplace Md (Town, county and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER 12. Name Lloyd Dickerson

13. Birthplace Md

MOTHER 14. Maiden Name Gertrud Richit

15. Birthplace Md

16 (a) Informant Record

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Jas. H. Kenny

(b) Address 1303 Pres[illegible]

19 (a) [illegible] (Date filed by registrar) (b) [illegible] Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1940, at 2:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1940, to May 22 1940, and that I last saw h[illegible] alive on May 22 1940.

Immediate cause of death: Cardiac Failure — Duration 12 hrs.

Due to Hypertensive Cardio-Vascular Disease. — Duration over

Due to Pregnancy.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. W. Oberfrel M. D.

Address Johns Hopkins Hosp. Date signed 5-12-40

69607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 69607 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Time correctly given is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 649 W. Mulberry St (If rural give location)
(e) If foreign-born, how long in U. S. A.? — years

3 (a) FULL NAME Granville Simmons

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race cd | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Josephine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/9/1891

8. AGE: Years 49 | Months 4 | Days 13 | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Minister
11. Industry or business

FATHER
12. Name Jake Simmons
13. Birthplace Va

MOTHER
14. Maiden Name —
15. Birthplace Va

16 (a) Informant Josephine Simmons
(b) Address 1365 N. Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/40 (month) (day) (year)
(c) Cemetery or crematory Arlington
Location

18 (a) Funeral director Ged. G. Kelson
(b) Address 1303 Presstman

19 (a) (Date rec'd by registrar) (b) Signature of Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22-1940, at 1.00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-17-1940 to 5-22-1940 and that I last saw him alive on 5-22-1940.

Immediate cause of death	Duration
Lobar Pneumonia	8 days
Due to Left Base.	
Due to	
Other Conditions Toxemia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. F. Maloney M. D.
Address Provident Date signed 5/27/40

F 69608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1173 Registered No. F 69608

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden + Madison
(c) Hospital or institution:
Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1923 Hudson St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? yrs.

3 (a) FULL NAME Henry J. Miller

3 (b) If veteran, name war: No.

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sophia

6 (c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): Mar 17 1886

8. AGE: Years: 54 | Months: 2 | Days: 6 | If less than one day: hr. min.

9. Birthplace: Balto.
(Town, county, and state)

10. Usual Occupation: Electric - Dept

11. Industry or business: Balto. City

FATHER
12. Name: Henry J. Misser Sr.
13. Birthplace: Balto.

MOTHER
14. Maiden Name: Rose Curtis
15. Birthplace: Balto

16 (a) Informant: Sophia Misser
(b) Address: 1923 Hudson St.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 24 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4300 Belair Rd.

18 (a) Funeral director MARTIN W.E. DIPPEL
(b) Address ANN & LOMBARD STS.

19 (a) (b) Huntington Williams M.D.
(Signature of Registrar)
MAY 24 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1940, at 3:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1940, to May 23 1940, and that I last saw him alive on May 23 1940.

Immediate cause of death	Duration
Bronchopneumonia	
Due to Duodenal Ulcer	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Pyloric Obstruction due to Ulcer
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William R. Tompkins M. D.
Address Md. General Hosp. Date signed 5/23/40

F 69609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 69609 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct ago is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Inf. 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 m. 14 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 2
(d) Street No. 22 S. Ann St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frances Yurek

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ George Yurek

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 13 1879

8. AGE: Years	Months	Days	If less than one day
60	8	10	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business Home

FATHER
12. Name Frank Rozinsky
13. Birthplace Germany

MOTHER
14. Maiden Name Madalina Marshall
15. Birthplace Germany

16 (a) Informant GEORGE YUREK
(b) Address 225 ANN ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 29 1940 (month) (day) (year)
(c) Cemetery or crematory ST. STANIALAUS
Location MT. CARMEL ROAD

18 (a) Funeral director MARTIN W.E. DIPPEL
(b) Address ANN & LOMBARD Huntington Ave Balto, Md.

MAY 24 1940 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1940, at 4.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 9 1940 to May 23 1940 and that I last saw h[illegible] alive on May 23 1940.

Immediate cause of death Cardiac Failure

Due to Rheumatic Heart Disease

Due to

Other Conditions Uremia

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
?
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Church Home Inf. Date signed 5/23/40

F 69610

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
131-a

Registered No. F 69610

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2020 Eliftwood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 67

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2020 Eliftwood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 67 years

3 (a) FULL NAME Conrad George

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Anna George
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14. 1855

8. AGE: Years 84 | Months 11 | Days 89 | If less than one day: hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Sheet Metal Worker

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mamie E. Chance
(b) Address 2020 Eliftwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25 1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore City

18 (a) Funeral director Mr-Mrs. John W. Teufel Son
(b) Address 801 N. Fayette St.

19 (a) (b) by J. E. Williams M.D.
(Registrar)

MAY 24 1940
VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1940, at 5 05 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1940 to May 23 1940 and that I last saw h alive on 19

Immediate cause of death: General Arteriosclerosis — Duration: 2 years ago
Due to: Acute Intestinal Infection — 5 Days
Due to:
Other Conditions: Acute Bronchitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Eisenberg
Address 2025 E Preston Ave Date signed 5/23/40 M. D.

F 69611

3961438

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) St. No. 1824 Ashland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susie Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced. Sep.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-1896

8. AGE: Years 44 | Months 4 | Days | If less than one day hr. min.

9. Birthplace N. Car (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Joe Mills
13. Birthplace N. Car

MOTHER 14. Maiden Name Lucy Jones
15. Birthplace N. Car

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location A. A. Co. Md.

18 (a) Funeral director Mrs. A. A. Elliott Undertaker
(b) Address 1129 N. Caroline St

19 (a) Date received by Registrar MAY 24 1940 (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1940 at 5:00 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 5 1940 to May 22 1940, and that I last saw her alive on May 22 1940.

Immediate cause of death: Hypertension cardio-vascular-renal disease — Duration

Due to: Uremia

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. H. Haviland M. D.
Address Johns Hopkins Hospital Date signed V-22-40

F 69612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 69612

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 608 N. Bethel St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 N. Bethel St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nettie A. Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	married

6 (b) Name of husband or wife Leonard
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) October 10, 1890

8. AGE: Years	Months	Days	If less than one day
49	7	11	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles J. Brown
13. Birthplace St. Marys County Md.

MOTHER
14. Maiden Name Mary Bryn
15. Birthplace Baltimore Md.

16 (a) Informant Leonard Johnson
(b) Address 608 N. Bethel St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location

18 (a) Funeral director Mrs. R. A. Elliott & Daughter
(b) Address 1129 N. Caroline St.

19 (a) (Date rec'd by registrar) (b) [illegible]

MAY 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1940, at 2:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/15 1940, to 5/21 1940, and that I last saw h[illegible] alive on 5/21 1940.

Immediate cause of death	Duration
Bronchopneumonia	5/17/40
Due to Antecedent Accident over	5/10/40
Due to Essential Hypertension	14 yrs.
Other Conditions Auto Bronchitis	3 weeks

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert L. Lafaro Jr. M. D.

Address 6225 E. Bond St. Date signed 5/22/40

F 69613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 83-a

F 69613 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 8 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Loch Raven (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward French

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-07-2928

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Dorothy

6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 56 | Months | Days | If less than one day: hr. min.

9. Birthplace (Town, county, and state) Va

10. Usual Occupation Laborer - Farm

11. Industry or business

FATHER 12. Name Peter French

13. Birthplace Va.

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Dorothy French

(b) Address Loch Raven Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-24-40 (month) (day) (year)

(c) Cemetery or crematory Brookville Virginia

Location

18 (a) Funeral director Mrs R. A. Elliott Haught

(b) Address 1129 N. Caroline St

19 (a) MAY 24 1940 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/20 1940, to 5/21 1940, and that I last saw h[illegible] alive on 5/21 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 5 hrs

Due to Hypertension — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. F. Timanus Jr M.D.

Address Mercy Hosp. Date signed 5/24/40

VS 3

F 69614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 69614

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1653 Darley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1653 Darley Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia Anna Lentz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife William Lentz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 28-1874

8. AGE: Years 65 | Months 6 | Days 24 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER 12. Name Valentine Stahl

FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name Unknown

MOTHER 15. Birthplace

16 (a) Informant William Lentz

(b) Address 1653 Darley Ave

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 5 24 40 (month) (day) (year)

(c) Cemetery or crematory Morelands Pk.

Location

18 (a) Funeral director Leonard J. Funk

(b) Address 5305 Harford Rd.

19 (a) Date received by local registrar MAY 24 1940 (b) Registrar Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/22 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1937 to 5/24 1940, and that I last saw h alive on 5/24 1940

Immediate cause of death: Pulmonary Tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Tyler Galler M. D.

Address 5403 Harford Ave Date signed 5/25/40

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No. F 69615

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Leonard
(c) City or town Glendy
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Schooley - Twin see F 69262

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-1-40

8. AGE: Years | Months | Days 1 | 6 | If less than one day hr. min.

9. Birthplace Leonardtown Maryland (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Lewis

FATHER 13. Birthplace Virginia

MOTHER 14. Maiden Name

MOTHER 15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL MAY 24 1940

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (a) Filed by registrar Huntington Millwood, Md. 5644

MAY 24 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-18-40 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1-40 19 , to 5-18-40 19 , and that I last saw h[illegible] alive on 5-18-40 19 .

Immediate cause of death Prematurity - 26 wks

Due to ?

Due to

Other Conditions Atelectasis, Bilateral

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
16 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lewis M Baughman

Address University Hosp Date signed M 5-19 D 40

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69616

CERTIFICATE OF DEATH

✓ 93-D F 69616

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3509 EDGEWOOD ROAD. St. 15-11 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME MARY KRENER.

(a) Residence: No. 3509 EDGEWOOD ROAD (ASHBURTON) St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George A Krener

6. DATE OF BIRTH (month, day, year) Aug 14, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Michael Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Coffey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Rose Krener
(Address) 3509 Edgewood Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 25 1940

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Gramme ave

MAY 24 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 23 1940

22. I HEREBY CERTIFY, That I attended deceased from JUNE 28 1939, 19... to MAY 23 1940, 19...
I last saw her alive on MAY 23 1940 Death is said to have occurred on the date stated above, at 1.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ACUTE CARDIAC DILITATION	5/23/40
CHRONIC MYOCARDIC DEGENERATION	1930
ACUTE PHLEBITIS RIGHT LEG	4/22/19 40

Other contributory causes of importance:

CHRONIC ARTHRITIS DEFORMANS	1930.
ARTERIOR SCLEROSIS	1930.

Was an operation performed? NO Date of NONE

For what disease or injury? NONE

Name of operation NONE

What test confirmed diagnosis? CLINICAL Was there an autopsy? NO.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Chas. P. Colantuno M. D.

MAY 23 1940 (Address) 3013 SAINT PAUL STREET.

215-07-6974

69617

HEALTH DEPARTMENT—CITY OF BALTIMORE

69617

CERTIFICATE OF DEATH

Social Security 215-07-6974

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2507 Georgetown Road Ward) 83-A

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25-? yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Theresa A. Broeschey

If U. S. Veteran specify WAR

(a) Residence: No. 2507 Georgetown Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Broeschey

6. DATE OF BIRTH (month, day, year) June 2-1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seamstress

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frederick Horn

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Catalina Heil

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Evelyn Dubiff

(Address) 2610 Ormsby Ln

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 27 1940

19. UNDERTAKER George J. Lapsat

(Address) 3401 Frederick Ave.

20. FILED MAY 24 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 1937 to May 23 1940

that she was last alive on May 23 1940 Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 23/40
Other contributory causes of importance: Rheumatism	June 1939

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Raymond J. Glennon M. D.

(Address) 2708 Hallins Ferry Rd.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 69618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Reg. No. F 69618

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 174 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street and No. 1418 N. Aisquith St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

99

3 (a) FULL NAME Louis Fetsch (50614)

3 (b) If veteran, name war: No war
3 (c) Social Security Account No. 2/2-16-6546

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife: Kate
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1882

8. AGE: Years	Months	Days	If less than one day
57	8	8	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None Unemployed
11. Industry or business Machinist

FATHER
12. Name John Fetsch (D)
13. Birthplace Germany

MOTHER
14. Maiden Name Eliz. Englehardt (D)
15. Birthplace Germany

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1209 St. Paul St

19 MAY 25 1940 (Date filed by City Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1940, at 8:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1, 1939, to May 23, 1940, and that I last saw him alive on May 23, 1940.

Immediate cause of death	Duration
Tuberculosis of the Lungs	Sept 1939
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Crushing of Left Superior Laryngeal nerve 5/1940
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address Balto. City Hospitals Date signed 5-24-40

VS 3

69619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 69619

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene St.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Sparrows Point - Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. Route 10, Box 90 - Balto
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Everhart, Myrtle

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: David N. Everhart
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) June 3rd 1879

8. AGE: Years	Months	Days	If less than one day: hr.	min.
60	11	23	20	

9. Birthplace: Washington Co. Md. (Town, county, and state)
10. Usual Occupation: Housework
11. Industry or business: At Home

FATHER
12. Name: John Mummert
13. Birthplace: Md.

MOTHER
14. Maiden Name: Katharine Beard
15. Birthplace: Md

16 (a) Informant: David N. Everhart
(b) Address: Jones Creek Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/40 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn
Location: Balto Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St. Huntington for Williams, M.D.

19 (a) MAY 25 1940 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1940, at 11:05 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-21 1940, to 5-23 1940, and that I last saw her alive on 5-23 1940.

Immediate cause of death: Cerebral Vascular Accident
Probably Hemorrhage, - left Hemisphere.
Due to: Hypertension - Arteriosclerotic
Cardio-Vas Disease
Due to:

Duration: 3 days / ? /

Other Conditions: Hypertrophic Osteo Arthritis - Mild.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature J. A. Callahan Jr. M. D.
Address Date signed

69620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. 69620

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
Street No. 308 N. Greene St.
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Angela Rimas (55743)

3 (b) If veteran, name war —

3 (c) Social Security Account No. [illegible]

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28, 1901

8. AGE: Years 39 | Months 11 | Days 24 25 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name Edward Kearns (D)
13. Birthplace Md.

MOTHER
14. Maiden Name Cecelia Rooney (D)
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27-1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave & Ft

18 (a) Funeral director Wm. Braun Co.
(b) Address 1217 St. Paul Street

19 (a) MAY 25 1940 (Registered) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1940, at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 18, 1940, to May 23, 1940, and that I last saw h 9r alive on May 23, 1940.

Immediate cause of death: Tuberculosis of the Lungs — Duration Dec 1939

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.

Address Balto. City Hospital Date signed 5-24-40

VS 3

69621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69621
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Belair Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Canal Zone (b) County
(c) City or town Anson
(If outside city or town limits, write RURAL and give town)
(d) Street No. P. C. Z. #502
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ALBERTA FAIR

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Charles Fair

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) March 2nd 1892

8. AGE Years	Months	Days	If less than one day
48	2	19	hr. min.

9. Birthplace Mass.
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name —— Rice
13. Birthplace ——

MOTHER
14. Maiden Name ——
15. Birthplace ——

16 (a) Informant Charles [redacted] Fair
(b) Address Anson P.C.Z. #502

17 (a) Burial (b) Date thereof May 26 1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mechanicsburg
Location Pennsylvania

(d) Funeral director Tassel Funeral Home
Address 7401 Belair Rd

19 (a) MAY 25 1940 Huntington Williams, M.D.
(Date rec'd) Registrar Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1940, at 8 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Cause of death	Duration
Immediate cause of death: Acute embolism of bifurcation	
Due to: Hypertension cardiovascular disease	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenmuller M.D.
Medical Examiner.

Date signed 5-24-40

F 696622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-9 Registered No. F 696622

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1702 Thames Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

73

3 (a) FULL NAME Frank J. Branagan

3 (b) If veteran, name war

3 (c) Social Security Account No. 213 14 2835

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22, 1888

8. AGE: Years	Months	Days	If less than one day
52	-	29	hr. min.

9. Birthplace New York, N. Y. (Town, county, and state)
10. Usual Occupation Merchant seaman
11. Industry or business Seafaring

FATHER
12. Name William Branagan
13. Birthplace New York, N. Y.

MOTHER
14. Maiden Name Elizabeth Quinn,
15. Birthplace Ireland

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26-1940 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hamden

18 (a) Funeral director A. R. Slade
(b) Address 4201 York Rd.

19 (a) 5-30-40 (Date filed with registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21, 1940, at 8:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 20, 1940, to May 21, 1940, and that I last saw him alive on May 21, 1940

Immediate cause of death	Duration
Acute hemorrhage	1 day
Due to Cirrhosis of liver	Unknown
Due to Chronic alcholism	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Same as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. B. H. Anderson
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 5/25/40

VS 2

F 69623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 69623

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Gilman Apts.
(c) Hospital or institution: Calvert & 31 St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Calvert & 31 Sts. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Milton C. Harrington

3 (b) If veteran, name war No

3 (c) Social Security Account No. No

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Nellie M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 26 1866

8. AGE: Years 73 Months 7 Days 26 If less than one day hr. min.

9. Birthplace Cambridge, Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Police Dept

FATHER
12. Name Richard Scott Harrington
13. Birthplace Md

MOTHER
14. Maiden Name Ann E. Cook
15. Birthplace Md

16 (a) Informant Walter W. Harrington
(b) Address Gilman Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto Co. Md

18 (a) Funeral director Wm. Trefz & Sons
(b) Address North & Howard

19 (a) MAY 25 1940 (Date rec'd by registrar) (b) Washington Boulevard Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1940, at 8.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to May 22 1940, and that I last saw him alive on May 22 1940.

Immediate cause of death: Lobar Pneumonia — Duration 24 hrs.

Due to —

Due to

Other Conditions Cardio-Vascular disease - advanced.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harvey L. Warner M. D.
Address 7604 Garrison Blvd Date signed 5-23-40

VS 3

F 69624 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 937 F 69624

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 Hope St. St. 9-9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Hannah V. Owens

If U. S. Veteran specify WAR .....

(a) Residence: No. 1817 Hope St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter W. Owens

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
67	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Charles County Md.

FATHER

13. NAME Thomas Franklin

14. BIRTHPLACE (city or town) (State or country) Charles County Md.

MOTHER

15. MAIDEN NAME McKinnon

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Walter F. Anderson
(Address) 1817 Hope St

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Wayside, Md Date 5/27 1940

19. UNDERTAKER Hewitt & Ryon
(Address) Graedoff, Md.

20. FILED MAY 25 1940 Huntington Williamsburg, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1940 to May 25, 1940

I last saw her alive on May 24, 1940. Death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1939
Other contributory causes of importance: Generalized Arteriosclerosis	1939

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel B. Wolfe, M. D.

(Address) 133 E. North Ave

F 69625

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69625 ✓ F 69625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1818 E.Oliver Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 16
(e) Length of stay in Baltimore (yrs., mos., or days) 82 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County .....
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1818 E.Oliver Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 82 years years

3 (a) FULL NAME John P. Hoppert

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	218-07-8408

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Barbara Hoppert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22,1858

8. AGE: Years	Months	Days	If less than one day
82	0	2	hr. min.

9. Birthplace Baltimore,Md. (Town, county, and state)
10. Usual Occupation Stone Carver
11. Industry or business

FATHER
12. Name John P.Hoppert
13. Birthplace Germany

MOTHER
14. Maiden Name Christina Hoppert
15. Birthplace Germany

16 (a) Informant Mrs.Barbara Hoppert
(b) Address 1818 E.Oliver Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location E.North Ave.Balto Md.

18 (a) Funeral director Albert I Tilly
(b) Address 1606 N.Chester Street

Huntington Williams, M.D. (Date rec'd by registrar) MAY 25 1940 Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1940, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1940, to May 24 1940, and that I last saw him alive on May 24 1940.

Immediate cause of death	Duration
Cardiac Dilatation	3 days.
Due to	
Due to Hypertension Heart Disease	?
Other Conditions Arter. Sclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. N. Hoppert M. D.
Address 1520 E. 33rd Date signed May 25 1940

F 69626

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13-B

F 69626 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 534 Berry St. Rear (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kazis Drackinis (55708)

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-7389

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 4, 1888

8. AGE: Years	Months	Days	If less than one day
52	2	19	hr. min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Vincent
13. Birthplace Lith.

MOTHER
14. Maiden Name Annie ?
15. Birthplace Lith.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25 40 (month) (day) (year)
(c) Cemetery or crematory Russian Cem. Location A.A.Co. Md.
18 (a) Funeral director Joseph Kapuskas Inc
(b) Address 60 Washington Blvd
19 MAY 25 1940 (Date received by Registrar) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1940, at 3:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 17, 1940, to May 23, 1940, and that I last saw him alive on May 23, 1940.

Immediate cause of death Tuberculosis of lungs — Duration Dec. 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address Baltimore City Hospi Date signed 5/23/40

VS 3

F 69627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 69627 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2208 Druid Hill Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 2208 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Susie J. Ross

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec. 22, 1892

8. AGE: Years	Months	Days	If less than one day
47 48	4 5	0	hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation School Teacher

11. Industry or business Public Schools

FATHER
12. Name William Ross
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Polson
15. Birthplace Md.

16 (a) Informant Lottie L. Taylor (Sister)
(b) Address 2233 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Edward Johnson
(b) Address 1700 Druid Hill Ave (Street or R. F. D. No.) Baltimore, Md. (City or Town)

MAY 25 1940 (Delivered by Registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1940, at 8 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1940 to May 22 1940 and that I last saw h[er] alive on May 21 1940

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernice Taylor M. D.
Address 2737 K Calvert St. Date signed 5-24-40

VS 3

F 69628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

Registered No. F 69628

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1625 Shakespear St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1625 Shakespear St (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

2-3

3 (a) FULL NAME Antonina Sass

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Joseph Sass
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation House work
11. Industry or business at home

FATHER
12. Name John Ratajczak
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Joseph Sass
(b) Address 1625 Shakespear St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27.40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozgewski
(b) Address 1930 Eastern Ave.

19 (Date received by registrar) MAY 25 1940 Huntington Wills, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1940 at 3.1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1940 to May 24 1940 and that I last saw h[illegible] alive on May 23 1940.

Immediate cause of death Cerebral Apoplexy — Duration 10 days
Due to Chr. arterio sclerosis
Due to Chr. - myocarditis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Grace K. Pennington M.D.
Address 700 K. Rutland Ave. Date signed 5/24/40

F 69629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 69629

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2819 Louise Ave
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2819 Louise Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theodore Mueller Fifer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1933

8. AGE: Years	Months	Days	If less than one day
6	9	13	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER 12. Name Robt. S. Fifer

FATHER 13. Birthplace Balto., Md.

MOTHER 14. Maiden Name A. Edith Lucas

MOTHER 15. Birthplace Balto. Md.

16 (a) Informant Robt. S. Fifer - Father

(b) Address 2819 Louise Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27-1940 (month) (day) (year)

(c) Cemetery or crematory Parkwood Cemetery

Location Taylor Ave —

18 (a) Funeral director Thurston V. Morton Company

(b) Address 108 W. North Ave Baltimore, Md.

19 (a) MAY 25 1940 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/23 1940, at 11.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/26 1940, to 5/23 1940, and that I last saw him alive on 5/23 1940.

Immediate cause of death	Duration
Heart failure	
Due to Acute lymphatic leukemia	2 months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Joseph Sklosky M. D.

Address 6307 Harford Rd Date signed 5/27/40

F 69630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-c

Registered No. F 69630

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1125 Wicomico St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1125 Wicomico St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FRANK Y. HELMS

3 (b) If veteran, name war	3 (c) Social Security Account No.
SPANISH WAR.	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife ANNIE R. HELMS
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) JAN. 16, 1874

8. AGE: Years	Months	Days	If less than one day
66	4	8	hr. min.

9. Birthplace BALTIMORE (Town, county, and state)
10. Usual Occupation PAPER HANGER
11. Industry or business

FATHER
12. Name FRANK HELMS
13. Birthplace Unknown

MOTHER
14. Maiden Name Matilda Green
15. Birthplace Unknown

16 (a) Informant ANNIE HELMS
(b) Address 1125 Wicomico St.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 27 1940 (month) (day) (year)
(c) Cemetery or crematory LOUDEN PARK
Location Frederick Ave

18 (a) Funeral director Ambrose, Inc.
(b) Address 1017 W. Cross St. Baltimore, Md.

19 MAY 25 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-24- 1940 at 11.15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/28/39 19.. to 5/24/1940, and that I last saw h.. alive on 5/21/ 1940.

Immediate cause of death	Duration
Cardiac Heart Disease	
Due to Prostatic Hypertrophy	8 years
Due to Cerebro-Spinal Lues	7 years
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Charles S. Levy
Address 117 Marked Tree Date signed 5/24/40

VS 3

F 69631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69631
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 619 S. Milton Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 619 S. Milton Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Joanna Pospieszny

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Jacob
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Michael Kuczynski
13. Birthplace Germany

MOTHER
14. Maiden Name Brygida Minnit
15. Birthplace Germany

16 (a) Informant Joseph Boracki
(b) Address 905 Fell Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location O'Donnell Street

18 (a) Funeral director M. J. Sadowski
(b) Address 1808 Eastern Ave

19 MAY 25 1940 (b) Huntington Williams, M.D.
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1940, at 11:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 2 1939 to May 23 1940
and that I last saw her alive on May 23 1940
Immediate cause of death Arteriosclerosis
Cardio-Vascular Disease

Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Andrew Hemsworth
Address 2529 Eastern ave. Date signed 5/24/40
M. D.

F 69632 ✓ F 69632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95-c

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1127 Myrtle Ave
(c) ~~Hospital~~ or institution:
(d) ~~Length~~ of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1127 Myrtle Ave (If rural give location)
(e) ~~If foreign~~ born, how long in U. S. A.? years

3 (a) FULL NAME Dora V. Semple

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	b	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 27 1894

8. AGE: Years	Months	Days	If less than one day
47	7	28	hr. min.

9. Birthplace Baltimore, Md (Town, State and State)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Emerson Semple
13. Birthplace Va

MOTHER
14. Maiden Name Estella Schofield
15. Birthplace Howard Co Md

16 (a) Informant Darby Semple
(b) Address 1127 Myrtle Ave

17 (a) ~~(Burial, cremation, or removal)~~ (b) Date thereof May 26, 1948 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N Schroeder St

19 (a) ~~May 25 1948~~ (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/25/48 19 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/7/48 to 5/25/48, and that I last saw him alive on 5/22 19 48

Immediate cause of death Coronary Thrombosis

Due to Hypertension

Due to

Other Conditions Acute Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

~~22.~~ If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alice Ellis M. D.
Address 524 Madison Date signed 5/26/48

PHYSICIAN

Underline the cause to which death should be charged statistically.

VS 2

F 69633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-3

F 69633 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 229 Parrish St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County -
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) St. No. 229 N. Parrish St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gerline Green Berger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1917

8. AGE: Years	Months	Days	If less than one day
23			hr. min

9. Birthplace Pittsburgh Pennsylvania (town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Flournoy Berger
13. Birthplace Gretna - Va

MOTHER
14. Maiden Name Susan Yates
15. Birthplace Gretna, Va.

16 (a) Informant Mrs. Bruster
(b) Address 229 N. Parrish St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) (Date received by registrar) MAY 25 1940 (b) Huntington Williams Mgr.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1940, at 7 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. B. Vandegrift M.D.
Medical Examiner.
Date signed 6-23-40

F 69634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-PF 69634 Registered No. 55876 SD

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 125 N. Janney Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James A. Cernik (Cernick)

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-5883

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Martha R. Cernik
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) 11/24/1897

8. AGE: Years	Months	Days	If less than one day
42	6	–	hr. min.

9. Birthplace Maryland, Baltimore (Town, county, and state)
10. Usual Occupation Street Cleaning Foreman
11. Industry or business Baltimore City

FATHER
12. Name James Cernik
13. Birthplace Austria

MOTHER
14. Maiden Name Anna ~~Hothotcha~~ Macarchek (?) (d)
15. Birthplace Austria

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director Huntington Williams, Mgr.
(b) Address 1005 N. Eutaw St. Baltimore, Md.

MAY 25 1940 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1940, at 1.50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1940, to May 24 1940, and that I last saw him alive on May 24 1940.

Immediate cause of death: Pulmonary Hypostasis & Cardiac failure

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

Duration between onset and death: ...

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 5-24-40.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

69635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-D

F 69635

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 919 N. Stricker St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16 2

3 (a) FULL NAME Young Rose Beaver (54116)

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James Beaver

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 11, 1915

8. AGE: Years 25 | Months 4 | Days 12 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name John Young
13. Birthplace Md.

MOTHER
14. Maiden Name Marie Loe
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Presstman St

19 (a) 25 (Date received by registrar) (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1940, at 5:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 26, 1940 to May 23, 1940 and that I last saw h er alive on May 23, 1940

Immediate cause of death: Tuberculosis of the lung — Duration: July 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]

Address Baltimore City Hospitals Date signed 5/23/40 M. D.

Huntington for Holland Ely

F 69636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 a

Registered No. F 69636

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 418 Robert st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 418 Robert St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Patrick Henry Knight

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	W widowed

6 (b) Name of husband or wife Mary E Knight
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1877

8. AGE: Years 62 | Months 11 | Days 24 | If less than one day hr. min. 23

9. Birthplace Burkeville Va
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Farming

FATHER
12. Name Wortham Knight
13. Birthplace Va

MOTHER
14. Maiden Name Matilda Oliver
15. Birthplace Va

16 (a) Informant Virginia Randall Daughter
(b) Address 418 Robert St

17 (a) Ashes (Burial, cremation, or removal) (b) Date thereof 5-28-40 (month) (day) (year)

(c) Cemetery or crematory Burkeville Va
Location Va

18 (a) Funeral director George T. A. Gibson & Son
(b) Address 1736 Druid Hill Ave

19 (a) MAY 25 1940 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1940, at 7 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1940 to May 24 1940, and that I last saw h alive on May 23 1940.

Immediate cause of death Chronic Parenchymatous Nephritis — Duration unknown

Due to

Due to

Other Conditions Myocarditis and Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R J Young

Address 1429 E Monument Date signed 5/24/40

VS 8

F 69637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69637 1190a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument and Rutland
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2516 Robb Street. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Santo Conte

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/5/39

8. AGE: Years	Months	Days	If less than one day
1		20	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Patsy Conte
13. Birthplace Italy

MOTHER
14. Maiden Name Mazie Pistorio
15. Birthplace Italy

16 (a) Informant Father
(b) Address 2516 Robb St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601-03 E. Madison St.

19 (a) May 26 1940 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-25 1940, at 7A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-19 1940 to 5-25 1940, and that I last saw him alive on 5-24 1940

Immediate cause of death	Duration
Hemorrhage from stomach	5 hours
Due to Dysentery infection	9 days
Due to	
Other Conditions: Septicemia	3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. T. Bergman M. D.
Address Penn & Pratt Date signed 5/25/40

69638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69638 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5726 Eastern Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. City
(If outside city or town limits, write RURAL and give town)
Street No. 5726 Eastern Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah F. Cotton

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Widowed.

6 (b) Name of husband or wife Frank W. Cotton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 3 - 1862

8. AGE: Years 77 | Months 6 | Days 21 | If less than one day hr. min.

9. Birthplace Vincentown N. J.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business at Home

FATHER
12. Name Jonathan Fisher
13. Birthplace N. J.

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Mrs. Helen C. Keene
(b) Address 5726 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-40 (month) (day) (year)
(c) Cemetery or crematory Morelands
Location Taylor Ave.

18 (a) Funeral director John G. Connelly
(b) Address Govt. Md.

19 (a) MAY 28 1940 (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1940, at 9:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1939, to May 24 1940, and that I last saw her alive on May 23 1940.

	Duration
Immediate cause of death Myocarditis, Chr	2 yrs
Due to Chr. Coronary disease	?
Due to	
Other Conditions Grippe Cold	4 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. Entwerlaus
Address 1901 Eutaw Date signed May 28 1940

HEALTH DEPARTMENT—CITY OF BALTIMORE

69639 F 69639

CERTIFICATE OF DEATH 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital 4400 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. 1 mos. 20 ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Elva Gill

If U. S. Veteran specify WAR _____

(a) Residence: No. Roland Ave, Ruxton Md St., _____ Ward. Baltimore, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence Gill

6. DATE OF BIRTH (month, day, year) Oct 30 1898

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
41 years	6 ~~24~~	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Crompton Kent Co., Md.

FATHER

13. NAME Robt. J. Benton

14. BIRTHPLACE (city or town) (State or country) Kent Co., Md.

MOTHER

15. MAIDEN NAME Elva Chew

16. BIRTHPLACE (city or town) (State or country) Queen Annes Co, Md.

17. INFORMANT Laurance E. Gill (Address) Ruxton, Md.

18. BURIAL, CREMATION, OR REMOVAL. Place Norwood Baptist Cem Date May 27 1940 Towson, Md.

19. UNDERTAKER Landon M. Brooks (Address) Sparks, Md

20. FILED MAY 26 1940 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1940 to May 25, 1940

I last saw h[illegible] alive on May 25, 1940. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute gangrenous ~~perforated~~ appendicitis & peritonitis	

Other contributory causes of importance: Liver abscess, Pulmonary Empyema, Obstruction Ileum ~~[illegible]~~

Was an operation performed? Yes Date of April 5, 1940

For what disease or injury? Acute appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? _____ Was there an autopsy? Yes

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If ~~yes~~, specify

(Signed) Richard W. Wallace M.D.

(Address) Women's Hosp.

WHITE PENCIL WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 69640

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V/183

Registered No. F 69640

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 Hillsborough St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME EARNEST CROSBY OR COSBY

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 215-09-3508

4. Sex: M
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May ? 1908
8. AGE: Years 32 Months Days If less than one day hr. min.
9. Birthplace Glenallen Va. (Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business Jarka Co.

FATHER
12. Name John Cosby
13. Birthplace Glenallen, Va.

MOTHER
14. Maiden Name Manda —
15. Birthplace unknown

16 (a) Informant Jessie Cosby-brother
(b) Address 1608 Hillsborough St.

17 (a) Shipment (Burial, cremation, or removal) (b) Date thereof 5/26/40 (month) (day) (year)
(c) Cemetery or crematory Glen Allen Va
Location to Cumberland Md

18 (a) Funeral director Robert L. Young
(b) Address 804 W. Carey St.

19 (a) (Date rec'd by registrar) (b) Huntington White Bowie M.D.

MAY 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1940, at 2:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Drowning — Duration
Due to: accidental
Due to:
Other Conditions: —
(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 21, 1940
(c) Where did injury occur? Patapsco & Fremont Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial Plant (Specify type of place) While at work? Yes
(e) Means of injury: slipped and fell off barge into water

23. Signature T. L. Williams Asst Medical Examiner M.D.
Date signed 5-22-40

54843--FD

F 69641

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 69641 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 das.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1626 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Riddella

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife: Perry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-2-1869

8. AGE: Years	Months	Days	If less than one day
71	1	23	hr. min.

9. Birthplace W.Va. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name William David
13. Birthplace Va.

MOTHER
14. Maiden Name Sarah Marley
15. Birthplace W.Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5/26/40 (month) (day) (year)
(c) Cemetery or crematory Greenlawn
Location Conshohocken Pa

18 (a) Funeral director Wilhelm Cook
(b) Address 1217 Eutaw St

19 (a) (Date rec'd by registrar) (b) Registered

MAY 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-25- 1940, at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-18- 1940, to 5-25- 1940, and that I last saw h[illegible] alive on 5-25- 19[illegible]

Immediate cause of death	Duration
Bronchopneumonia	5 d
Cardiac failure	
Due to Arteriosclerotic Hrt. Dis.	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Millard Tabatchnick M. D.
Address Balto City Hosp. Date signed 5-25-40

53125 - MB

F 69642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a Registered No. F 69642

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos., 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 McMechen St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Eagleton

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: ?

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 26, 1872

8. AGE: Years 67 | Months 6 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace Tenn. (Town, county, and state)
10. Usual Occupation Old Age Pension
11. Industry or business

FATHER
12. Name William C. Eagleton
13. Birthplace Tenn.

MOTHER
14. Maiden Name Mary Ann Green
15. Birthplace Tenn.

16 (a) Informant Records
(b) Address B.C.H.

17 (a) Final (Burial, cremation, or removal) (b) Date thereof 5/27/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine Md
Location Mt Lorraine Md

18 (a) Funeral director Tilhaus Co
(b) Address 1217 E Fayette St

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

MAY 28 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-24 1940, at 9-45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-22 1940, to 5-24 1940, and that I last saw him alive on 5-24 1940.

Immediate cause of death Acute Pulmonary Edema — Duration ?
Benign Prostatic Hypertrophy
Due to
Due to
Other Conditions Pneumococcic empyema four months

(Include pregnancy within 3 months of death)

Major findings:
Of operation Benign prostatic hypertrophy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L K Woodward Jr
Address Balto City Hosp. Date signed 5-25-40 M. D.

F 69643

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69643

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 253 W. Preston St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Anderson

3 (b) If veteran, name war NC

3 (c) Social Security Account No. ? NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-12-1855

8. AGE: Years	Months	Days	If less than one day
84	6	12	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Thomas Anderson
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Bonner
15. Birthplace M

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 5/27/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1940, at 10 25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1934 to May 24 1940, and that I last saw h alive on May 24 1940

Immediate cause of death	Duration unknown
Arteriosclerotic Heart Disease	
Due to	
Due to	
Other Conditions Terminal bronchopneumonia	6 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. D.
Address Balto City Hosp. Date signed 5-24-40

F 69644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 69644 Registered No.

Typewrite or print legibly with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4020 W Garrison Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4020 W Garrison Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? 59 years

27-14

3 (a) FULL NAME Freda Josephine Hahn

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles F Hahn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17. 1862

8. AGE: Years 77 | Months 11 | Days 8 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Anthony Bode

13. Birthplace Germany

MOTHER 14. Maiden Name Katie Brandes

15. Birthplace Germany

16 (a) Informant Charles F Hahn

(b) Address 4020 W Garrison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/40 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville

18 (a) Funeral director Wm Cole

(b) Address 1217 St Paul St

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25th 1940, at 9 12 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1938 to May 25 1940, and that I last saw h[illegible] alive on May 20 1940.

Immediate cause of death Endocarditis

& Mitral regurgitation — Duration 2 yrs

Due to Arterio sclerosis

Due to

Other Conditions Sec. Anemia - Pernicious

& Malignancy of breast. — 2 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Fred L. De Barbieri M. D.

Address 4723 Park Heights Ave Date signed 5/25/40

De Barbieri

69645

F 69645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 128 Ashburton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 128 N Ashburton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herman F. Strauff

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 4182

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Margaret M. Strauff

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 9 1874

8. AGE: Years 65 | Months 5 | Days 16 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Carl Strauff.
13. Birthplace Germany.

MOTHER 14. Maiden Name Gertrude Gerkmann
15. Birthplace Germany

16 (a) Informant Mrs Margaret M. Strauff
(b) Address 128 N Ashburton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wilson & Son
(b) Address 1219 E Fort Ave

19 (c) MAY 26 1940 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1940 at 9:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 39 to May 25 1940, and that I last saw h[illegible] alive on May 23 1940

Immediate cause of death	Duration
Intracerebral Hemorrhage	2 days
Due to Coag. Cir. Volume Def.	2 yrs. est.
Due to Uremia - Uraemia	2 yrs. est.
Due to Mycocardosis.	2 yrs. est.
Due to Arterio Sclerosis C	
Other Conditions High B.P.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herman F. Straeff M. D.
Address 128 N. Ashburton St Date signed 5-26-40

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

Registered No. F 69646

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Esplanade Aprt.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days): Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County:
(c) City or town: Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No.: Eutaw Place & Brooks La.
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Martha Oppenheimer,

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single,

6 (b) Name of husband or wife:

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 2nd. 1865

8. AGE: Years: 74 Months: 11 Days: 23 If less than one day: hr. min.

9. Birthplace: Balto. Md.
(Town, county, and state)

10. Usual Occupation: none

11. Industry or business:

FATHER
12. Name: Reuben Oppenheimer
13. Birthplace: Germany,

MOTHER
14. Maiden Name: Julia Weinberg.
15. Birthplace: Germany.

16 (a) Informant: Reuben Oppenheimer
(b) Address: 1st. National Bank.

17 (a) Har Sinai Cemetery (Burial, cremation, or removal) (b) Date thereof: May 27/40 (month) (day) (year)
(c) Cemetery or crematory: Har Sinai Cemetery.
Location: Brehms Lane, Balto. Md.

18 (a) Funeral director: Dard Funeral Co.
(b) Address: 1902 Eutaw Place.

19 (a) MAY 28 1940 (Registrar) (b) Registrar.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 25th. 1940. at 6 53 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1940. to May 25 1940., and that I last saw h.er alive on May 24 1940.

Immediate cause of death	Duration
Coronary occlusion (thrombosis)	2 days
Due to Arteriosclerosis } Hypertension } Signs since	1934
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Louis P. Hamburger M. D.
Address: 1207 Eutaw Place Date signed: May 25 1940

F 69647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-7

F 69647 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2212 Brookfield Avenue

(c) Hospital or institution: ------

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County ----

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2212 Brookfield Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

13

3 (a) FULL NAME CORNELIA SOLLERS

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ---

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife -------

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) MAY 14, 1855

8. AGE: Years 85 | Months 2 0 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER — 12. Name Thomas Owens Sollers

13. Birthplace Maryland

MOTHER — 14. Maiden Name Martha Valentine

15. Birthplace Penna.

16 (a) Informant Miss Catherine Murphy

(b) Address 2212 Brookfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/40 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location .....

18 (a) Funeral director Chas. J. Frauenhofer Suc.

(b) Address 118 W. Mt. Royal Ave.

19 MAY 26 1940 (b) ..... Registrar

(Date received by registrar)

VS 3

Thanks to Tom Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1940, at 7.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 1940 to May 25 1940, and that I last saw ... alive on May 25 1940.

Immediate cause of death: (a) Arteriosclerosis (b) Myocarditis — Duration

Due to: .....

Due to: .....

Other Conditions: Acute cardiac dilatation

(Include pregnancy within 3 months of death)

Major findings: Of operations none performed

Of autopsy none performed

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide no

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)

(e) Means of injury .....

23. Signature D. Kadri M. D.

Address 2306 Eutaw Pl. Date signed 5-28-40

F 69648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69648 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 328 N. Paca Street

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ----

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County ------

(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)

(d) Street No. 328 N. Paca Street
(If rural give location)

If foreign born, how long in U. S. A.? -------- years.

3 (a) FULL NAME Elizabeth Elsworth Hargest

3 (b) If veteran, name war	3 (c) Social Security Account No.
--------	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife George W Hargest

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1861

8. AGE: Years	Months	Days	If less than one day
78	6	25	hr. min.

9. Birthplace Lancaster, Penna.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Anthony Faust

13. Birthplace Lancaster, Penna.

MOTHER 14. Maiden Name Caroline Lee

15. Birthplace Lancaster, Penna

16 (a) Informant Mrs. Lina J. Conn (Daughter)

(b) Address 328 N. Paca Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27, 1940 (month) (day) (year)

(c) Cemetery or crematory Greenmount Cem.

Location Greenmount & North Aves

18 (a) Funeral director George J. Ruth, Inc.

(b) Address 1735 Harford Avenue

MAY 26 1940 (b) [signature] M.D. Registrar

(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24th, 1940, at 10.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 9 1940. to May 24 1940. and that I last saw h[illegible] alive on May 23 1940.

Immediate cause of death	Duration
Diabetes Mellitus	Unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Fred B Jewett M. D.

Address 2516 Penn. Ave. Date signed May 24/40

55521 - 1B

F 69649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 140-D

F 69649 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 906 Gilmor St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucy Yates

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widowed

6 (b) Name of husband or wife Harry H. (d),
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1901

8. AGE: Years	Months	Days	If less than one day
38	9 11	16	hr. min.

9. Birthplace Md. - Va. (Town, county, and state)
10. Usual Occupation House Wife - House Work
11. Industry or business

FATHER
12. Name Ambrose Scott
13. Birthplace Va.

MOTHER
14. Maiden Name Laura Laws
15. Birthplace Va.

16 (a) Informant Records
(b) Address B.C.H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-40 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) 5-26-1940 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-23 1940, at 5:18 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-10 1940 to 5-23 1940, and that I last saw her alive on 5-22 1940.

Immediate cause of death	Duration
Peritonitis and Septicaemia	over 1 week
Due to Puerperal endometritis and metritis	four weeks
Due to Incomplete miscarriage	several weeks
Other Conditions over	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. H. Holland Jr M. D.
Address Balto City Hosp. Date signed 5-24-40

VS 3

(over)

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 or Registered No. F 69650

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1209 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1209 Eutaw Pl (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josephine Gray Holden

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife James Holden
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Oct 28 1877

8. AGE: Years	Months	Days	If less than one day
62	6	27	hr. min.

9. Birthplace Kansas (town, county, and state)
10. Usual Occupation Home duties
11. Industry or business ✓

FATHER
12. Name Charles Gray
13. Birthplace Illinois

MOTHER
14. Maiden Name Elizabeth Carpenter
15. Birthplace Illinois

16 (a) Informant James Holden
(b) Address 1209 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28/40 (month) (day) (year)
(c) Cemetery or crematory
Location Chicago Ill

18 (a) Funeral director Peter C Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) (Date received by registrar) (b) Registrar Hunter Jr Williams M.D.

MAY 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1940, at 1:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W D Arndt M.D. Medical Examiner.
Date signed 5/27/40

F 69651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69651 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 905 N. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 905 N. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Hogg

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 4, 1871

8. AGE: Years 69 | Months 3 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired Canty Mfgr

11. Industry or business Self

FATHER
12. Name William A. Hogg
13. Birthplace Germany

MOTHER
14. Maiden Name Mary J. Litz
15. Birthplace Germany

16 (a) Informant Mr. Edw. J. McCoy
(b) Address 905 N. Broadway

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** May 27 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Baltimore, Md

18 (a) Funeral director Williams Cooke
(b) Address 1217 St. Paul St

19 (a) MAY 26 1940 (Local registrar) **(b)** [signature] (Signature of M.D.)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 19 40, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1934 19 to 1940, and that I last saw h alive on May 25 19 40

Immediate cause of death Arteriosclerotic Cardiovascular Degeneration — **Duration** 1934

Due to Acute Dilatation of Heart — May 25 40

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Tolen M. D.
Address 1021 Fort Ave **Date signed** 5-26-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-2

F 69652 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton Aves,
(c) Hospital or institution:
St. Agnes' Hospital,
(d) Length of stay in hospital or inst. (yrs., mos., or days) mo 29 days 2
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2004 W. Lexington St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Ella L. Nertney

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-9133

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 5, 1870

8. AGE: Years	Months	Days	If less than one day
70 69	4	20	hr. min.

9. Birthplace Martinsburg W. Va
(Town, county, and state)
10. Usual Occupation Maid
11. Industry or business Hotel

FATHER
12. Name Michael Nertney
13. Birthplace Va.

MOTHER
14. Maiden Name Bridget Judd
15. Birthplace Va.

16 (a) Informant Mrs Helen Deutsch
(b) Address 11 S. Bernice Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28, 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Edmondson Ave

18 (a) Funeral director Robert L. Little
(b) Address 2700 Edmondson Ave

19 (a) (Undertaker or manager) (b) Huntington, West Virginia

MAY 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-25- 1940, at 8:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-28 1940 to 5-25 1940, and that I last saw her alive on 5-25 1940.

Immediate cause of death Cerebral hemorrhage
Due to Hypertension.
Due to
Other Conditions Fracture left neck of femur.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Partial — pertinent to case Fracture left femur &c.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3/28/40 Peterson rail
(c) Where did injury occur? 2004 W. Lexington St.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Fell on ellan floor

23. Signature James Cronin M. D.
Address 510 Agnes Hosp Date signed 5/26/40

PRINCIPAL WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

69653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. E 69653

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 815 W Lombard st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 815 W Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elsie L Krebs

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, divorced Married

6 (b) Name of husband or wife Harry E Krebs

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26 1884

8. AGE: Years 55 | Months 10 | Days 29 | If less than one day hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Christian J Reyd
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Clark
15. Birthplace Maryland

16 (a) Informant Harry E Krebs
(b) Address 815 W Lombard st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director George A Tyler
(b) Address Fulton & Fayette

(c) Date received MAY 26 1940 (Date filed by registrar) (d) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24. 1940, at 11:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1. 1940, to May 24. 1940, and that I last saw her alive on May 24. 1940.

Immediate cause of death

Due to Acute Angina Pectoris. — Duration 1 hrs.

Due to Chronic Myocarditis. Acute Interstitial Nephritis & Arteriosclerosis

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Rhett Norton, M.D.

Address 888 N Eutaw St Date signed 5/25/40

F 69654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-G

Registered No. F 69654

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 32 S. Exeter St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME JOSEPH KOLODNY

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Cecelia
6 (c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 55 | Months | Days | If less than one day hr. min.
9. Birthplace: Russia (Town, county, and state)
10. Usual Occupation: Huckster
11. Industry or business

FATHER
12. Name: Samuel Kalodney
13. Birthplace: Russia

MOTHER
14. Maiden Name: Sprinsa Kalodney
15. Birthplace: Russia

16 (a) Informant: Mary Kalodney
(b) Address: 32 S. Exeter St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/40 (month) (day) (year)
(c) Cemetery or crematory: Bernard Mem
Location: Mikro Pikesville

18 (a) Funeral director: Jack Lewis Inc
(b) Address: 1439 E. Baltimore St

19 (a) (Signature of Registrar) Huntington Williams M.D.
(b) Date received MAY 26 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1940, at 8 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Carcinoma of pancreas — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. L. Wollenmeber M.D. Medical Examiner.
Date signed 5-25-40

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-0 Registered No. F 69655

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1528 N Payson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1528 N. Payson St (If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

15-27

3 (a) FULL NAME David Gordon

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Ethel Gordon
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Sam's Gordon
13. Birthplace Russia

MOTHER
14. Maiden Name Bessie Gordon
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Chevy Chase

18 (a) Funeral director Dorf & Levin Inc
(b) Address 1422 E. Baltimore St

19 (a) MAY 26 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1940, at 5-45 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Blanchard M.D. Medical Examiner.
Date signed 5/26/40

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

69656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186 W

F 69656 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Mercy Hospital
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FRANK BURFORD

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex m

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17 - 1860

8. AGE: Years 80 | Months 2 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Retired Engineer

11. Industry or business Railroad

FATHER
12. Name John Burford
13. Birthplace Maryland

MOTHER
14. Maiden Name Julia Gough
15. Birthplace Maryland

16 (a) Informant Hosp Record
(b) Address

17 (a) Burial (b) Date thereof 5 - 27 - 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director George A. Farley
(b) Address Fulton & Fayette

19 (a) (Signature and title) (b) Huntingtown, Calvert Co. Md. (Address)

MAY 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1940, at 2 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of left femur — Duration 2 hours

Due to

Due to

Other Conditions Arteriosclerotic heart disease. Decubitus ulcer
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence about March 24, 1940
(c) Where did injury occur? hallway of mercy Hospital (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? —
(Specify type of place)
(e) Means of injury slipped and fell in hallway

23. Signature Jos L Wallenwaber M.D.
Medical Examiner.

Date signed 5-27-40

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 F 69657 Registered No. 55894 - SD

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 45 mins
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 616 W. Barre Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1920

8. AGE: Years 19 | Months 8 | Days 9 | If less than one day hr. / min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Jackson
13. Birthplace Maryland

MOTHER
14. Maiden Name Emma Jones
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 5 28 1940 (month) (day) (year)
(c) Cemetery or crematory Pikesville Cemetery
Location Baltimore

18 (a) Funeral director Walter R. Higgins
(b) Address 139 W. Hamilton St.

(a) MAY 26 1940 (Date rec'd by Registrar) (Huntington Woods Cemetery)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1940, at 5:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1940, to May 24 1940, and that I last saw him alive on May 24 1940.

Immediate cause of death: Coma — Duration:
Due to: Diabetes mellitus — Duration:
Due to — Duration:
Other Conditions — Duration:
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy nothing abnormal.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 5-29-40

VS 3

Copy or tracing is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69658 — CERTIFICATE OF DEATH — F 69658

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 E. Balto. Gen. Hosp. St. 24-3 Ward) Registered No. 121

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 Yrs. (Life) mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Harry Louis Roberts

(a) Residence: No. 1008 Annapolis Boulevard St., Ward. Brooklyn Park, A.A. Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida B. Roberts

6. DATE OF BIRTH (month, day, year) Nov. 5 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship joiner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Coast Guard

10. Date deceased last worked at this occupation (month and year) September 1940

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME George Roberts

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Sarah Ann

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date May 28 1940

19. UNDERTAKER A. Howard Evans

(Address) 1480 St Paul St

20. FILED MAY 26 1940 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1940, to May 25, 1940.

I last saw him alive on May 25, 1940 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Appendiceal abscess	
Myocarditis	
Dyspnea	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) Samuel L. Fyp M. D.

(Address) 3rd Balto Fed Hosp.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 69659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49-w

F 69659 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1720 N. Wolfe st.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 N. Wolfe st
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Eva May Betz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Frank R. Betz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3 1880

8. AGE: Years	Months	Days	If less than one day
60		20	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name George F. Baker
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Virginia Baker
15. Birthplace Balto md

16 (a) Informant Frank R. Betz
(b) Address 1218 Chester st.

17 (a) Burial (b) Date thereof May 27 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Elgin Road

18 (a) Funeral director Stephen J. Feathourstone
(b) Address 1000 S. Kenwood Ave

19 (a) [illegible] (b) [illegible]
Date rec'd by registrar [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1940 at 6.20 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19 1940 to May 23 1940 and that I last saw h[illegible] alive on May 22 1940

Immediate cause of death Carcinomatosis —
(Carcinoma of Ovary - Sarcoma) —
Due to —
Due to —
Other Conditions arteriosclerosis
(Include pregnancy within 3 months of death)

Duration
Sept 1939
Sept 1939

Major findings:
Of operations Carcinomatosis
(Carcinoma of Ovary)
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis H. Bruneau M. D.
Address 722 N. Kenwood Ave Date signed MAY 25 1940

MAY 25 1940

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69660 ✓ F 69660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B

Registered No. ..

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 37th & Calvert
(c) Hospital or institution: Union Memorial Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) None

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town Havre de Grace
(If outside city or town limits, write RURAL and give town)
(d) Street No. 552 Boyington St Havre de Grace
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Harry Oscar Bailey

3 (b) If veteran, name war /

3 (c) Social Security Account No. 215-09-501

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Mrs. Harry Bailey -
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1891

8. AGE: Years	Months	Days	If less than one day
49	2	23 ?	... hr. ... min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Walter Bailey
13. Birthplace Maryland

MOTHER
14. Maiden Name Laura Anderson
15. Birthplace Maryland

16 (a) Informant wife
(b) Address same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26-40 (month) (day) (year)
(c) Cemetery or crematory Center Lem
Location Forest Hill Md

18 (a) Funeral director Pennington & Son
(b) Address Havre de Grace Md

19 (a) ... (Local registrar) (b) Huntington Williams M.D.

MAY 25 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1940, at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1940, to May 23 1940, and that I last saw him alive on May 23 1940.

	Duration
Immediate cause of death: Uremia	2 wks.
Due to: Chronic Glomerulo Nephritis	5 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Crawford M. D.
Address Union Memorial Hospital Date signed 5/23/40

Use typewriter, with CARBON INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-A Registered No.

F 69661

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver St.
(c) Hospital or institution:
St. Joseph's Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County St. Mary's
(c) City or town Pearson (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 & 9 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dixon Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Sadie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 75 ? Months Days If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Jefferson Johnson

13. Birthplace Md

MOTHER 14. Maiden Name Nellie Kane

15. Birthplace Md

16 (a) Informant Records

(b) Address St Josephs Hosp

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-40 (month) (day) (year)

(c) Cemetery or crematory St Nicholas Cem

Location Leonardtown Md

18 (a) Funeral director Paul B Robinson

(b) Address 1766 Brightwood

(c) MAY 27 1940 (Date rec'd by registrar) Wilmington Del

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1940, at 10:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1940, to May 24 1940 and that I last saw h.im alive on May 24 1940.

Immediate cause of death Cardiac Failure

Due to Chronic Nephritis and hypertension

Due to Arteriosclerosis

Other Conditions Uremia — Syph.his

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Kilmon M. D.

Address St. Joseph's Hosp Date signed 5-26-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

69662

F 69662

BALTIMORE CITY HEALTH DEPARTMENT 93D Registered No. 51881 SD

CERTIFICATE OF DEATH

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1028 E. North Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Amy Dale

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Widowed

6 (b) Name of husband or wife: Harry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1882

8. AGE: Years	Months	Days	If less than one day
58	4	14 16	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None.
11. Industry or business

FATHER
12. Name James Sapp
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Rauch
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/40 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 (a) (Date received by registrar) (b) Huntington Williams, Registrar

MAY 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-26-1940, at 6 20 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-13-1940 to 5-26-1940 and that I last saw h-- alive on 5-26-1940.

Immediate cause of death	Duration
Cerebral thrombosis	4 mos.
Hypostatic CVD	?
Due to Gen. arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murphy Lakeman M. D.
Address Balto City Hosp. Date signed 5-26-40

69663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 69663
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1309 Linden Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 710 Park Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Luella Halliday Keyworth

3 (b) If veteran, name war: W

3 (c) Social Security Account No. [illegible]

4. Sex	5. Color or race	6 (a) ~~Single, married, widowed, or divorced~~
Female	White	Widowed

6 (b) Name of husband or wife: Bradley M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 25th 1873

8. AGE Years	Months	Days	If less than one day
67	2	1	hr. min.

9. Birthplace Md (Kent Co.)
(Town, county, and state)
10. Usual Occupation None
11. Industry or business At Home

FATHER
12. Name Mr. George Halliday
13. Birthplace Md

MOTHER
14. Maiden Name Miss Chamberlain
15. Birthplace Md.

16 (a) Informant Miss Halliday
(b) Address 1309 Linden Ave

17 (a) Burial (b) Date thereof 5/28/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Balto. Co. Md.

18 (a) Funeral director William Bork
(b) Address 1217 St Paul St

19 (a) Huntington Williams M.D. Registrar
(Date filed by registrar) MAY 21 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-26 1940 at 10:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-25 1940, to 5-26 1940, and that I last saw her alive on 5-26 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertension	
Due to Chronic Diffuse Nephritis	
Other Conditions Marked generalized arteriosclerosis	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. C. Post
Address Maryland Gen. Hosp. Date signed 5-26-40

Insert age if especially important. Physicians: please write the causes of death clearly and legibly.

69664

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46-E F 69664
55698 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1118 S. Robinson Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Brummell

3 (b) If veteran, name war: No
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Widowed

6 (b) Name of husband or wife Milton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 18, 1865

8. AGE: Years	Months	Days	If less than one day
74	9	11	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Slater
13. Birthplace Germany

MOTHER
14. Maiden Name Lena Eisenrudt
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/40 (month) (day) (year)
(c) Cemetery or crematory Trinity
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1209 St. Paul St

19 (a) (Date rec'd by registrar) MAY 27 1940 (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-26 1940, at 2:25 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-16 1940 to 5-26 1940, and that I last saw her alive on 5-25 1940.

Immediate cause of death: Carcinoma sigmoid colon with hemorrhage — Duration: 2?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature L K Woodward Jr. M. D.
Address Balto City Hosp. Date signed 5-26-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

69665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-A

Registered No. E 69665

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 20 Bristol Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 20 Bristol Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 65 years

3 (a) FULL NAME Thomas J. LeCompte

3 (b) If veteran, name war: never
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widowed

6 (b) Name of husband or wife Jeannie LeCompte
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 16, 1874

8. AGE: Years	Months	Days	If less than one day
65	9	9	hr. min.

9. Birthplace Dorchester County Md (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Joseph LeCompte
13. Birthplace Dorchester County Md

MOTHER
14. Maiden Name Joeania ~~Hart~~ Harley
15. Birthplace Dorchester County Md

16 (a) Informant Mrs. Hettie M. Snowberger
(b) Address 20 Bristol Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27 1940 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Cemetery
Location Glenburnie Md

18 (a) Funeral director Howard M. Bright Jr.
(b) Address 4914 Belair Rd

19 (a) MAY 27 1940 Huntington Williams MD (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/25/1940, at 1:41 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 1940 to May 25 1940 and that I last saw him alive on May 25 1940.

Immediate cause of death Anemia
Due to Hypertensive Cardio vascular renal disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Rubin M. D.
Address 203 Cotyeau Date signed

VS 3

69666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69666 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4011 Hernkill Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4011 Hernkill Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15 10

3 (a) FULL NAME Clara R Smoot

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William W Smoot
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1861

8. AGE: Years	Months	Days	If less than one day
79	3	16	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Robert M Davis
13. Birthplace Richmond – Va.

MOTHER
14. Maiden Name Clara Hoover
15. Birthplace Balto. Md.

16 (a) Informant Mr Robert C Smoot
(b) Address 2503 Whitney Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27 40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director Wm Tuckey Sons
(b) Address North & Pa Aves.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

MAY 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1940, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1940 to May 24 1940, and that I last saw her alive on May 23 1940.

Immediate cause of death
Chronic Myocarditis
Due to Arteriosclerosis
Due to Age.
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
several years
"

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hubert E Blake M. D.
Address Med Arts Bldg. Date signed

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

69667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-a Registered No. F 69667

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave. & Madison Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ✓
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2709 Penn. Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Mr. Ernest Paul Friedrich

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Mrs. Martha Friedrich

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8, 1876

8. AGE: Years 63 Months 9 Days 17 If less than one day ____ hr. ____ min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Seg Food dealer

11. Industry or business Self

FATHER
12. Name Mr. Andrew Friedrich
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Bertrum
15. Birthplace Germany

16 (a) Informant Mr. Ernest P. Friedrich
(b) Address 2709 Penn. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28-1940 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore, Md

18 (a) Funeral director Mr. J. Pickerwessel
(b) Address North La Ave

MAY 27 1940 (Date received by local registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25, 1940, at 10:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 15, 1940 to May 25, 1940, and that I last saw him alive on May 25, 1940.

Immediate cause of death: Cirrhosis of Liver — Duration 2½ mos.

Due to: ____ — over

Due to: ____

Other Conditions: ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. Gleasman M.D.
Address Md. Gen. Hosp. Date signed 4/29/40

Please write plainly with pen or pencil. Physicians: please write the causes of death clearly and legibly.

55547 - RB

F 69668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V30-F

F 69668 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1035 Myrtle Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

17-2

3 (a) FULL NAME Marie West

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Lewis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23, 1913

8. AGE: Years	Months	Days	If less than one day
27	4	1	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Patch Work
11. Industry or business Rumble Shirt Factory

FATHER
12. Name Buck Gordan (Jordan)
13. Birthplace Virginia

MOTHER
14. Maiden Name Louise Pellam (dead)
15. Birthplace Virginia

16 (a) Informant Records
(b) Address B.C.H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28 '40 (month) (day) (year)
(c) Cemetery or crematory Dedeurwodie Co, Va.
Location Va.

18 (a) Funeral director Elroy O Wilson
(b) Address 1600 Brantley Ave

19 (a) (Date rec'd by registrar) Huntington Nitkin Registrar

MAY 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1940, at 10:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1940, to May 24 1940, and that I last saw h[illegible] alive on May 24 1940.

Immediate cause of death Dermatitis due to Arsenic — Duration 6 weeks
Due to
Due to
Other Conditions Syphilitic Heart Disease
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 5-25-40.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

69669 F 69669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 601 E. Arlington Ave. St. 27-10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christina D. Penninger

If U. S. Veteran specify WAR

(a) Residence: No. 601 E. Arlington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry D. Penninger

6. DATE OF BIRTH (month, day, year) Jan. 16 - 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Haswell Magruder

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Adeline Boyd

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Thos. B. O'Loughlin

(Address) 601 E. Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL Wash. D.C.

Place Mt. Olivet Cem. Date 5/29/40 19

19. UNDERTAKER John A. Moran

(Address) 42nd & York Rd. Balto. Md.

FILED 19

Registrar.

MAY 27 1940

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/26, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1940 to May 26, 1940

I last saw her alive on May 25, 1940 Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration, acute	
Dilatation of heart	✓
Other contributory causes of importance:	
Cerebral Arterio Sclerosis	✓

Was an operation performed? no Date of ✓

For what disease or injury? ✓

Name of operation none

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Peter A. Nataro M. D.

(Address) 1219 Baptist St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

69670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51-B

F 69670 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1969 Perlman Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 67-3-15

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1969 Perlman Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? 67years years

3 (a) FULL NAME Charles E.Anderson

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 215-07-7116

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Alice Anderson

6 (c) If alive, give age: 63 yrs

7. Birth date of deceased (mo., day, yr.): Feb.10,1873

8. AGE: Years 67 | Months 3 | Days 15 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Printer

11. Industry or business: Simpson Doeller Co,

FATHER
12. Name: Charles H. Anderson
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Emma Harris
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mrs. Alice Anderson
(b) Address: 1969 Perlman Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-40 (month) (day) (year)
(c) Cemetery or crematory: Baltimore, Md
Location: E.North Avenue Extended

18 (a) Funeral director: Albert L. Hilt Jr
(b) Address: 1606 N. Chester Street

19 MAY 27 1940 (b) Huntington Williams, M.D.
(Registered by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1940 to May 25 1940, and that I last saw him alive on May 24 1940.

Immediate cause of death	Duration
Valvular Heart disease	
Due to	
Due to	
Other Conditions operation on at St Jos. Hosp. (Include pregnancy within 3 months of death)	

Major findings:
Of operation Carcinoma of Prostate
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Hilt
Address 1623 Madeira Date signed May 27 1940 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69671

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

77-D

F 69671
Registered No.

write the causes of death clearly and legibly. Physicians: please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 275 N. Exeter.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME WILLIAM BRYANT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Married

6 (b) Name of husband or wife Lillie Bryant
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years	Months	Days	If less than one day
41 39			hr. min.

9. Birthplace Lutherville Md
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Stayford Bryant
13. Birthplace Lutherville Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Lillie Bryant
(b) Address 1110 Thompson st

17 (a) Burial (b) Date thereof 5-28-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location A. A. Co. Md

18 (a) Funeral director Jas. M. Skinner
(b) Address 967 N. Bryant st

(By) Livingston Williams M.D.
(Local Registrar)

MAY 27 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1940, at 12 30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said I find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Chronic alcoholism	
Due to	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeier M.D.
Medical Examiner.
Date signed 5-24-40

F 69672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 69672 Registered No.

write the causes of death clearly and legibly. Physicians: please write

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town —
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1322 Forest Rd
(If rural give location) Spring 92.
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME ALBERT E BAINES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Elizabeth Baines

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 19, 1864

8. AGE: Years 75 Months 8 Days 5 If less than one day hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Richard Baines

13. Birthplace England

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Albert E Baines

(b) Address 1327 Forrest Rd Spring

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/40 (month) (day) (year)

(c) Cemetery or crematory Moreland Pk.

Location Baltimore, Md

18 (a) Funeral director Leonard O. Covington

(b) Address 214 N. Paca St

MAY 27 1940 (Date rec'd by registrar) (c) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture, right femur — Duration

Due to

Due to

Other Conditions Arteriosclerotic heart disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 24, 1940
(c) Where did injury occur? Home address
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? —
(e) Means of injury Got up and fell down
23. Signature H. I. Wallace M.D. Medical Examiner.
Date signed 5-24-40

VS 6

F 69673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69673

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd – Calvert
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2630 Matthews St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Mrs. Samuel Levin (Sarah)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	Wh.	married

6 (b) Name of husband or wife Samuel Levin

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) April ? 1894

8. AGE: Years	Months	Days	If less than one day: hr.	min.
46	01	?		

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Mr. Wolfe Baer (d)
13. Birthplace Russia

MOTHER
14. Maiden Name Ida ? (d)
15. Birthplace Russia

16 (a) Informant Mrs. Samuel Levin
(b) Address 2630 Matthews St.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 5-27-40 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Mem'l Park
Location Woodlawn Mem'l Park

18 (a) Funeral director Jack Levin's Son
(b) Address 6439 E. Baltimore St. Hunting Town Ave.

19 MAY 27 1940 (b) Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1940, at 10:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1940, to May 26 1940, and that I last saw h.. alive on May 26 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	16 days
Due to Hypertension Cardio-Vascular Disease	4 years
Due to	
Other Conditions Auric. Fibrillation	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John F. Pearce M. D.
Address Union Memorial Date signed 5/27/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 69674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 69674 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2525 E Monument St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2525 E Monument St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret M. Hoppe (Margaret M. Hoppe)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Frederick Hoppe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 18th 1857

8. AGE: Years	Months	Days	If less than one day
83	4	8	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name George Leidig
13. Birthplace Germany

MOTHER
14. Maiden Name Rosalia Rentz
15. Birthplace Md

16 (a) Informant George F. Hoppe
(b) Address 2835 Riggs Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28th 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem
Location Annapolis Blvd

18 (a) Funeral director Leo F. Groth
(b) Address 1901-03 N Path Park Ave

MAY 27 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1940, at ? M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to May 25 1940 and that I last saw h.e. alive on May 25 1940.

Immediate cause of death Coronary Thrombosis
Antecedent C.V. disease
Due to
Due to
Other Conditions Infirmity
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Goodman M. D.
Address 7400 E. Balto Date signed 5/27/40

VS 3 Dr Goodman Highland Ave & Balto Sts.

F 69675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69675 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3400 Dolfield Ave
(c) Hospital or institution: Apartment 102
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3400 Dolfield Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Milton H Meyers (Myers)

3 (b) If veteran, name war

3 (c) Social Security Account No. 062-01-9540

4. Sex M

5. Color or race wh

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Lorreto Myers

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) March 11, 1894

8. AGE: Years 46 Months 2 Days 14 If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation salesman

11. Industry or business Bierer Co. New York City

FATHER
12. Name Gabriel L. Myers
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Garnon
15. Birthplace Harpers Ferry, W. Va.

16 (a) Informant Lorreto Myers
(b) Address 3400 Dolfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28, 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Taylor Avenue

18 (a) Funeral director Leo G. Cook
(b) Address 1701-03 N. Patterson Pkd. Ave.

MAY 27 1940 (Date rec'd by registrar)

(b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1940 at 7:25 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.

Date signed 5/27/40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1548

F 69676 Registered No. 55783 SD

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1401 Madison Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

14

3 (a) FULL NAME Louise Winston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	Colored	Separated

6 (b) Name of husband or wife Monroe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 20, 1895

8. AGE: Years	Months	Days	If less than one day
44	9	6	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles Hoane
13. Birthplace Virginia

MOTHER
14. Maiden Name Novella Banks
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29, 40 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Georgeanna Holland
(b) Address 1621 Druid Hill Ave.

19 (a) (Registrar) (b) Huntington Williams M.D. Registrar

MAY 27 1940
VS.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-26 1940, at 5:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-20 1940, to 5-26 1940, and that I last saw her alive on 5-25 1940.

Immediate cause of death: Staphylococcus spinal epidural and mediastinal abscesses — Duration: several months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L Richardson Jr M. D.
Address Balto City Hosp. Date signed 5-26-40

F 69677

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 69677

Registered No. 107

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1411 Brunt Street
(c) Hospital or institution:
D.D.A. Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1411 Brunt St
(If rural give location)
(e) If foreign born, how long in U. S. A.? yrs

3 (a) FULL NAME Charles Richardson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 17, 1940

8. AGE: Years	Months	Days	If less than one day
	4	8	hr. min.

9. Birthplace New York City
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Thomas Wartes
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Dulcena Wartes, friend
(b) Address 1411 Brunt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location Balto Md

18 (a) Funeral director Mrs. Geo. A. Holland
(b) Address 1631 Druid Hill Ave

19 MAY 27 1940 (Date received by Registrar) (b) Huntington Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1940, at 4:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Tubular pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature W. H. Vandeventer M.D.
Medical Examiner.
Date signed 5/27/40

69678

F 69678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45-P

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 212 Calvin st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County –
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 212 Calvin St 3rd flor (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Abraham Griffin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	M

6 (b) Name of husband or wife Ellen

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Nelson Griffin
13. Birthplace Balto. – Md.

MOTHER
14. Maiden Name Margaret?
15. Birthplace Maryland

16 (a) Informant wife – Ellen Griffin
(b) Address 212 Colvin st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Q. A. County Md.

18 (a) Funeral director Joseph B. Locke Jr.
(b) Address 1304 N. Central Ave. Huntingtown Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1940, at Early M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h.s death on the day stated above.

Immediate cause of death Carcinoma of tongue

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm H Gardenhour M.D. Medical Examiner.
Date signed 5/27/40

V8 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B F 69679 Registered No. 55895 SD

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1641 N. Vincent Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Blanche Dyson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F
5. Color or race Colored
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) ?
8. AGE: Years 56 yrs. ? Months Days If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name William Dyson
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Campbell
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location
18 (a) Funeral director Geo. A. Kelso
(b) Address 1303 Pleasant St
19 (a) (Date rec'd by registrar) (b) [illegible] Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-25- 1940, at 4:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-24- 1940, to 5-25- 1940, and that I last saw h[illegible] alive on 5-25- 1940

Immediate cause of death
Pulmonary tuberculosis — ?
Gen'l arteriosclerosis — ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Morgenbesser M. D.
Address Balto City Hosp Date signed 5-25-40

MAY 27 1940

F 69680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 69680

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 740 Patterson Pk Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore, Md

(If outside city or town limits, write RURAL and give town)

(d) Street No. 740 N. Patterson Pk Ave

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah E. Stauch

3 (b) If veteran, name war

3 (c) Social Security Account No. -

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Jacob Stauch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 25, 1867

8. AGE: Years 73 | Months 4 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Home-wife

11. Industry or business

FATHER 12. Name John Beaty

13. Birthplace Baltimore, Md

MOTHER 14. Maiden Name Sarah Stevens

15. Birthplace Pennsylvania

16 (a) Informant Mrs. John Merritt

(b) Address 519 Dumas Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/40 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location Baltimore, Md

18 (a) Funeral director Leonard D. Covington

(b) Address 21 W. 25th St.

19 (a) (Signature of registrar) (b) Registrar

MAY 27 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/26 1940, at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1937, to 5/25 1940, and that I last saw h e r alive on 5/25 1940.

Immediate cause of death: CANCER OF BREAST with metastasis to lungs

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations /

Of autopsy /

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide /

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? /

(e) Means of injury

23. Signature C. H. Greenberg M. D.

Address 401 Cathedral Date signed 5/27/40

69681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-7

F 69681

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1015 Darley Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1015 Darley Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jesse L. Sullivan.

3 (b) If veteran, name war
3 (c) Social Security Account No. 705-05-6112

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married.

6 (b) Name of husband or wife Susan F. Sullivan
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Jan 17, 1886

8. AGE: Years	Months	Days	If less than one day
53	5	8	hr. min.

9. Birthplace Maryland.
(Town, county, and state)
10. Usual Occupation Dispatcher
11. Industry or business B & O. R. R.

FATHER
12. Name James E. Sullivan
13. Birthplace md.

MOTHER
14. Maiden Name Laura Woods.
15. Birthplace md.

16 (a) Informant Susan F. Sullivan.
(b) Address 1015 Darley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28, 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood.
Location Taylor Ave.

18 (a) Funeral director Ehrenworth & Donovan
(b) Address 3615-17 Eastern Ave.

19 (a) [illegible] (b) Huntington Williams, M.D.
(Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1940, at 6 20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1937 to May 20 1940 and that I last saw him alive on May 25 1940

Immediate cause of death	Duration
Myocardial Infarction	18 min
Due to Chronic Endocarditis	
Due to Cardiac Dilitation	
Other Conditions Hx of Acute Rheumatism 1912	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Edward Finnegan M.D.
Address 9858 Halfway Rd Date signed 5/27/40

Correct entry especially important. Physicians: please write the causes of death clearly and legibly.

69682 10422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146 c Registered No. F 69682

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd St. & Calvert St.

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3113 Rueckert Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mrs. Edward Elijah Simms (Helen)

3 (b) If veteran, name war ____ | 3 (c) Social Security Account No. ____

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	married

6 (b) Name of husband or wife Edward Elijah Simms

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1917

8. AGE: Years	Months	Days	If less than one day
22	5	14	____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business ____

FATHER 12. Name Henry Horner

13. Birthplace Md.

MOTHER 14. Maiden Name Mable V. DeBaufre

15. Birthplace Md.

16 (a) Informant Mr. Edward Elijah Simms (husband)

(b) Address 3113 Rueckert Ave. Baltimore

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 28 1940 (month) (day) (year)

(c) Cemetery or crematory OAK LAWN

Location EASTERN AVE. ROAD

18 (a) Funeral director MARTIN W. E. DIPPEL

(b) Address ANN & ORMOND STS. (Huntington Pharmacy, M.P.)

MAY 27 1940 (Date rec'd by registrar) (b) ____ Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1940, at 10:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1940, to May 24 1940, and that I last saw her alive on May 24 1940.

Immediate cause of death	Duration
Post-partum hemorrhage	4½ hrs.
Due to Primary uterine atony	4½ hrs.
Due to ____	____
Other Conditions pregnancy	ver
Vaso-motor collapse	1 mn.

(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ____

(b) Date of occurrence ____

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ____

(e) Means of injury ____

23. Signature J. Franklin McCauley M. D.

Address 3047 St. Paul St. Date signed 5/24/40.

F 69683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 69683 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1083 W. Fayette Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDWARD THOMAS WILLIAMS

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: Unknown

4. Sex: Male

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary (?)

6 (c) If alive, give age: 38 years

7. Birth date of deceased (mo., day, yr.): Feb. 27, 1898

8. AGE: Years: 42 | Months: 2 | Days: 27 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business

FATHER
12. Name: Tom Williams,
13. Birthplace: Calvert county, Md.

MOTHER
14. Maiden Name: Cora Jackson,
15. Birthplace: Calvert County, Md.

16 (a) Informant: Records-U. S. Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Buried. (Burial, cremation, or removal) (b) Date thereof 5/27/1940 (month) (day) (year)
(c) Cemetery or crematory: National Cemetery
Location: Balto. Md.

18 (a) Funeral director: Mrs. Sater. R. Williams
(b) Address: 322 N. Schroeder St.

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar
MAY 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 24, 1940, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1, 1940, to May 24, 1940, and that I last saw him alive on May 24, 1940.

Immediate cause of death: Generalized miliary tuberculosis

Duration: 1 mo.

Due to: Tuberculous orchitis, seminal vesiculitis and abdominal lymphadenitis.

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Orchidectomy, lt. Paracenteses
Of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: T. B. H. Anderson, M. D.
Address: U. S. Marine Hospital, Baltimore, Maryland. Date signed 5/25/40

F 69684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 69684
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eutaw & Lemmon
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 511 N. Carrollton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Richard Hurst.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 11/8/39

8. AGE: Years	Months	Days	If less than one day
	6	17	..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation .....
11. Industry or business .....

FATHER
12. Name Marshal Hurst.
13. Birthplace Md.

MOTHER
14. Maiden Name Hennie Hilliard
15. Birthplace Md.

16 (a) Informant Hennie Hurst.
(b) Address 511 N. Carrollton Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5/27/1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn, Comm.
Location Balto Md.

18 (a) Funeral director Mc Katie P. Williams.
(b) Address 322 N. Schroeder St.

(a) (Signature of local registrar) (b) Huntington Mills (Date received) MAY 27 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1940, at 11:24 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-13 1940, to 5-25 1940, and that I last saw him alive on 5-25 1940.

Immediate cause of death Pneumonia

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature H. H. Leitch M. D.
Address University Hospital Date signed 5-26-40

F 69685

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 123

F 69685
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) ———

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 530 Virginia Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Benjamin Chew Green

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Clara E. Green
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) July 19 - 85

8. AGE: Years	Months	Days	If less than one day: hr.	min.
54	10	6		

9. Birthplace Towson, Md. (Town, county, and state)
10. Usual Occupation State Board of Statistics
11. Industry or business

MOTHER / FATHER
12. Name J. Alexander Green
13. Birthplace Baltimore, Md.
14. Maiden Name Elizabeth Chew
15. Birthplace Epsom, Towson, Md.

16 (a) Informant Milton Green
(b) Address Terrace Rd., Towson, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29, 1940 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill Cem.
Location Towson, Md.

18 (a) Funeral director John Burns' Sons
(b) Address Towson, Md.

19 (a) Date rec'd (month) (day) (year) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-25 1940, to 5-25 1940, and that I last saw h m alive on 5-25 1940.

Immediate cause of death Surgical Shock

Due to Exploratory Laparotomy

Due to Peritonitis, Generalized
Perforated Diverticulum of Sigmoid

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Generalized Peritonitis
Perforations of Diverticulum of Sigmoid
Of autopsy

Duration
3 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. L. Garlick, M. D.
Address Mercy Hospital Date signed 5-25-40

F 69686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 ✓ F 69686 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2203 Mt Holly St
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2203 Mt Holly St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME John H. Steiner

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Rose E. Steiner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 23. 1867

8. AGE: Years 73 | Months 2 | Days 2 | If less than one day ___ hr. ___ min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Religious Goods

FATHER
12. Name John Steiner
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine ?
15. Birthplace Germany

16 (a) Informant Mrs James R. Woolman
(b) Address 2203 Mt Holly St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28-1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md

18 (a) Funeral director Wm J. Luckman Sons
(b) Address Mt Royal

19 (a) ___ (Date rec'd by registrar) (b) ___

MAY 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1940, at 7:10 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from March 21 1940, to May 25 1940, and that I last saw her alive on May 25 1940.

Immediate cause of death	Duration about
Myocarditis, Fatty degeneration of heart	3 mo.
Due to advanced arteriosclerosis	P
Due to Hypertension —	P
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter E. Weikel M. D.
Address 2220 Garrison Blvd Date signed May 26/40

69687

F 69687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

520 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 717 N. Fulton Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

63

3 (a) FULL NAME Walter Reed SHAW

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 215-10-2266

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Etta Domer
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) August 2, 1896

8. AGE: Years	Months	Days	If less than one day
43	9	23	hr. min.

9. Birthplace Lynn, Mass.
(Town, county, and state)
10. Usual Occupation Manager, Grocery Store
11. Industry or business Grocery A. & P. Stores

FATHER
12. Name Nathan Shaw,
13. Birthplace Massachusetts, Cape Cod.

MOTHER
14. Maiden Name Bertha (?)
15. Birthplace Massachusetts

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28, 40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem.
Location Frederick, Maryland.

18 (a) Funeral director M. L. Creager & Sons
(b) Address Thurmont, Maryland.

19 (a) [illegible] registrar (b) [illegible] Registrar

MAY 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25, 1940, at 3:10PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 7, 1940, to May 25, 1940, and that I last saw him alive on May 25, 1940.

	Duration
Immediate cause of death Post operative (48hr) and generalized inanition	2 mo.
Due to Generalized carcinomatosis of the peritoneum	2 mo.
Due to Carcinoma of the rt. kidney with generalized metastasis	6 mo.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Exploratory laparotomy
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature O. E. Denney, M.D.
Address U.S.Marine Hospital, Baltimore, Maryland. Date signed 5/25/40

F 69688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

37-W

Registered No. F 69688

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Greene & Redwood Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ****
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1735 Ellamont St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

156

3 (a) FULL NAME: George H.Dumler

3 (b) If veteran, name war: *******
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Wht.	Married

6 (b) Name of husband or wife: Cecilia M.Dumler
6 (c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): dec. 17, 1877

8. AGE: Years	Months	Days	If less than one day
62	5	10	____ hr. ____ min.

9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual Occupation: Managerof Shop
11. Industry or business: Kirk Jewelry Co.

FATHER
12. Name: Georhe L.Dumler
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Elizabeth Bahlman
15. Birthplace: Balto. Md.

16 (a) Informant: Mrs.Cecilia M.Dumler
(b) Address: 1735 Ellamont St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 30, 1940 (month) (day) (year)
(c) Cemetery or crematory: Cathederal
Location: Edmondson Ave.

18 (a) Funeral director: Robert S.Little
(b) Address: 2700 Edmondson Ave.

19 (a) MAY 27 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 27, 1940, at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-19, 1940, to 5-27, 1940, and that I last saw h[illegible] alive on 5-27, 1940

	Duration
Immediate cause of death: Kidney shutdown	
Due to: Transurethral resection	8 days
Due to: Benign prostatic hypertrophy	3 yrs.
Other Conditions: hypertension, chronic liver damage (Include pregnancy within 3 months of death)	

Major findings:
Of operation: Benign prostatic hypertrophy
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: William S. Miller, M. D.
Address: University Hospital Date signed: 5-27-40

VS 3

69417
69689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

90-B

Registered No. E 69689

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Caroline
(c) City or town Greensboro
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Thornton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-7-85

8. AGE: Years	Months	Days	If less than one day
55	2	19	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business

FATHER 12. Name Wilson Thornton

13. Birthplace Md.

MOTHER 14. Maiden Name Nancy Baynard

15. Birthplace Md.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/30/40 (month) (day) (year)

(c) Cemetery or crematory Cemetery

Location Greensboro Md.

18 (a) Funeral director R. B. Rawlings

(b) Address Greensboro Md.

19 (a) MAY 27 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1940 at 9:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1940 to May 26 1940 and that I last saw h[illegible] alive on May 26 1940.

Immediate cause of death Pneumococcus pericarditis

Due to Type 4 and

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operation

Of autopsy Confirmatory

Duration: 2 1-2 month

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. E. Jonas Jr. M. D.

Address The Johns Hopkins Hospital Date signed 5-27-40

KlePS18

69690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 69690

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 519 Savage St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 518 Savage St S. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Ellen Klepsig.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Peter H. Klepsig
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1st 1879

8. AGE: Years	Months	Days	If less than one day
61	—	8	hr. min.

9. Birthplace New Orleans La
(Town, county, and state)
10. Usual Occupation
11. Industry or business Housework

FATHER
12. Name Charles Hoffman
13. Birthplace New Orleans

MOTHER
14. Maiden Name Dora Faure
15. Birthplace New Orleans

16 (a) Informant James C Klepsig
(b) Address 519 Savage St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28th 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto Co

18 (a) Funeral director John Welsh
(b) Address 2008 Pulaski Highway

19 MAY 27 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1940, at 2.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1940 to May 26 1940 and that I last saw her alive on May 26 1940

Immediate cause of death

Due to Cerebral Hemorrhage

Due to

Other Conditions High blood Pressure

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Adam Tod M. D.
Address 4616 Eastern Ave Date signed

VS 3

Gran #7

69691

Gran #7

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. F 69691

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Pier 4 Pratt St
(c) Hospital or institution:
Harbor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 216 E Dallas St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leo Tabo

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 28 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Tabo
13. Birthplace (Wilmington, N. Car)

MOTHER
14. Maiden Name
15. Birthplace Unknown

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery PUBLIC CEMETERY MAY 27 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) MAY 27 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1940, at 11½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Drowning — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident ?
(b) Date of occurrence Found 5/19/40
(c) Where did injury occur? Pier 4 Pratt St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work?
(e) Means of injury Drowning

23. Signature H. H. Weinstraut M.D.
Medical Examiner.
Date signed 5/20/40.

69692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

Registered No. F 69692

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Dellwood & Greene Sts.

(c) Hospital or institution: University Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days

(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1131 Penna Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Lyles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Balto, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Milton Lyles

13. Birthplace Md.

MOTHER 14. Maiden Name Effie Dolson

15. Birthplace Md.

16 (a) Informant Effie Lyles

(b) Address 1131 Penna Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory UNIVERSITY MEDICAL SCHOOL MAY 27 1940

Location

18 (a) Funeral director Commissioner of Health

(b) Address Per W. A. Moore

19 (Filed by registrar) MAY 27 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-23-40 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-21 1940, to 5-23-40 19.

and that I last saw her alive on 5-23 19 40.

Immediate cause of death	Duration
Prematurity - 32 wks.	
Due to 3	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frances M Laughlin M. D.

Address University Hosp. Date signed 5-27-40

VS 3

5650

CGK

55446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

F 69693 Registered No. F 69693

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 784 W. Hamburg St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edwin F. Diskin

3 (b) If veteran, name war

3 (c) Social Security Account No. 2-209-8472

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1897

8. AGE: Years	Months	Days	If less than one day
43	1	19	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business American Hamilton Rubber Co.

FATHER
12. Name Thomas Diskin
13. Birthplace Md.

MOTHER
14. Maiden Name Louise M. Lamont
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/40 (month) (day) (year)
(c) Cemetery or crematory Catholic Cem.
Location Old Frederick Rd.

18 (a) Funeral director John J. Fahey & Son
(b) Address 1308 Light St.

19 (a) MAY 27 1940 Hugh Jason Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/25/40 19 at 1400 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/8 1940 to 5/25 1940 and that I last saw h alive on 5/25 19 40.

Immediate cause of death Tuberculosis of the lungs — Duration Abt 1937

Due to — Duration Abt 1937

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. D.
Address 4946 Eastern Ave Date signed 5/26/40

VS 3

F 69694

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83-A

Registered No. F 69694

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3102 Weaver Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3102 Weaver Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry J. Beck

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	married

6 (b) Name of husband or wife Amelia S. Beck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 6-1871

8. AGE: Years	Months	Days	If less than one day
68	8	19	hr. min.

9. Birthplace Shrewsbury Pa. (Town, county, and state)
10. Usual Occupation
11. Industry or business at home

FATHER
12. Name William Beck
13. Birthplace Pa.

MOTHER
14. Maiden Name Matilda
15. Birthplace Pa.

16 (a) Informant Amelia S. Beck
(b) Address 3102 Weaver Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-40 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location
18 (a) Funeral director Leonard Lucke
(b) Address 2305 Harford Rd.
19 (a) MAY 27 1940 (Date received by Registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1940; at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1940 to May 25 1940, and that I last saw him alive on May 25 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 hours
Due to Generalized arteriosclerosis and hypertension	3 years
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George Dawson M. D.
Address 4716 Harford Rd. Date signed 5/27/40

VS 3

F 69695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93)

Registered No. F 69695

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4416 La Salle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4416 La Salle Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary G. Gueckert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 23 - 1873

8. AGE: Years	Months	Days	If less than one day
67	1	7	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Christopher Gueckert
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Barbara Brotzman
15. Birthplace Balto Md.

16 (a) Informant A. J. Gueckert
(b) Address 4416 La Salle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Lynch
(b) Address 5305 Harford Rd.

19 MAY 27 1940 Filed [illegible] Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 1938 to May 25 1940 and that I last saw h[illegible] alive on May 25 1940.

Immediate cause of death	Duration
Aortic pulmonary ordema	2
Due to Anaemia myocardial degen	2 Yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Lee Gueckert
Address 4416 Northern Pkwy Date signed 5/27/40
M. D.

VS 3

F 69696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. F 69696

1. PLACE OF DEATH: St Agnes Hospital
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 106 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Rockleigh Villa 4901 Rolandale Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Inez Antonia Font Brandeis

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Alfonso Brandeis
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2 - 1873

8. AGE: Years	Months	Days	If less than one day
66	10	25	hr. min.

9. Birthplace Puerto Rico (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Pablo Font
13. Birthplace Spain

MOTHER
14. Maiden Name Francisca Colon
15. Birthplace Puerto Rico

16 (a) Informant Rev Herman Brandeis
(b) Address St. Mary's Seminary
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/40 (month) (day) (year)
(c) Cemetery or crematory St. Charles College Cemetery
Location Catonsville Md
18 (a) Funeral director Chas J. Graul Funeral Home
(b) Address 118 W. Mt. Royal Ave Baltimore, Md.
19 (a) MAY 27 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/27/1940, at 11:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/11/1940 to 5/27/1940, and that I last saw h s/k alive on 5/27 1940.

Immediate cause of death	Duration
Carcinomatosis, metastatic (to lungs, intestines)	
Due to Skin Carcinoma, Breast	in 1937
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles J. Lenz M. D.
Address St Agnes Hosp. Date signed 5-27-40

VS 3

F 69697

Darrel B Sheets

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 69697

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4404 Vesta Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4404 Vesta Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Darrel Benard Sheets

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-9044

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married

6 (b) Name of husband or wife Helen Martin Sheets
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25, 877

8. AGE: Years	Months	Days	If less than one day
62	11	0	hr. min.

9. Birthplace Carroll Co
(Town, county, and state)
10. Usual Occupation Store-keeper.
11. Industry or business Bal-Mar Corp.

FATHER
12. Name Wilson J. Sheets
13. Birthplace Carroll Co.

MOTHER
14. Maiden Name Nellie Flegle
15. Birthplace Carroll Co.

16 (a) Informant Mrs Helen C. Sheets
(b) Address 4404 Vesta Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Md.

18 (a) Funeral director Loring Byers
(b) Address 5005 Park Heights Ave

19 (a) DS 1940 (Local Registrar) (b) Registrar No.

MAY

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1940 at 3 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 4 1940 to May 25 1940 and that I last saw living on May 25 1940

Immediate cause of death: Coronary occlusion — Duration: 1 month +21 days
Due to: Arterio-Sclerosis of Coronary arteries
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sherman P. Brent M. D.
Address 2601 Manhattan Ave Date signed 5/27/40

F 69698

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69698 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3306 Gerndale Ave
(c) Hospital or institution:
Maple Grove Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Washington
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 E Capitol St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SALLIE JORA BROWN

3 (b) If veteran, name war W
3 (c) Social Security Account No. NONE

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John D Brown
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1876

8. AGE: Years 64 | Months 0 | Days 17 | If less than one day ... hr. ... min.

9. Birthplace Madison Co. Va
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Elliott Blankenbaker
13. Birthplace Va

MOTHER
14. Maiden Name Mary Carpenter
15. Birthplace Va

16 (a) Informant Ruth Cecchini
(b) Address 1644 Gales St. N.E. Wash D C

17 (a) Burial (b) Date thereof May 29/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location District of Columbia

18 (a) Funeral director W. H. Snowden & Co
(b) Address Washington D C

19 (a) MAY 28 1940 (b) Huntingtown, Calvert Co. Md.
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1940, at 3:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said I. find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

	Duration
Immediate cause of death: Acute cardiac dilatation	
Due to: Hypertensive cardiovascular disease	
Due to:	
Other Conditions: no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmaier M.D.
Asst Medical Examiner.
Date signed 5-27-40

F 69699 10455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-P

F 69699

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2802 Roslyn Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2802 Roslyn Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Jones

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Lena Kempf Jones
6 (c) If alive, give age 71 years
7. Birth date of deceased (mo., day, yr.) Sept 16 1863
8. AGE: Years 76 | Months 8 | Days 11 | If less than one day: hr. min.
9. Birthplace Martinsburg W Va (Town, county, and state)
10. Usual Occupation Paperhanger
11. Industry or business Self

FATHER
12. Name Hiram Strother Jones
13. Birthplace W Va

MOTHER
14. Maiden Name Elizabeth Stumpf
15. Birthplace W Va

16 (a) Informant Lena Kempf Jones
(b) Address 2802 Roslyn Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29 1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Millhouse & Cook
(b) Address 1217 E Fort Ave

MAY 28 1940 (Date received by registrar) Livingston Millhouse (Signature of funeral director)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1940, at 2:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 4 1934 to May 26 1940, and that I last saw h~~er~~ alive on May 26 1940.

Immediate cause of death	Duration
Cerebral Toxemia	3 wks
Chronic Nephritis	1 yr
Due to Carcinoma of prostate	18 mos
Due to	
Other Conditions Arteriosclerosis	
Chronic Myocarditis	3 ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E Dale Reed, M.D.
Address 3403 Garrison Blvd Date signed 5/27/40

VS 3

F 69700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 69700

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3911 Greenmount Av
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3911 Greenmount Av
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Virginia Seltzer

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married, widowed, or divorced~~: Widowed
6 (b) Name of husband ~~or wife~~: David F. Seltzer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 10 1852

8. AGE: Years	Months	Days	If less than one day
88	4	17	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Sel

FATHER
12. Name John C. Brown
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Francis E. Seltzer
(b) Address 3911 Greenmount Ave

17 (a) Burial (b) Date thereof 5/30/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Greenmount
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

MAY 28 1940 (Huntington Williams M.D.)
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27th 1940, at 7-15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 25 1940, to MAY 27 1940, and that I last saw her alive on MAY 27 1940.

Immediate cause of death	Duration
Hypertension, Cardio-Vascular renal	
Due to disease	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lloyd C. Laylor M. D.
Address 3902 Greenmount Av Date signed May 27

F 69701

F 69701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1221 W Fayette St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1221 W Fayette St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma R. Benson Lawrence

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Pete Lawrence
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14, 1869

8. AGE: Years	Months	Days	If less than one day
71	2	13	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Lt Worker
11. Industry or business Self

FATHER
12. Name James Penn
13. Birthplace Carroll Co Md

MOTHER
14. Maiden Name Marguerite Pendenny
15. Birthplace Montgomery Co Md

16 (a) Informant Lela M Dickerson
(b) Address 1221 W Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Milburn Co
(b) Address 1219 W Fayette St

19 (a) (Date received by Local Registrar) (b) Registrar

MAY 28 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1940 at 10:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1940 to May 27 1940 and that I last saw h alive on May 27 1940

Immediate cause of death

Myocardial Infarction Duration

Due to Senility

Due to Arterio Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas A Reiss M. D.
Address 2140 N Bolton Date signed 5/27/40

F 69702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-D

F 69702 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 333 E. 20th Street
(c) Hospital or institution:
Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 125 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 333 E 20th St.
(If rural give location)
12
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Bernard Egerton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-29-69

8. AGE: Years 70 Months 5 Days 7 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state) Loyola College

10. Usual Occupation Teacher

11. Industry or business

FATHER 12. Name John B. Egerton
13. Birthplace Md

MOTHER 14. Maiden Name Regina Fowler
15. Birthplace Md

16 (a) Informant Mrs Maude Dion
(b) Address 17 E. Green St. Westminster Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28-40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director Albert W Gerwig
(b) Address 440 E. North Ave Hunting Tow Williamsport Md.

MAY 28 1940 (Local Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1940, at 2:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 30 1940, to May 25 1940, and that I last saw him alive on May 24 1940.

Immediate cause of death Metastatic carcinoma in nearly all bones

Due to Carcinoma of prostate (removed 2 yrs ago and no local recurrence)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ca. prostate (2yrs ago)
Of autopsy Ca. bones.

Duration
1 year?
2 years?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J M Collins M D
Address 8 N Howard St Date signed May 25-40

F 69703

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 69703

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 304 Myrtle Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Sylvester Murray.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband ~~or wife~~ Alfred Murray
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-12-1890

8. AGE: Years	Months	Days	If less than one day
50	1	13	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business self

FATHER
12. Name Edward Palmer
13. Birthplace Eastern Shore Md.

MOTHER
14. Maiden Name Amanda Dyson
15. Birthplace Md

16 (a) Informant Alfred Murray
(b) Address 304 Myrtle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-1940 (month) (day) (year)
(c) Cemetery or crematory Laurel Cemetery
Location Baltimore Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 47 W. Calhoun St.

MAY 28 1940 (Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-25- 1940, at 7.10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-12-1940 to 5-25-1940 and that I last saw her alive on 5-25-1940.

Immediate cause of death	Duration
Cardio-Vascular Disease	?
Due to Cerebral Hemorrhage	
Due to with Left sided Hemiplegia	13 days.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. F. Maloney M. D.
Address Provident Hosp Date signed 5/25/40

VS 3

F 69704

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V 48-B

F 69704 Registered No.

1. PLACE OF DEATH: St Agnes Hospital
(a) Baltimore City, Maryland
(b) Street address Wilkens and Eton Ave
(c) Hospital or institution:
St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1831 Register St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Miss Laura Vogt Condiff

3 (b) If veteran, name war: None.

3 (c) Social Security Account No. None.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Sept. 22- 1887.

8. AGE: Years 52 | Months 8 | Days 3 | If less than one day: hr. ... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At home

FATHER
12. Name Daniel Vogt
13. Birthplace Pa.

MOTHER
14. Maiden Name Clara Frazier
15. Birthplace Baltimore, Md

16 (a) Informant Mr. Bernice S. Vogt.
(b) Address 108 N. Kitton St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof May-28-1940 (month) (day) (year)
(c) Cemetery or crematory London Park Cemetery.
Location Baltimore-Md.

18 (a) Funeral director Charles J. Schwab.
(b) Address 505 N. Monroe St.

MAY 28 1940 Wilmington, N.C. (b) ... Wilmington, N.C.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1940, at 11:½ M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/13 1940, to 5/25 1940, and that I last saw h alive on 5/25 1940.

Immediate cause of death Carcinoma of Uterus

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. W. Parks, M. D.
Address St. Agnes Hospital. Date signed 5/25/40.

F 69705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

14 E Read 93-D

F 69705 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1431 E. Federal
(c) Hospital or institution:
St
(d) Length of stay in hospital or inst. (yrs., ~~mos., or days~~) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1431 E. Federal st (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Samuel N. Stein

3 (b) If veteran, name war World War | 3 (c) Social Security Account No. ✓

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years 47 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Real estate

11. Industry or business

FATHER
12. Name Pearl
13. Birthplace Russia

MOTHER
14. Maiden Name Rosa Rabinwitz
15. Birthplace Russia

16 (a) Informant Mgt. Standiford
(b) Address 1431 E. Federal St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-40 (month) (day) (year)
(c) Cemetery or crematory Wash. Blvd. Cem.
Location Wash. Blvd

18 (a) Funeral director Jack Levin Sons
(b) Address 1439 E. Baltimore St

19 (a) ____ (Registrar) (b) Huntington Williams, M.D. Registrar

MAY 28 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/27/40 19 , at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/20 1940 to 5/27 1940 and that I last saw him alive on 5/27 1940.

Immediate cause of death — Duration

Due to Coronary Thrombosis 1 hr

Due to Arteriosclerosis

Other Conditions Myocarditis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. N. Mogavero M.D.
Address 14 E. Read St Date signed 5/28/40

M. D. P. 1268-9

69706

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69706

CERTIFICATE OF DEATH V 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 W Lexington St., 18-V Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William T Thompson

(a) Residence: No. 1015 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Thompson

6. DATE OF BIRTH (month, day, year) December 15, 1874

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
65	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Indian Head, Md U.S. Naval Base -

10. Date deceased last worked at this occupation (month and year) June, 1935

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Charles County Md

FATHER

13. NAME James Thompson

14. BIRTHPLACE (city or town) (State or country) Charles Co. Md

MOTHER

15. MAIDEN NAME Cecelia Dodson

16. BIRTHPLACE (city or town) (State or country) Charles Co. Md

17. INFORMANT William Otis Thompson

(Address) 1015 W Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Indian Head, Md. Date May 29, 1940

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Fremont St Huntingtown Williams, M.D.

MAY 28 1940

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5.25.40, 19

22. I HEREBY CERTIFY, That I attended deceased from 4.12.40, 19 to 5.25.40, 19

I last saw h alive on 5.25.40, 19 Death is said to have occurred on the date stated above, at 8.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset about
Carcinoma stomach	4.12.40
arterio sclerosis -	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Phy. Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James M Lair, M. D.

(Address) 400 N Carrollton ave

V. S. 3 OCCUPATION is very important. See instructions on back of certificate.

69707

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1940 Registered No. F 69707

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Marlborough Apts. Eutaw Place & Wilson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Marlborough Apts. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SIDNEY L. COBLENS.

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6th. 1874

8. AGE: Years 65 | Months 10 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired.
11. Industry or business Horse Boarding Stables.

FATHER
12. Name Louis Coblens.
13. Birthplace Germany.

MOTHER
14. Maiden Name Julia Keyser.
15. Birthplace Petersburg, Va.

16 (a) Informant Mrs. M. Meyer.
(b) Address Marlborough Apts. 4 I.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/40. (month) (day) (year)
(c) Cemetery or crematory Oheb Shalom
Location Balto. Md.

18 (a) Funeral director Harris Levi Sons
(b) Address 1902 Eutaw Place.

19 (a) (Date rec'd by registrar) MAY 28 1940 (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26th. 1940, at P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1 1939 to May 26 1940
and that I last saw him alive on May 26 1940.

Immediate cause of death
Acute Coronary thrombosis — Duration: 1 week
Due to Art sclerosis
Due to Hypertension — Duration: years
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard Meyer M. D.
Address Marlborough Apts. Date signed

F 69708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81-a

F 69708 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Havre de Grace (If outside city or town limits, write RURAL and give town)
(d) Street 92 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Babec, Michael

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-14-3266

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Christine Babec

6 (c) If alive, give age unknown years

7. Birth date of deceased (mo., day, yr.) Sep. 29, 1916

8. AGE: Years 23 | Months 7 | Days 27 | If less than one day hr. min.

9. Birthplace Havre de Grace, Harford Co., Md. (Town, county, and state)

10. Usual Occupation Sheet Metal Worker

11. Industry or business Aircraft factory

FATHER
12. Name Peter Babec
13. Birthplace Austria

MOTHER
14. Maiden Name Vera Pohr
15. Birthplace Austria

16 (a) Informant Wife
(b) Address Havre de Grace, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Erin
Location Havre de Grace.

18 (a) Funeral director Pennington & Son
(b) Address Havre de Grace

19 (c) [illegible] (Signature of local registrar)

MAY 28 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1940 at 7:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1940, to May 26 1940, and that I last saw him alive on May 26 1940.

Immediate cause of death: Meningitis — Duration: 3 days

Due to: Pneumococcus Type III.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jacob Schiff Lights M. D.
Address Sydenham Hospital Date signed May 26, 1940

F 69709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 69709

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1134 Riverside Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1134 Riverside Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

24 3

3 (a) FULL NAME Sarah K. Snyder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced. widow

(b) Name of husband or wife Joseph Snyder

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 29, 1866

8. AGE: Years 73 | Months 7 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Mackelhaney
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Unknown
15. Birthplace " "

16 (a) Informant Margaret C. Hill
(b) Address 1134 Riverside Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md

18 (a) Funeral director Leonard J. Cummings
(b) Address 21 W. 25th St

MAY 28 1940
(Date rec'd by registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1940, 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1939 to May 24 1940, and that I last saw her alive on May 24 1940.

Immediate cause of death

Arteriosclerosis

Due to

Due to

Other Conditions Exhaustion

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
Indef.
1 day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Campbell M. D.

Address 1644 Lamont Date signed 5/27/40

VS 3

F 69710

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94-a

F 69710

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 715 S. Fagley St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) –
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 715 S Fagley St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME BERTRAM C WAGNER

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-0115

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Josephine Kullmen
6 (c) If alive, give age 21 years

7. Birth date of deceased (mo., day, yr.) June 8, 1911

8. AGE: Years	Months	Days	If less than one day
28	11	17	..... hr. ..... min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation Shipping Clerk
11. Industry or business Revere Copper Co

FATHER
12. Name William E Wagner Sr
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Sophia Ramon
15. Birthplace Baltimore Md

16 (a) Informant Wm E Wagner
(b) Address 715 S Fagley St

17 (a) Burial (b) Date thereof May. 28/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director Clarence F Hoffman
(b) Address 1639 N. Broadway.

19 (a) MAY 28 1940 Washington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1940, at 5:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... thereon and from the evidence
(Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration .....

Due to ....

Due to ....

Other Conditions none .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature J. H. L. Williams M.D.
Medical Examiner.
Date signed 5-25-40

VS 6

F 69711

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-N Registered No. F 69711

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 503 N. Mount St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 9

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 503 N. Mount St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosetta Canine MacDox

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	ed	widow

6 (b) Name of husband or wife Settington
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Geo. Johnson
13. Birthplace Va.

MOTHER
14. Maiden Name Fannie Young
15. Birthplace Va.

16 (a) Informant David Maddox
(b) Address 123 Stockton St.

17 (a) Burial (b) Date thereof 5/28/40 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. H. Kelso
(b) Address 1303 Presstman St

19 (Date received by registrar) MAY 28 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/24 1940 at 9 P M

21. I certify that death occurred on the date stated above, that I attended deceased from 7/7 1935 to 5/24 1940 and that I last saw him alive on 5/24 1940.

Immediate cause of death Hypertensive Cardio-Renal Vascular Syndrome

	Duration
Due to	7/7/35
Due to	to
Other Conditions	5/24/40

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. D. Hatcher
Address 177 N. Pa Ave Date signed 5/27/40

VS 3

69712

F 69712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186-a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution:
Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 m
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 933 Woodyear Av. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3. (a) FULL NAME Thomas RAYMOND HANDY

3 (b) If veteran, name war ——— 3 (c) Social Security Account No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
m	Col	married

6 (b) Name of husband or wife Matilda
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr) 1890

8. AGE: Years	Months	Days	If less than one day
50			hr. ..... min.

9. Birthplace md
(Town, county, and state)

10. Usual Occupation .....
11. Industry or business .....

FATHER
12. Name Jefferson Handy
13. Birthplace Va

MOTHER
14. Maiden Name Jane H. Harper
15. Birthplace Va

16 (a) Informant Matilda Handy
(b) Address 933 N. Woodyear Av.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/40 (month) (day) (year)
(c) Cemetery or crematory
Location Md Cemetery

18 (a) Funeral director Geo. H. Clayton
(b) Address 1 - 3 Precatur Av.

19 (a) Date rec'd by registrar MAY 28 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1940, at 7:45 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said autopsy (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage, subdural	
Due to rupture of vein at base of brain	
Due to	
Other Conditions History of heavy drinking (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 26, 1940
(c) Where did injury occur? Corner of Penn. Ave and Lawrence, (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) public place While at work? —
(e) Means of injury Apparently struck & fell to sidewalk

23. Signature D. L. Wallenmeier M.D. Medical Examiner

Date signed 5-27-40

F 69713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √61

Registered No. F 69713

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2618 E. Fairmount ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2618 E. Fairmount ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mollie Beck Heuschafer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John Heuschafer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct 4 - 1874

8. AGE: Years: 65 | Months: 7 | Days: 22 | If less than one day: hr. min.

9. Birthplace: Balto Md (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Francis Beck
13. Birthplace: Germany

MOTHER
14. Maiden Name: Margaret Blair
15. Birthplace: Germany

16 (a) Informant: Joseph Heuschafer
(b) Address: 2618 E. Fairmount

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 29-40 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Road

18 (a) Funeral director: Frank V. Pipstone
(b) Address: 2818 E. Balto st

19 (a) (b) Washington Boulevard

MAY 28 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 26 1940, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1939, to May 26 1940, and that I last saw h[illegible] alive on May 26 1940.

Immediate cause of death	Duration
Coronary Thrombosis	2 days
Due to: Coronary Sclerosis	
Due to: General Arterio Sclerosis	10 yrs
Other Conditions: Diabetes Mellitus (Include pregnancy within 3 months of death)	15 yrs

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Frank J. Ayd M. D.
Address: 2005 E. Monument st Date signed: 5/27/40

F 69714 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 69714

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3911 Kennison St. 28-1 (Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

If U. S. Veteran specify WAR ____

2. FULL NAME Rosario Maggio

(a) Residence: No. 3911 Kennison ave. St., ____ Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosina Pipitone Maggio

6. DATE OF BIRTH (month, day, year) Sept 8-1876

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
63	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mine Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Vincent Maggio

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Jerome Pipitone

(Address) 2321 Montello Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Pere Cathedral Date May 29 1940

19. UNDERTAKER Frank V. Pipitone

(Address) 2812 E. Baltimore

20. FILED 19 ____

MAY 28 1940 Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-10-1938 to 5-26-1940 that I last saw him alive on 5-26-1940 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension & arterio Sclerosis - Hypertro- phied heart - with valvular disease.	2 yrs
Other contributory causes of importance Cardiac decompen- sation	about 1 mo.

Was an operation performed? yes Date 1938

For what disease or injury? Splenectomy

Name of operation for Hypertension

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19__

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) S. Steward M. D.

(Address) Medical Arts Bldg

OCCUPATION is very important. See instructions on back of certificate.

F 69715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1647-C

F 69715

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3201 Jumeau Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3201 Jumeau Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Geo. B. Osborn

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Laura C. Osborn
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Nov. 11-1884

8. AGE: Years	Months	Days	If less than one day
57	6	17	hr. min.

9. Birthplace Boring Balto. Co. Md
(Town, county, and state)

10. Usual Occupation Carpenter
11. Industry or business —

FATHER
12. Name Daniel Osborn
13. Birthplace Boring, Balto. Co. Md

MOTHER
14. Maiden Name Anna M. Ahelhurst
15. Birthplace Balto. Co. Md

16 (a) Informant Mrs Sarah Smith
(b) Address 1118 Forrest Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof May 29/40 (month) (day) (year)
(c) Cemetery or crematory Balto. Co.
Location Balto Md

18 (a) Funeral director Philip Henry Ford
(b) Address 2024 Orleans St

19 (a) [illegible] (b) Huntingtown, Prince Geo. Co. Md.

MAY 28 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-26- 1940 at 2:20 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy and Inquiry thereon and from the evidence obtained by said Autopsy and Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Brain shot of Brain — Duration

Due to

Due to

Other Conditions Suffering 10 years from Bronchial Asthma
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 5-26-40
(c) Where did injury occur? 3201 Jumeau Place (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Self inflicted gun shot wound of head.

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 5-26-40

VS 6

38 0336 F 69716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH X 51-B

F 69716 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Bloomsburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 582 Main St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Runyan
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Lettie
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 5-13-81
8. AGE: Years 59 | Months - | Days 15 | If less than one day hr. min.
9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Elmer Runyan
13. Birthplace Pa.

MOTHER
14. Maiden Name Anna Eager
15. Birthplace Pa

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28/40 (month) (day) (year)
(c) Cemetery or crematory Bloomsburg Penna
Location Penna.
18 (a) Funeral director Philip Herring Sons
(b) Address 2054 Orleans St
19 (a) (Signature of registrar) (b) Huntington Pa. Date received MAY 28 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1940 at 9:04 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1940 to May 28 1940, and that I last saw him alive on May 28 1940.

Immediate cause of death: Cerebral vascular accident
Due to: Purpura (type undetermined)
Carcinoma of prostate
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Brown M Asbyrne M.D. M. D.
Address Johns Hopkins Hosp. Date signed 5-28-40

F 69717

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1166

F 69717 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1538 Moorby St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank A. Scheibing

3 (b) If veteran, name war No | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 8, 1914

8. AGE: Years	Months	Days	If less than one day hr	min
26	3	9		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Helper on Beer Truck
11. Industry or business Gunther Co.

FATHER
12. Name Oscar F. Scheibing
13. Birthplace Baltimore

MOTHER
14. Maiden Name Emily E. Voracka
15. Birthplace Austria

16 (a) Informant Oscar Scheibing
(b) Address 538 S. Morby St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30, 1940 (month) (day) (year)
(c) Cemetery or crematory Bohemian (Oakhill)
Location Philadelphia Rd + Hansen Lane

18 (a) Funeral director Harry H Wittke
(b) Address 410 Edmondson Ave

MAY 28 1940 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-27-1940, at 12:15 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Gun shot of Heart	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 5-27-40
(c) Where did injury occur? Balto. St + Ellwood Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pistol shot, as mentioned

23. Signature Howard J. Madden M.D. Medical Examiner
Date signed 5-27-40

VS 6

69718 F 69718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 164-C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Emerg Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Charles Hotel - 1439 N. Charles St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William DeBuey

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-18-3984

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single Separated

6 (b) Name of husband or wife Mary Virginia DeBuey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2-1885

8. AGE: Years	Months	Days	If less than one day
54	8	26	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation U. S. C. A. Investigator
11. Industry or business

FATHER 12. Name James A DeBuey
13. Birthplace New York

MOTHER 14. Maiden Name Emma Lee Frank
15. Birthplace Hagerstown Md Same State

16 (a) Informant Mr. Ernest DeBuey
(b) Address 6224 Fairdale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Albert W Berry
(b) Address 440 E North Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-27- 1940, at 8:20 A. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inspection & Inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Gun shot of Head — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 5-27-40
(c) Where did injury occur? Charles Hotel - Baltimore. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Hotel - While at work? Yes.
(Specify type of place)
(e) Means of injury Self inflicted bullet wound of head

23. Signature Howard J. Knudsen M.D.
Medical Examiner
Date signed 5-27-40

F 69719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45-F

F 69719 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1531 N Washington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1531 N Washington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Gams

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 215-10-2167

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/28/1875

8. AGE: Years	Months	Days	If less than one day
65	2	29	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Night Watchman

11. Industry or business

FATHER
12. Name Herman Gams
13. Birthplace Germany

MOTHER
14. Maiden Name Bertha Stahl
15. Birthplace Germany

16 (a) Informant Mrs Elizabeth Barth
(b) Address 1531 N Washington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St

19 MAY 28 1940 (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1940, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-15 1939, to 5-27 1940, and that I last saw him alive on 5-16 1940.

Immediate cause of death
Carcinoma of tonsil, right
Exhaustion
Due to Thrombosis of carotid artery
right
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
10 mos.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hunt Barnaby M. D.
Address 1531 E Madison Date signed 5/27/40

55742 - MB

F 69720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69720 Registered No. 93-D

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 302 S. Stricker St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Seitz

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~Mary~~ John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11, 1882

8. AGE: Years	Months	Days	If less than one day
57	1 11	15	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Thomas Agnew
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Poltz
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29-1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Cath[illegible]
Location Balto. Md.

18 (a) Funeral director George L. Schwatka
(b) Address 7101 Frederick Rd.

19 (a) Filed MAY 28 1940 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1940, at 9:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1940, to May 26 1940, and that I last saw her alive on May 26 1940.

Immediate cause of death Arteriosclerotic Heart Disease — Duration unknown

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton Goldstein M.D.
Address Balto City Hosp. Date signed 5-27-40

69721 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 69721

CERTIFICATE OF DEATH (1) 215-16-1187

1. **PLACE OF DEATH**

CITY OF BALTIMORE: (No.) 3516 Oakmont Ave St., (Ward) 30-B

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S. If of foreign birth? yrs. mos. da.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. **FULL NAME** Miss Hilda Mae Mahler

If U. S. Veteran specify WAR

(a) Residence: No. 3516 Oakmont Ave St., Ward. S S 215-16-1187

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) January 29-1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frank B. Mahler

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Eleanore M. Farrell

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Edward O Mahler

(Address) 3516 Oakmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date May 29 19 40

19. UNDERTAKER George E. Lehnert

(Address) 2101 Frederick ave.

20. FILED 19 Huntington Mills

MAY 28 1940

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24-1940

22. I HEREBY CERTIFY, That I attended deceased from April 10 19 40 to May 25 19 40

I last saw h alive on May 24 19 40 Death is said to have occurred on the date stated above, at 12:55 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis	?
Cardiac Failure	
Other contributory causes of importance: Uterine Infection	?

Was an operation performed? No Date of

For what disease or injury?

Name of operation?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Goodwin M. D.

(Address) Wilkens Ave & Bentz

F 69722 ✓ F 69722

BALTIMORE CITY HEALTH DEPARTMENT 46-B Registered No. 55260 SD

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1352 N. Stockton Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Denmark

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Separated

6 (b) Name of husband or wife Fannie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 17, 1880

8. AGE: Years	Months	Days	If less than one day
59	5	10	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Jesse Denmark
13. Birthplace Maryland

MOTHER
14. Maiden Name Laura Davis
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn, County
Location

18 (a) Funeral director George T. A. Lubrano
(b) Address 1786 Druid Hill Ave

19 (a) (Date rec'd by registrar) MAY 28 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-27 1940, at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-2 1940, to 5-27 1940, and that I last saw him alive on 5-26 1940.

Immediate cause of death: Adenocarcinoma stomach with metastasis — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Koulouvaris Jr. M. D.
Address Balto City Hosp. Date signed 5-27-40

69723 ✓ F 69723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2702 Edmondson Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2702 Edmondson Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ...Mrs Madeleine Lamp

3 (b) If veteran, name war	3 (c) Social Security Account No.
.....	.....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife William A. Lamp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/1/1870

8. AGE: Years	Months	Days	If less than one day
69	6	24	..... hr. ..... min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business At Home

FATHER
12. Name Charles J. Carruthers
13. Birthplace England

MOTHER
14. Maiden Name Annot Lyle Beach
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. Carl A. Lamp (Son)
(b) Address 2702 Edmondson Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Woodlawn Maryland

18 (a) Funeral director J. B. Wippert & Son
(b) Address 1300 EUTAW PLACE C.

19 (a) 10 (Duration) (b) ..... (Signature of registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25, 1940 19..., at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 19 40 to May 25 19 40 and that I last saw her alive on May 25 19 40.

Immediate cause of death Cerebral Tumor Left

Due to .....

Due to .....

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy ...No.....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. L. Lemmon M D
Address 2379 Arunah Ave Date signed 5/27/40 M. D.

Dr. French..

69724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 69724 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3413 E. LOMBARD ST?
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3413 E. LOMDARD ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY T. GOULD

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: SINGLE X

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): APRIL 9-1870

8. AGE: Years 70 | Months 1 | Days 19 | If less than one day: hr. min.

9. Birthplace: BALTIMORE MD. (Town, county, and state)

10. Usual Occupation: HOUSE WORK

11. Industry or business: AT HOME

FATHER
12. Name: WILLIAM GOULD
13. Birthplace: IRELAND

MOTHER
14. Maiden Name: SEBINA WALSH
15. Birthplace: IRELAND

16 (a) Informant: MRS. GOULD
(b) Address: 3441 E. LOMDARD ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-29-40 (month) (day) (year)
(c) Cemetery or crematory: HOLY REDEEMER
Location: BELAIR ROAD

18 (a) Funeral director: Lilly & Zeiler INC.
(b) Address: 403 S. WOLFE ST.

19 (a) MAY 28 1940 (b) Huntington Millionaire Md.
(Date received) (Registrar) (County)

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 27/40 19.. at 2/30 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1937 to May 27 1940, and that I last saw h.er alive on 5-27 1940.

	Duration
Immediate cause of death: Cerebral hemorrhage	2 days.
Due to Arteriosclerosis	
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J Gould M. D.
Address 14 N Eastern Date signed 5-27-40

69725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 46-E ✓

Registered No. F 69725

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Sykesville (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 R.F.D. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Columbus A. Conaway

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Ida B. Conaway
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Aug. 7, 1860

8. AGE: Years 79 | Months 9 | Days 20 | If less than one day ... hr. ... min.

9. Birthplace Carroll Co. Md. (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name John H. Conaway
13. Birthplace Maryland

MOTHER
14. Maiden Name Ruth A. Shipley
15. Birthplace Maryland

16 (a) Informant Mrs. John B Conaway.
(b) Address R.D. Sykesville. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30 1940 (month) (day) (year)
(c) Cemetery or crematory E. Lawn Cemetery
Location Winfield Carroll Co. Md

18 (a) Funeral director C. M. Walsh
(b) Address Winfield. Md.

19 (Date rec'd by registrar) MAY 28 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-27-40 19... at 11 30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-18 1940, to 5-27 1940, and that I last saw him alive on 5-27 1940

Immediate cause of death	Duration
Cardiac decompensation	5-24-40
Due to Intest Obstruction	5-14-40
Due to Ca. Sigmoid	(2)
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ca. Sigmoid
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. M. Walsh M.D.
Address Md. Gen Hosp Date signed 5-28-40

VS 3

F 69726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-3

Registered No. F 69726

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4528 Keswick Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4528 Keswick Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

27

3 (a) FULL NAME Mrs. Maud Estelle Stonaker

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Thomas Stonaker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25-1881

8. AGE: Years 58 | Months 8 | Days 1 | If less than one day hr. min.

9. Birthplace Carroll Co. Md. (State, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name James P. Spencer

13. Birthplace Maryland

MOTHER 14. Maiden Name Mary C. Evans

15. Birthplace Maryland

16 (a) Informant Thomas Stonaker

(b) Address 4528 Keswick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29-1940 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Baltimore Co. Md.

18 (a) Funeral director Thos. F. Burger

(b) Address 3621 Falls Road

19 (a) MAY 28 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 26 1940, at 5:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 1940, to MAY 26 1940, and that I last saw h.ER alive on MAY 26 1940

Immediate cause of death MYXOSARCOMA. — Duration Dec 1939

Due to — Duration H^N

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operation MYXOSARCOMA

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur J. Davis, M. D.

Address 8004 33rd St Date signed 5-27-40

VS 2

69727 28756

BALTIMORE CITY HEALTH DEPARTMENT 13-P V

CERTIFICATE OF DEATH

55934 SD

Registered No. F 69727

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 Watson Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 V

3 (a) FULL NAME Mamie Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Married

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/8/1900

8. AGE: Years	Months	Days	If less than one day
39	8	18	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Klei Davis (d)
13. Birthplace ?

MOTHER
14. Maiden Name Julia ? (d)
15. Birthplace ?

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Brooklandville Md

18 (a) Funeral director E O Welsh
(b) Address 1000 Broadway Avenue

19 MAY 28 1940 [illegible] Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-26 1940 at 3:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-25 1940 to 5-26 1940 and that I last saw h alive on 5-26 1940.

Immediate cause of death	Duration
Congestive Cardiac Failure	
Due to Rheumatic Heart Disease	
Due to Senectus	over
Other Conditions Pregnancy Term Induced (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 5-26-40

F 69728

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

158

Registered No. F 69728

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHN HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 14 hrs. 10 min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 116½ Orsquith St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

5

3 (a) FULL NAME Blackston

3 (b) If veteran, name war ———

3 (c) Social Security Account No. ———

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22, 1940

8. AGE: Years | Months | Days: 1 | If less than one day: 14 hr. 10 min.

9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: none
11. Industry or business: none

FATHER
12. Name: Harry Blackston
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Dorthy Jackson
15. Birthplace: Maryland

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL MAY 28 1940

18 (a) Funeral director: Commissioner of Health
(b) Address: Per H. A. Moore

19 MAY 28 1940 Registered by Registrar Huntington Williams

5652

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1940 at 3 20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 22 1940 to April 24 1940, and that I last saw him alive on April 24 1940.

Immediate cause of death: Cardio-respiratory failure.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No findings.

Duration: over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. W. Overstreet M. D.
Address Johns Hopkins Hosp. Date signed 5-21-40

F 69729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 69729

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address The Johns Hopkins Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 9 hr. 10 min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1502 East Pratt St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME German

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: Single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 19, 1939

8. AGE: Years | Months | Days | If less than one day: 9 hr. 10 min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Jonah Oakley
13. Birthplace North Carolina

MOTHER
14. Maiden Name Pauline German
15. Birthplace North Carolina

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL MAY 28 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (Signature) MAY 28 1940 Huntington Williams M.D. 3053
(Local Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 1939, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 19 1939, to Dec. 21 1939, and that I last saw h.r alive on Dec. 21 1939.

Immediate cause of death: Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edgar B. Scott M. D.
Address Johns Hopkins Hosp. Date signed 5-25-40

VS 3

69730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

154

Registered No. F 69730

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHN HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Fort Howard (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Jackson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife: Single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28, 1940

8. AGE: Years	Months	Days	If less than one day
	—	1	hr. min.

9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: None
11. Industry or business: None

FATHER
12. Name: Jefferson Jackson Jr.
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Virginia Bosley
15. Birthplace: West Virginia

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location: JOHNS HOPKINS MEDICAL SCHOOL MAY 28 1940
18 (a) Funeral director: Commissioner of Health
(b) Address: Per H. A. Moore
19 (a) MAY 28 1940 (Date rec'd by registrar) Registrar's No. 5651

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1940, at 11 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 28 1940 to April 29 1940, and that I last saw her alive on April 29 1940.

Immediate cause of death	Duration
Atelectasis of lungs.	
Due to prematurity.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. W. Oneal M. D.
Address Johns Hopkins Hosp. Date signed 5-24-40

VS 3

F 69731

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93 D

Registered No. F 69731

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto
(b) Street address 709 Fort Ave -
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto - (If outside city or town limits, write RURAL and give town)
Street No. 709 Fort Ave - (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Katherine Sadler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Widowed

6 (b) Name of husband or wife George F.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 18, 1871

8. AGE: Years	Months	Days	If less than one day: hr.	min.
68	9	8		

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Potee
13. Birthplace Balto.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mr. George Sadler Jr.
(b) Address 709 E. Fort Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-30-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave.

18 (a) Funeral director J. J. McCarthy
(b) Address 130 E. Fort Ave

19 (Date received) MAY 28 1940 (Signature) Huntington Williams, M.D. Registrar

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1940, at 11:20 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion -	10 min.
Due to	
Due to	
Other conditions Myocardial degeneration. (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William L. Pelfick M.D. (Medical Examiner)
Date signed 5/27/40 Medical Examiner

F 69732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B ✓

Registered No. F 69732

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 614 E. Fort Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 614 E. Fort Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

24

3 (a) FULL NAME Lula B. Dick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Married

6 (b) Name of husband or wife Rosa Dick

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) May 6, 1870

8. AGE: Years	Months	Days	If less than one day
70		20	hr. min.

9. Birthplace Austria Hungary (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Simon Dick
13. Birthplace Austria

MOTHER
14. Maiden Name Catherine ?
15. Birthplace Austria.

16 (a) Informant Mrs. L. B. Dick
(b) Address 614 E. Fort Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Annapolis Rd.

18 (a) Funeral director F. J. McCully
(b) Address 130 E. Fort Ave.

19 (a) [illegible] Thos. Williams, M.D. Registrar

MAY 28 1940

V. S.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26th 1940, at 5:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/29th 1939, to 5/16th 1940 and that I last saw h[illegible] alive on 5/16th 1940.

Immediate cause of death	Duration
Carcinoma of Stomach	2
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Tankersley M. D.
Address 11 N. Mulberry Date signed

F 69733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 69733

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A A Co
(c) City or town Glen Burnie (If outside city or town limits, write RURAL and give town)
(d) Street No. 104 Rail Road Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Carolyn P. Taylor.

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Samuel M

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 24 1886

8. AGE: Years	Months	Days	If less than one day
54	3	23	hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Housework at home

11. Industry or business

FATHER
12. Name Don't Know
13. Birthplace N. Y.

MOTHER
14. Maiden Name Don't Know
15. Birthplace N. Y.

16 (a) Informant Mr Samuel M Taylor
(b) Address 104 Rail Road Ave Glen Burnie Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Mareck
(b) Address 765 Light St.

19 MAY 28 1940 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1940, at 3:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1940 to May 27 1940 and that I last saw h[illegible] alive on May 27 1940.

Immediate cause of death	Duration
Cerebral hemorrhage, left	5-27-40
Pulmonary oedema	
Due to Hypertensive Cardiovascular disease, Moderate Arteriosclerosis	?
Due to	
Other Conditions Diabetes & Coma. Acute Alcoholism. (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy Cerebral hemorrhage, left.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J E Muse Jr. M. D.
Address University Hosp. Date signed 5-27-40

VS 3

69734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 69734

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 649 Sterling Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary F. Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-15-1888

8. AGE: Years	Months	Days	If less than one day
52	4	10	hr. min.

9. Birthplace Washington D. C. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Richard Cook
13. Birthplace Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace Washington D.C.

16 (a) Informant Mrs. Dorthy Moody
(b) Address 2225 - St. Green V St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 29 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Cedar Hill Md.

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley

19 (Date rec'd by registrar) MAY 28 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1940 at 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Hypertension	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. B. Underhill M.D. Medical Examiner.
Date signed 5/27/40

VS 6

F 69735

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

55961

Registered No. F 69735

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 407 N. Carey St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosa Wilson

3 (b) If veteran, name war	3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-25-1874

8. AGE: Years	Months	Days	If less than one day
65	5	2	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Batton
13. Birthplace Va.

MOTHER
14. Maiden Name Fannie ?
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 28 1940 (month) (day) (year)
(c) Cemetery or crematory
Location Norfolk Virginia

18 (a) Funeral director Mrs. R. A. Elliott & Daughter
(b) Address 1129 E. Carolina St

19 (a) MAY 28 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-27 1940, at 7:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-26 1940, to 5-28 1940, and that I last saw h[illegible] alive on 5-27 1940.

Immediate cause of death	Duration
Cerebral hemorrhage	few days
Due to Arteriosclerotic cardiovascular disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 5-27-40

33699 - RB

F 69736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a

Registered No. F 69736

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr., 9 mos., 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Cox

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife: Lilly

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/10/1869

8. AGE: Years 70 | Months 6 | Days 13 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Charles Cox
13. Birthplace ?

MOTHER
14. Maiden Name Mary ?
15. Birthplace ?

16 (a) Informant Records
(b) Address B.C.H.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAY 28 1940 Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) MAY 28 1940 Huntington Williams M.D.
(Date received by Registrar) (Registrar)

VS 3

3696

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-23 1940, at 8 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-26 1938 to 5-23 1940, and that I last saw h[illegible] alive on 5-23 1940.

	Duration
Immediate cause of death: Cardiac failure	one day
Due to: Arteriosclerotic cardiac disease	several years
Due to:	
Other Conditions: Inguinal hernia	?

(Include pregnancy within 3 months of death)

Major findings:
Of operation: Inguinal hernia
Of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: E. K. Woodward Jr. M. D.
Address: Balto City Hosp. Date signed: 5-24-40

69737

VGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

44813 Registered No. 69737

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 400 S. Exeter St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: George Walter Holsider

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, 1884

8. AGE: Years	Months	Days	If less than one day
55	10	7	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation waiter
11. Industry or business Pizza's Restaurant

FATHER
12. Name Hubert Holsider
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

UNIVERSITY MEDICAL SCHOOL MAY 28 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) MAY 28 1940 Huntington Williams, M.D. Registrar

5655

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1940, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1939, to May 21 1940, and that I last saw h[illegible] alive on May 21 1940.

Immediate cause of death: Hypertensive cardiovascular disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Enlarged heart, pulmonary edema

Duration unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Weinglass M. D.
Address Balto City Hosp. Date signed 5-27-40

69738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B

F 69738 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1711 Harlem Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 Harlem Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lily May Williams

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Clarence Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 17, 1885

8. AGE: Years 55 | Months 1 | Days 19 | If less than one day hr. min.

9. Birthplace Dorchester County Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Mark Ennalls
13. Birthplace Md

MOTHER
14. Maiden Name Mu Brown
15. Birthplace

16 (a) Informant Clarence "Williams
(b) Address 1711 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. City
(a) Funeral director Sand, W. Evans Home
Address 628 N. Eutaw St

MAY 28 1940
19 (a) (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1940, at 10:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 2 1940, to May 27 1940, and that I last saw her alive on May 27 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 16 hrs

Due to

Due to

Other Conditions Nephritis — over

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. D. Taylor
Address 1522 Harlem Ave Date signed 5-28-40

F 69739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No. F 69739

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 806 N. Port Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 806 N. Port Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 53 yrs years

3 (a) FULL NAME Barbara Pivec

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: James Pivec(dead)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 69 | Months | Days | If less than one day hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

MOTHER FATHER

12. Name Smakal

13. Birthplace Czechoslovakia

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Mrs. Young(daughter)
(b) Address 806 N. Port Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road.,

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street

19 MAY 28 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1940, at 4:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1940 to May 26 1940, and that I last saw her alive on May 25 1940.

Immediate cause of death: Acute Uraemia — Duration: 3 days

Due to: Cardio Vascular Renal Disease — ?

Due to: ✓

Other Conditions: ✓

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? no (Specify type of place) While at work?
(e) Means of injury: no

23. Signature Joseph Pakorny

Address 2200 E Madison St. Date signed 5/28/40

VS 3

Huntington Williams, M.D.

69740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a ✓

Registered No. F 69740

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Penna & Boston Sts
(c) Hospital or institution:
U. of M. Balto City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 810 So East St ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stephen Brunek

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Rosie

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Feb 20, 1886

8. AGE: Years 54 | Months 3 | Days 6 | If less than one day ... hr. ... min.

9. Birthplace Austria
(Town, county, and state)

10. Usual Occupation Storekeeper

11. Industry or business Saloon

FATHER
12. Name Martin Brunek
13. Birthplace Austria

MOTHER
14. Maiden Name
15. Birthplace Austria

16 (a) Informant Rosie Brunek
(b) Address 810 So East St

17 (a) Burial (b) Date thereof 5/30/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location BelairRd.

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison St.,

19 (a) MAY 28 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1940, at 7 a.m. P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. B. Vandegrift M.D.
Medical Examiner.
Date signed 5/26/40

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

69741

CERTIFICATE OF DEATH

108 F 69741

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1048 N. Broadway St., 9-4 Ward). (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 Mos. 21 Ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MRS. EUNICE CARMEAN

If U. S. Veteran specify WAR

(a) Residence: No. 1048 N. BROADWAY St., Washington DC Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	DIVORCED

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) JUNE 13 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44 43 44	11	16 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) NORFOLK
(State or country) VA.

FATHER

13. NAME LOYLO CARMEAN

14. BIRTHPLACE (city or town) SNOWHILL
(State or country) MD.

MOTHER

15. MAIDEN NAME CATHERINE TWIFORD

16. BIRTHPLACE (city or town) NORFOLK
(State or country) VA.

17. INFORMANT MRS. C. M. POSEY
(Address) 1346 N. CAROLINE AVE. D.C.

18. ~~BURIAL~~, CREMATION, OR REMOVAL CREMATION
Place FT. LINCOLN Date 5-29 1940

19. UNDERTAKER W. M. CHAMBERS
(Address) RIVERDALE, MD.

MAY 28 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 27, 1940.

22. I HEREBY CERTIFY, That I attended deceased from MAY 27, 1940, to MAY 27, 1940

I last saw her alive on MAY 27, 1940. Death is said to have occurred on the date stated above, at 10. P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	MAY 15 '40
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Benj. B. Tregoe M. D.

(Address) 448 N. Luzerne Ave.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 69742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D, Registered No. F 69742

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1711 E. 29th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 E. 29th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John J. Stribble Sr

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mary Stribble
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 8th 1859

8. AGE: Years	Months	Days	If less than one day
81	1	19	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Retired Clerk
11. Industry or business Pa. R. R.

FATHER
12. Name John A. Stribble
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Adeline Burker
15. Birthplace Balto. Md.

16 (a) Informant John J. Stribble Jr
(b) Address 1711 E. 29th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/30/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director Williams Cook
(b) Address 1217 St. Paul St

19 (a) MAY 29 1940 (Date received by registrar) (b) Huntington Mills Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27th 1940, at 7:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1940, to May 27 1940, and that I last saw Mrs. alive on May 27 1940.

Immediate cause of death
Cardiac Decompensation
Dilatation
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy no

Duration
not definite
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benj. J. Stayton M. D.
Address 3114 Harford Road Date signed 6-28-40

F 69743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-H

Registered No. F 69743

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6518 Colgate Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6518 Colgate Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ETHEL E HULL

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	None	F	W	married

6 (b) Name of husband or wife John H. Hull
6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Dec 11, 1903

8. AGE: Years	Months	Days	If less than one day
36	5	16	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joshua E Hilton
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Emma Harvey
15. Birthplace Baltimore Md

16 (a) Informant John H Hull
(b) Address 6518 Colgate Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/30/40 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location Washington Boulevard

18 (a) Funeral director Wilson Co
(b) Address 1214 Park Ave

19 (a) Date received (month) (day) (year) (b) Huntington Williams, M.D.

MAY 29 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 19 40, at 3:35 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to her death on the day stated above.

Immediate cause of death Illuminating gas poisoning

Due to Suicide

Due to Mental depression

Other Conditions Migraine

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence May 27, 1940
(c) Where did injury occur? Ellicott City (City or town) Howard (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Kitchen gas stove

23. Signature H. H. Williams Jr Medical Examiner. M.D.
Date signed 5-27-40

69744 F 69744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 87-C

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 509 Rose Hill Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 509 Rose Hill Terrace
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles E. Prince

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of ~~husband~~ wife: Ella V. Prince
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) June 24th 1873

8. AGE: Years	Months	Days	If less than one day
66	11	4	hr. min.

9. Birthplace: Balto Md.
(Town, county, and state)
10. Usual Occupation: Retired Quarantine Inspector
11. Industry or business: U. S. Govt

FATHER
12. Name: John Prince
13. Birthplace: England

MOTHER
14. Maiden Name: Johanna Evans
15. Birthplace: England

16 (a) Informant: Ella V. Prince
(b) Address: 509 Rosehill Terrace

17 (a) Burial (b) Date thereof 5/30/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~: St. Johns
Location: Baltimore Md

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul st

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28th 1940, at 4½ M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1936, to May 27 1940, and that I last saw him alive on May 27 1940.

Immediate cause of death: Arteriosclerosis — Duration: 1 year
Due to: age.
Due to:
Other Conditions: Parkinsons disease — 6 years.
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Edgeth. Mortimer Jr
Address 2706 St Paul St Date signed 5/28/40

F 69745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

41-7

F 69745 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital 13-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3312 Chestnut Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Archman Carroll Reese

3 (b) If veteran, name war —

3 (c) Social Security Account No. 705-05-6112

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	married

6 (b) Name of husband or wife Agnes L. Reese (c) If alive, give age 20 years

7. Birth date of deceased (mo., day, yr.) Aug 20, 1913

8. AGE: Years	Months	Days	If less than one day: hr.	min.
26	9	7		

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Sheet metal Worker.

11. Industry or business Glenn L. Martin.

FATHER 12. Name Archman C. Reese

13. Birthplace md

MOTHER 14. Maiden Name Nettie Gorsell

15. Birthplace md.

16 (a) Informant Agnes L. Reese

(b) Address 3312 Chestnutave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29 1940 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location

18 (a) Funeral director Ebenezer & Sons

(b) Address 361 5-17 Chestnut Ave

19 (a) May 29 1940 (Date received by Registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27, 1940, at 10:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 14, 1940, to May 27, 1940, and that I last saw h[illegible] M. alive on May 27, 1940.

Immediate cause of death Lymphoma — Duration

Due to — Duration

over

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Lymphoma vs lymphosarcoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Wolf

Address Frederick, Md. Date signed 5/27/40

D.

69746

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 69746
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or Institution: St Josephs Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Blackstone Apts
(d) Street No. Charles & 33rd St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles A. Lertz

3 (b) If veteran, name war: Spanish American
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Grace W. Lertz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept 28 1875

8. AGE: Years 64 | Months 7 | Days 29 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: Salesman
11. Industry or business: Meat Business

FATHER
12. Name: Reinhold Lertz
13. Birthplace: Germany

MOTHER
14. Maiden Name: Rosalie Vocke
15. Birthplace: Germany

16 (a) Informant: Miss Bertha Lertz
(b) Address: 2401 Garrison Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30 1940 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: Baltimore, Md.

18 (a) Funeral director: William J. Tickner & Sons
(b) Address: North & Pennsylvania Aves

19 (a) Date rec'd by registrar (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-27-40 19 at 4:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-26-40 to 5-27-40, and that I last saw h alive on 5-27-1940.

Immediate cause of death: Pulmonary tuberculosis — Duration: 2
Due to: Arteriosclerotic Heart Disease — Duration: ?
Due to: Generalized Arteriosclerosis — Duration: ?
Other Conditions:

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R J Salvatino
Address St Jos Hosp. Date signed 5-28-40

5-29-1940 Houston Williams M.D. Registrar

69747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V/31-a

F 69747
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1802 N. Monroe Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1802 N. Monroe Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

13

3 (a) FULL NAME Louisa Amanda Caskey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Geo. Washington Caskey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February ?, 1863

8. AGE: Years	Months	Days	If less than one day
77	3 ?	?	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ? Abhau
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. Wilmer Caskey,
(b) Address 1802 N. Monroe Street

17 (a) Burial (b) Date thereof 5/29/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Jerusalem Evang. Luth.
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) Date rec'd by registrar (b) Registrar

VS 8 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27, 1940, at 3 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1940, to May 27 1940, and that I last saw h[illegible] alive on May 26 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 3 Hrs

Due to Cardio-Vascular Renal Disease

Due to [illegible]

Other Conditions Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Kermond MD M. D.
Address 1934 Wilens Av Date signed 5/29/40

69748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-V

F 69748 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 611 Wyanoke Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 611 Wyanoke Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

9 21

3 (a) FULL NAME William Henry Fiege, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Fiege
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 15, 1867

8. AGE: Years	Months	Days	If less than one day
72	9	11	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Insurance Agent
11. Industry or business

FATHER
12. Name Henry Fiege
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Reuter
15. Birthplace Germany

16 (a) Informant Mrs. Mary J. Fiege
(b) Address 611 Wyanoke Avenue

17 (a) Burial (b) Date thereof 5/29/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pennsylvania Avenues

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26, 1940, at 3:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939, to MAY 26, 1940, and that I last saw h/M alive on MAY 26, 1940.

Immediate cause of death: Cardiac Dilatation — Duration: 1 day.
Due to: Hypertension, Cardio-vascular renal disease — 5 yrs.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lloyd C. Taylor M. D.
Address 3902 Greenmount Ave. Date signed May 27.

69749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 69749

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 645 Broadale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 645 Broadale St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Henry Webster

3 (b) If veteran, name war: None.

3 (c) Social Security Account No. 212-05-0595

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Webster

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 31 1882

8. AGE: Years 57 | Months 6 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation C & P Telephone Co.

11. Industry or business Installation Dept.

FATHER
12. Name George W Webster
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Tifil
15. Birthplace Md

16 (a) Informant Mr. Earle Webster
(b) Address 97 Oregon Ave Stretchy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30, 40 (month) (day) (year)
(c) Cemetery or crematory London. Pk.
Location Baltimore Md

18 (a) Funeral director William J Tschner & Son
(b) Address Druid + Pentz Ave.

May 29 1940 (Date received by registrar)

(b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1940 at 10 15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 18 1939 to May 27 1940, and that I last saw h.i.m alive on May 27, 1940.

Immediate cause of death: Inanition, cachexia, anaemia — Duration: 3 mos.

Due to adeno-carcinoma of stomach with local metastasis to glands and liver. — 1938

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy Diagnosis varified

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. Rendig Wallace

Address 2839 Walbrook Ave Date signed M. 5 D. 28, 40

69750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 67

F 69750
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1837 E Chase St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WALLACE COLE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 28, 1940.

8. AGE: Years | Months 3m | Days 29d | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER
12. Name Wallace Cole Sr.
13. Birthplace Keysville Va

MOTHER
14. Maiden Name Maggie Stratton
15. Birthplace Keysville Va.

16 (a) Informant Maggie Cole
(b) Address 1837 E. Chase St.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** May 29, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.

18 (a) Funeral director Mrs. R. G. Elliott & Daughter
(b) Address 1129 N. Carolina St.

19 (a) Huntington Williams, M.D. Registrar
(Signature of registrar)

MAY 29 1940
VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1940, at 10:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Hemorrhage, subdural old.	
Due to Accident.	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 5-25-40

F 69751

F 69751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 516 N. Eutaw St (If rural give location)
(e) If foreign born, how long in U. S. A.? about 45 years

3 (a) FULL NAME Mrs. Minnie Hill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
about 74			hr. min.

9. Birthplace Germany (Town, county and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Ferdinand Funk
13. Birthplace Germany

MOTHER
14. Maiden Name Minnie (?) Funk
15. Birthplace Allen Germany

16 (a) Informant G E Hill
(b) Address Long Island N Y

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Baltimore Md

18 (a) Funeral director H M Jenkins & Son Co
(b) Address Orchard Mon College Pl

19 (a) (Registered by registrar) (b) Huntington Williams M.D. Registrar

5 30 1940
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/28 1940, at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/18 1940, to 5/24 1940, and that I last saw h[illegible] alive on 5/24 1940.

Immediate cause of death	Duration
Adenocarcinoma of rectum	
Due to	
Due to	
Other Conditions Cerebral Lemorrhage	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Carcinoma
Of autopsy

PHYSICIAN: Give the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frederick Johnston Jr M. D.
Address Md General Hosp Date signed 5/28/40

69752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F-7-D

F 69752
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1226 Hollins St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EARL WALKER — Emory Earl Walker

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bertha Walker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 13, 1893

8. AGE: Years 47 ~~46~~ | Months 1 | Days 8 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Janitor
11. Industry or business

FATHER
12. Name: Mr. Walker
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Mrs. Bertha Walker
(b) Address: 704 N. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/40 (month) (day) (year)
(c) Cemetery or crematory: New National Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: [signature]
(b) Address: 1005 N. Baltimore St.

MAY 29 1940
(c) (Local Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1940, at 7:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic alcoholism.	
Due to	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Williamson M.D.
Medical Examiner.
Date signed 5-25-40

69753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 69753

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 565 Oxford st.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 565 Oxford st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY KNOX

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/15/40

8. AGE: Years	Months	Days	If less than one day
		12	hr. min.

9. Birthplace Balto. md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Knox
13. Birthplace md

MOTHER
14. Maiden Name Sadie Stewart
15. Birthplace md

16 (a) Informant William Knox
(b) Address 565 Oxford st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-29-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill ave.

19 29 1940 (Rec'd by registrar) Huntington Williams Md

VS 40.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1940, at 9:30 a. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobular	
Due to prematurity 6 months	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Z. Wollenweber M.D.
Medical Examiner.

Date signed 5-27-40

69754 Lena M. Johnson F 69754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 175

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 - Vernon Pl
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days 14
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Catonsville Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 142 Winters ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Lena M. Johnson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Married

6 (b) Name of husband or wife Thomas Johnson
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years	Months	Days	If less than one day
45			hr. ..... min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Thomas Davis
13. Birthplace Md

MOTHER
14. Maiden Name Lena Davis
15. Birthplace Va

16 (a) Informant Husband
(b) Address

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 5-30-40 (month) (day) (year)
(c) Cemetery or crematory Western Star
Location Catonsville Md
18 (a) Funeral director A. Halstead
(b) Address 9180 Reisterstown Rd.
19 (a) 1940 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/28 1940, at 6 A M

21. I certify that death occurred on the date above stated, that I attended deceased from 4/11 1940, to 5/28 1940 and that I last saw h[illegible] alive on 5/28 1940

Immediate cause of death: Acute Gallon Atrophy of Liver
Due to: Myocarditis
Due to: Hemorrhagic Hematogenous Nephritis
Other Conditions: Uremia
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration
4 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature H. L. Jackson M. D.
Address 6004 Gelston Dr Date signed 5/29/40

F 69755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

F 69755

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 W Conway 22 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary McClellan Matthews

(a) Residence: No. 532 W Conway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John Matthews

6. DATE OF BIRTH (month, day, year) June 7 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	5 11	2 20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. Housework

10. Date deceased last worked at this occupation (month and year) 2

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Mack McClellan

14. BIRTHPLACE (city or town) (State or country) A. A. Co Md

MOTHER

15. MAIDEN NAME Ella Simpson

16. BIRTHPLACE (city or town) (State or country) A. A. Co Md

17. INFORMANT Beulah McClellan (Address) 532 W Conway

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date May 29 19 40

19. UNDERTAKER Isaiah L Brown Jr. (Address) 1018 W Monte Penny Washington Pl Apt 1 Md

20. FILED MAY 29 1940 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 27 1940

22. I HEREBY CERTIFY, That I attended deceased from 5 9 1940 to 5 27 1940

I last saw her alive on 5 25 1940. Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Intestinal obstruction	about 2 wks
Carcinoma of Intestines	about 1 yr

Other contributory causes of importance:

Was an operation performed? No Date of 1939

For what disease or injury? Carcinoma of Bowel

Name of operation Colostomy Clinic Hospital

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John McCoy M. D.

(Address) 519 N Carrollton

VS 3

F 69756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-D

F 69756 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 19 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State District of Kolaba (b) County
(c) City or town Nawa Village, India
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? Just arrived

3 (a) FULL NAME Jainoodeen Baba

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: Indian (Mohan)

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1917

8. AGE: Years 23 | Months | Days | If less than one day hr. min.

9. Birthplace District of Kolaba, India.
(Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business SS CITY OF BOMBAY

FATHER
12. Name Baba
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29 40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A A Co Md

18 (a) Funeral director Isaiah A Brown Son
(b) Address 1016 North Gilmor St

19 (a) MAY 29 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28, 1940, at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 9, 1940 to May 28, 1940, and that I last saw him alive on May 28, 1940.

Immediate cause of death Tuberculosis, chronic, pulmonary, far advanced — Duration: Unknown

Due to Tuberculous enterocolitis — Duration: Unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature O. E. Denney, M.D.
Address U.S. Marine Hospital, Baltimore, Maryland. Date signed 5/28/40

VS 3

69757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-a

Registered No. F 69757

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Lombard sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1425 E. Fayette St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Joseph Payne

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	negro	

6 (b) Name of husband or wife Agness Payne
(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 1871

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Joseph Payne
13. Birthplace Md

MOTHER
14. Maiden Name Mary E Day
15. Birthplace Md

16 (a) Informant Wilson Payne
(b) Address 313 57th St Ft. E. Dr.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director William A Jackson
(b) Address 916 Penna Ave

19 (a) 19 (Date received by registrar) MAY 29 1940 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1940, at 11 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17th 1940, to May 26 1940, and that I last saw h[illegible] alive on May 26th 1940.

Immediate cause of death Respiratory Failure — Duration 2 hrs.

Due to Meningoencephalitis, Meningococcus — Duration [illegible]

Due to Cerebral Syphilis. Tuberculosis

Other Conditions Possible malignancy of Soft Palate
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis C. Garcia M. D.
Address University Hospital Date signed 5-27-40

69758 Issued 3240

HEALTH DEPARTMENT—CITY OF BALTIMORE F 69758

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3313 Burleith Ave St. 15-5 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Waugh

(a) Residence: No. 3313 Burleith Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 3/10/1868

7. AGE: Years 72 | Months 2 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 1935

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Edward Waugh

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Higgins

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Edw. Fogarty

(Address) 5604 Harwood Ave

18. BURIAL, CREMATION, REMOVAL

Place Westlawn Date 5/30, 1940

19. UNDERTAKER: H. C. Edmondson & Son

(Address) 224 E. Lanvale St.

20. FILED MAY 29 1940 19 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 27, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1940, to May 27, 1940

I last saw her alive on May 27, 1940 death is said to have occurred on the date stated above, at 7:50 A.M.

The principal cause of death and related causes of importance were as follows:

Hemiplegia — 5-27-40

Coma

Other contributory causes of importance:

Hypertension Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Howard F. Andrews M.D.

(Address) 2604 Garrison Blvd.

F 69759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69759
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1420 Preston st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1420 Preston
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

151

3 (a) FULL NAME Henry Washington

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	A. A.	Widower

6 (b) Name of husband or wife Nellie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/21/1879

8. AGE: Years	Months	Days	If less than one day
61	10	7	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Landscape Artist
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace —

MOTHER
14. Maiden Name Unknown
15. Birthplace —

16 (a) Informant Paul H. Washington - Son
(b) Address 1138 Whatcoat St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/30/40 (month) (day) (year)
(c) Cemetery or crematory Arlington
Location

18 (a) Funeral director Geo. E. Kelson
(b) Address 1303 Presstman St.

19 MAY 29 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/28 1940, at 12 M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/11 1940, to 5/28 1940, and that I last saw him alive on 5/27 1940.

Immediate cause of death Myocarditis — Duration sudden

Due to —

Due to —

Other Conditions arteriosclerosis — one

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Conan E. Johnson M. D.
Address 1812 Penna Ave Date signed 5/29/40

VS 8

F 69760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 69760 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1018 N. Gilmor St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1018 N Gilmor St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LAMONT MASON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
	2	6	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Marcus Mason
13. Birthplace Md

MOTHER
14. Maiden Name Bessie Milbourne
15. Birthplace Md

16 (a) Informant Marcus Mason
(b) Address 1018 N. Gilmore St.

17 (a) (Burial, cremation, or removal) (b) Date thereof May 30, 40.
(month) (day) (year)
(c) Cemetery or crematory Mt. Calvary.
Location

18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Druidman St.

19 MAY 29 1940 (b) Huntington Woollemeber MD
(Name rec'd by registrar)

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1940, at 10 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Bronchopneumonia
January

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Z. Woollemeber M.D.
Medical Examiner.
Date signed 5-27-40

69764
31900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 69761 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1119 Woodyear St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mable Taylor

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Theodore

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-21-01

8. AGE: Years: 38 | Months: 6 | Days: 6 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Charles Arthur
13. Birthplace Virginia

MOTHER
14. Maiden Name Julia Johnson
15. Birthplace Virginia

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/30/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Asa G. Kelson
(b) Address 1303 Pleasant St

19 (a) Embalmer (b) Date embalmed

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 19 40 at 1.25 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 25 19 40 to May 27 19 40 and that I last saw her alive on May 27 19 40

	Duration
Immediate cause of death: Cardiac failure	3 wks
Due to: Hypertension w heart disease	12 yrs.
Due to: Arteriosclerosis w/ nephritis	12 yrs.
Other Conditions: Uremia	1 mo.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. McKinnon Moore M.D.
Address Johns Hopkins Hosp. Date signed 5/28

VS 3

54834 - MB

69762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

110-a

F 69762

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo., 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 429 S. Hanover St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Alfred Morgan

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5, 1886

8. AGE: Years	Months	Days	If less than one day
54	1	23	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Myers Mfg. Co.

FATHER
12. Name Charles Morgan
13. Birthplace ~~unknown~~ North Carolina

MOTHER
14. Maiden Name Nannie Rose
15. Birthplace ~~Unknown~~ North Carolina

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 Burying (Burial, cremation, or removal) (b) Date thereof 5-28-40 (month) (day) (year)

(c) Cemetery or crematory
Location Reisterstown, Md.

18 (a) Funeral director Jack Lund Jr.
Address 1439 E. Balt. St.

19 (a) MAY 29 (Date received by registrar) (b) Harrington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-28 1940, at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-18 1940, to 5-28 1940 and that I last saw him alive on 5-28 1940.

Immediate cause of death Pneumonic Empyema left Chest — Duration over 1½ months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.
Address Balto City Hosp. Date signed 5-29-40

F 69763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-C

F 69763 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da
(e) Length of stay in Baltimore (yrs., mos., or days) [illegible]

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 856 Whitmore Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME DAVID N. GRACE

3 (b) If veteran, name war	3 (c) Social Security Account No.
–	–

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	S

6 (b) Name of husband or wife –
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1937

8. AGE: Years	Months	Days	If less than one day
3	4	15	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Robert J. Grace
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Magdalene E. Kerbe
15. Birthplace Baltimore, Maryland

16 (a) Informant Robert J. Grace
(b) Address 856 Whitmore Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Charles J. Schwab
(b) Address 505 N. Monroe Street

MAY 29 1940 (Date rec'd by registrar) (b) [illegible] Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1940, at 7.40 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Shock, traumatic — Duration

Due to Fracture, skull, orbit, pelvis, left leg

Due to

Other Conditions Contusions multiple

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 27, 1940
(c) Where did injury occur? In front of above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place (Specify type of place) While at work? —
(e) Means of injury struck by auto when crossing street

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 5-28-40

69764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E Registered No. ✓ F 69764

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 608 W 33rd St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 608 W 33rd St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Rachel Ann Mc. Morris

3 (b) If veteran, name war: —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Widow

6 (b) Name of husband or wife: Geo. W. McMorris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10-1847

8. AGE: Years	Months	Days	If less than one day
93	0	15	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name John Sills
13. Birthplace Pa

MOTHER
14. Maiden Name Wilhelmina Berry
15. Birthplace unknown

16 (a) Informant Mrs Mary Davis
(b) Address 608 W 33rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29/40 (month) (day) (year)
(c) Cemetery or crematory Mt Marys Hill
Location Balto Md

18 (a) Funeral director Geo E Bayer Jr
(b) Address 512 Hollins St

19 (a) (Filed by registrar) (b) Huntington Williams, Registrar

VS 10

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1940 at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1937 to May 25 1940
and that I last saw h[illegible] alive on May 24 - 40

Immediate cause of death	Duration
Myocardial Insufficiency	2
Due to Cerebral Hemorrhage	2
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature [illegible] M. D.
Address 5429 Chestnut St Date signed May 28-40

69765

F 69765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 421 N Londan Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 421 N Londan Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Hopkins

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife James Hopkins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6 1871

8. AGE: Years 69 Months Days 24 If less than one day hr. min.

9. Birthplace Ind Savage Md (Town, county and state)

10. Usual Occupation Nurse

11. Industry or business

FATHER 12. Name James Carney

13. Birthplace Ireland

MOTHER 14. Maiden Name Catherine Mattingly

15. Birthplace Maryland

16 (a) Informant James D Hopkins

(b) Address 421 N Londan Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/30/40 (month) (day) (year)

(c) Cemetery or crematory Catholic

Location Bells Mill

(a) Funeral director Jones & Turfley

(b) Address Baltimore Laffette

19 (a) MAY 29 1940 (Date received) Huntington Williams, M.D. Registrar

(b) Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1940 at 12 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1935 to May 27 1940, and that I last saw h alive on 5/26 1940

Immediate cause of death Arteriosclerotic Cardio Renal Disease Chronic Nephritis — Duration ?

Due to

Due to

Other Conditions Old cerebral hemorrhage 1½ yrs ago

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify whether) While at work?
(e) Means of injury Thrown E Stray

23. Signature M.D.
Address 3803 Edmondson Date signed 5/27/40

F 69766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-9

Registered No. F 69766

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 527
(b) Street address 527 N. Pulaski St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 527 N. Pulaski St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHRISTINA ESPOSITO

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Raffaela Esposito
6 (c) If alive, give age 51 years
7. Birth date of deceased (mo., day, yr.) April 17, 1882
8. AGE: Years 58 | Months 1 | Days 11 | If less than one day: hr. min.
9. Birthplace Baccino, Italy (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Nicola De Antonis
13. Birthplace Italy

MOTHER
14. Maiden Name Giuseppina Grue
15. Birthplace Italy

16 (a) Informant Raffaele Esposito Husband
(b) Address 527 N. Pulaski St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Frank Della Rocca
(b) Address 322 S. Hanover St. 46 W. Monroe St. Huntington Williams, W. Va.

19 (a) MAY 29 1940 (Date received by Registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1940, at 8:25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Hypertensive cardiovascular disease	
Due to	
Due to	
Other Conditions: no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: no
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst. Medical Examiner.
Date signed 5-29-40

69767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133 Registered No. F 69767

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1202 N. Wolfe St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-7

(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1202 N. Wolfe St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Armantha Rockett Booker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 9, 1913

8. AGE: Years	Months	Days	If less than one day
26	8	17	hr. min.

9. Birthplace Meherrin Virginia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Archie Booker
13. Birthplace Meherrin Virginia

MOTHER
14. Maiden Name Lelia Pride
15. Birthplace Meherrin Virginia

16 (a) Informant Lelia Booker
(b) Address 1202 N. Wolfe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29, 1940 (month) (day) (year)

(c) Cemetery or crematory Arbutus M. Park
Location Arbutus Md.

18 (a) Funeral director Mrs R. A. Elliott Vaughn
(b) Address 1129 N. Carrollton Ave

19 (d) MAY 29 1940 Washington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1940, at 8P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to May 26 1940, and that I last saw h alive on May 26 1940.

Immediate cause of death	Duration
Pulmonary Tuberculosis	6 mos
Due to	
Due to	
Other Conditions Tuberculosis Laryngitis	8 mos

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. A. Vaughn M.D.
Address 1424 E. Monument Date signed 5/28/40

VS 3

69768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

✓ F 69768

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 521 W. Biddle St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 17
(e) Length of stay in Baltimore (yrs., mos., or days) 20 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 521 W. Biddle st
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mary Madden

3 (b) If veteran, name war: No

3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 10, 1885

8. AGE: Years	Months	Days	If less than one day
53 54	7	19	hr. min.

9. Birthplace Sparks, Maryland
(Town, county, and state)

10. Usual Occupation Domestic Servant

11. Industry or business —

MOTHER / FATHER

12. Name John Madden
13. Birthplace Pikesville, Maryland

14. Maiden Name Fannie Tyler
15. Birthplace Sparks, Md.

16 (a) Informant Mabel Madden
(b) Address Sparks, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31 1940 (month) (day) (year)

(c) Cemetery or crematory Quaker Bottom
Location Sparks, Md.

MAY 29 1940

Funeral director Landon M. Booth
(b) Address Sparks, Md.

19 (a) (Date received by registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

15 ac

20. DATE OF DEATH May 29 1940 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Coronary occlusion

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No.
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature H. McCandlish M.D.
Medical Examiner.

Date signed 5/29/40

69769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. F 69769

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver St.
(c) Hospital or institution: St. Josephs Hosp. 99
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 Union St. (If rural give location)
(e) If foreign born, how long in U. S. A.? X years

3 (a) FULL NAME Myrtle Bundy

3 (b) If veteran, name war: X

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	MARRIED

6 (b) Name of husband ~~or wife~~ Harrison Bundy

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) X 1898

8. AGE: Years	Months	Days	If less than one day
about 42	X	X	hr. min.

9. Birthplace Westminster Carroll Co. Md. (Town, county, and state)

10. Usual Occupation Home Servant

11. Industry or business

FATHER
12. Name Lorenzie Bell
13. Birthplace Md.

MOTHER
14. Maiden Name Letitia Bell.
15. Birthplace Westminster, Md.

16 (a) Informant Harrison Bundy
(b) Address Westminster, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 31 40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Ellsworth
Location Westminster Md.

18 (a) Funeral director J. E. Myers Jr.
(b) Address Westminster, Md.

19 (a) MAY 29 1940 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1940 at 5 00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1940 to May 29 1940, and that I last saw h[illegible] alive on May 29 1940

Immediate cause of death
Cardiac Failure
Uraemia
Due to Chronic Nephritis & Hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
1 day
3 years

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Kelmenson M. D.
Address St. Josephs Hosp. Date signed 5-29-40

VS 3

F 69770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-B

Registered No. F 69220

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Woodbine Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Melvin King

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Margaret King
6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) May 12, 1901

8. AGE: Years	Months	Days	If less than one day
39	0	17	..... hr. ..... min.

9. Birthplace Brownsville, Montgomery, Md.
(Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business Farming

FATHER
12. Name David King
13. Birthplace Maryland

MOTHER
14. Maiden Name Fannie Redmond
15. Birthplace Maryland

16 (a) Informant Mark L. King
(b) Address Woodbine Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1, 1940 (month) (day) (year)
(c) Cemetery or crematory Bethlehem
Location Near Kemptown

18 (a) Funeral director H. M. Snyder
(b) Address Mt. Airy

19 (Date received by registrar) MAY 29 1940 Signature Wm. H. Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1940, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1940, to May 29 1940, and that I last saw him alive on May 29 1940.

Immediate cause of death Tumor of Brain (Malignant) — Duration 6 mos.
Due to .....
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings: Of operations Glioma of right temporal Lobe
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature James B. Nuttall M. D.
Address University Hosp. Date signed 5/29/40

VS 3

69771

LB 55966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D

F 69771 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 413 Cambria St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herman Dill

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Matilda
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1875

8. AGE: Years	Months	Days	If less than one day
64	6	22	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation supported by nephew
11. Industry or business

FATHER
12. Name William
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Peckham
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cedar Hill
Location A. A. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Date rec'd by registrar) (b) Hunting for Williams (Local Registrar)

MAY 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1940, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1940, to May 28 1940, and that I last saw him alive on May 28 1940.

Immediate cause of death: Rupture of Aneurysm of the Aorta — Duration: 2 days.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosps. Date signed 5-29-40

69772
3 8 0 6 5 2

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

54 B

F 69772
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2214 Sidney Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

25

3 (a) FULL NAME Emma Huber

3 (b) If veteran, name war: —
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Edward W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-24-02

8. AGE: Years	Months	Days	If less than one day
37	7	5	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business

FATHER
12. Name Louis Kraft
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Ward
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/40 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location A. A. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

MAY 30 1940 (Date rec'd by registrar) (b) Huntingtn Williamsport Md (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1940, at 0 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1940 to May 29 1940 and that I last saw her alive on May 29 1940.

Immediate cause of death: Spinal cord tumor - glioma - malignant — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Glioma of spinal cord
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles E. Groland M. D.
Address J. H. Hospital Date signed 5-29

VS 3

69773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 146-B F 69773

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4709 Beaufort Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 MOS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4709 Beaufort Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) FULL NAME Belle Rimson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Abram Rimson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 55 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Ephraim Luntz
13. Birthplace Russia

MOTHER
14. Maiden Name Ida Freda —
15. Birthplace Russia

16 (a) Informant Abram Rimson
(b) Address 4709 Belle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-30-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Phila., Pa.

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto. St

19 (a) 5-29-1940 (Registrar) Huntington Williams M.D. (Registrar)

MAY 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1940, at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to May 29 1940, and that I last saw h.r. alive on May 28 1940.

Immediate cause of death — Duration

Carcinoma of stomach — 8 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Irvin Lamben M. D.

Address 3003 Garrison Blvd Date signed 5-29-40

VS 8

F 69774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69774 Registered No. 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4937 Reisterstown Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4937 Reisterstown Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

27-16

3 (a) FULL NAME George Washington Franklin.

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Emma Virginia
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 25 1850

8. AGE: Years 89 | Months 8 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Co. Md (Town, county, and state)

10. Usual Occupation Retired Shipping Clerk

11. Industry or business Wholesale Tobacco

FATHER
12. Name Larkin Franklin
13. Birthplace Baltimore Co. Md.

MOTHER
14. Maiden Name Sarah Wamsley
15. Birthplace Baltimore Co. Md.

16 (a) Informant Mrs. Rose Wheatley
(b) Address 4937 Reisterstown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto. Co. Md.

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights.

19 (a) Date received by Registrar (Registrar) Hunting & Williams M.D. Registrar

AY 30 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1940, at 7:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1940, to May 28 1940, and that I last saw h[illegible] alive on May 28 1940

Immediate cause of death: Arteriosclerosis — Coronary Thrombosis — Duration: 10 years, 1 day

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Manuel Levin M. D.
Address 4818 Reisterstown Rd Date signed May 29 1940

69775 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 69775

CERTIFICATE OF DEATH

1692-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3401 VIRGINIA AVE. St. 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? 60 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME ELIZABETH REITZ.

(a) Residence: No. 3401 VIRGINIA AVE. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female. 4. Color or Race: White. 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Emil C. Reitz.

6. DATE OF BIRTH (month, day, year): Aug 17, 1858

7. AGE: Years 81; Months 9; Days 11 17; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country): Frankfort Germany.

FATHER

13. NAME: John. Benging

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Hurst

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Mr Emil Reitz.
(Address): 3401 Virginia ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: 5/31 1940

19. UNDERTAKER: A. Herman Lemmon
(Address): 464 Pa. Ave.

20. FILED 19

MAY 30 1940 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): MAY 29 1940.

22. I HEREBY CERTIFY, That I attended deceased from MAY 13 1940, 19, to MAY 29 1940, 19.

I last saw h.er alive on MAY 29 1940, 19. Death is said to have occurred on the date stated above, at 4.15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
APOPLEXY MAY 13	1940,
CHRONIC MYOCARDIAL DEGENERATION	1938
Other contributory causes of importance:	
CHR MITRAL REGURGITATION	1934,
ARTEROIR SCLEROSIS	1934,

Was an operation performed? NONE. Date of NONE.

For what disease or injury?

Name of operation

What test confirmed diagnosis? CLINICAL. Was there an autopsy? NO.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO. If so, state how.

(Signed) Chas. P. Chaulter M.D.

MAY 29 1940 (Address) 3013 SAINT PAUL STREET.

Pulley

F 69776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5/31 aF 69776 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 413 n Bond St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto — (If outside city or town limits, write RURAL and give town)
(d) Street No. 413 n Bond St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Annie Pulley
3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife John Pulley
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 31-1878

8. AGE: Years 61 62 | Months 8 | Days 4 26 | If less than one day ..... hr. ..... min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Jerry — ?
13. Birthplace S C

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Elyss Pulley
(b) Address 413 Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 30 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Mt. Winans Md.

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Frankley Ave.

MAY 30 1940 (b) Thomas J. Pullen M.D. Registrar
(Registered by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1940 at 11A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1940 to May 27 1940 and that I last saw h[illegible] alive on May 27 1940

Immediate cause of death Chronic Interstitial Nephritis — Duration May 20 1940

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature Thomas J. Pullen M.D.
Address 607 Aisquith St Date signed May 30 1940

69777

Sue F VanZandt

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 69777

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Days

(e) Length of stay in Baltimore (yrs., mos., or days) 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4119 Roland ave (If rural give location)

(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME Mrs John Russell Sue F. Van Zandt Zant

3 (b) If veteran, name war: ---

3 (c) Social Security Account No. ---

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John Russell Von Zant

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 2nd 1878

8. AGE: Years 62 | Months 4 | Days 28 | If less than one day: hr. min.

9. Birthplace Trenton N. J. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER — 12. Name Edward G. Fox

13. Birthplace N. J.

MOTHER — 14. Maiden Name Annie L. Sleper

15. Birthplace N. J.

16 (a) Informant Mr. John R. Van Zandt

(b) Address 4119 Roland Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1st 1940 (month) (day) (year)

(c) Cemetery or crematory Riverview

Location Trenton, N.J.

18 (a) Funeral director Wm. J. Tiehner & Sons.

(b) Address North & Penna Aves.

(c) By (signature and title) [illegible] Wm. J. Tiehner Registrar

MAY 30 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/30 1940 at 5:54 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/26 1940 to 5/30 1940 and that I last saw her alive on 5/30 1940

	Duration
Immediate cause of death: Cardio-Vascular Collapse	6 hrs
Due to: Cerebral Hemorrhage	8 days
Due to: Cerebral Arterio Sclerosis	5 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations: Cerebral Arterio Sclerosis

Of autopsy: none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wm F. Leake M. D.

Address 1 W Mt Date signed May 30 1940

69778

F 69778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 125 S. East Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 125 S. East Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

26-10

3 (a) FULL NAME John Edward Murray Smith

3 (b) If veteran, name war: None

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: May Manda L.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 22 1877

8. AGE: Years 62 | Months 9 | Days 6 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Mechanic

11. Industry or business Sharpe & Dohme Co.

FATHER
12. Name Louis Smith
13. Birthplace Md.

MOTHER
14. Maiden Name Rachel Keller
15. Birthplace Md

16 (a) Informant Mrs. May Smith
(b) Address 125 S. East Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Hyleas J. Dickens & Son
(b) Address North & Centre Sts

MAY 30 1940 (P)
(Registered by city or county) Washington Office Hospital

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1940, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1940, to May 28 1940, and that I last saw her alive on May 28 1940.

Immediate cause of death	Duration
Carcinoma of Stomach.	2 years
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Reuben F. Thalheimer M D

Address 6 E. Biddle St Date signed 5/29/40 M. D.

69779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183 W Registered No. F 69779

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Red Ward of Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County /
(c) City or town 3803 Calloway (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore St (If rural give location)
(e) If foreign born, how long in U. S. A.? / years

3 (a) FULL NAME Daniel Marion Bassett (Marion Bassett)

3 (b) If veteran, name war /

3 (c) Social Security Account No. None

4. Sex MALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. SINGLE

6 (b) Name of husband or wife /

6 (c) If alive, give age / years

7. Birth date of deceased (mo., day, yr.) Dec 13-1894

8. AGE: Years 45 Months 5 Days 15 If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md (Town, county, and State)

10. Usual Occupation Merchant - Dry

11. Industry or business Stationery

FATHER
12. Name Samuel C. Bassett
13. Birthplace Philipsburg, N. J.

MOTHER
14. Maiden Name Mollie E. Waterson
15. Birthplace Farmington, Del

16 (a) Informant Mrs Mollie E. Bassett
(b) Address 3803 Calloway Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1-1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md

18 (a) Funeral director Wm J. Fitzgerald & Son
(b) Address North Ave

19 (a) (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 28 1940 at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 17 1940 to MAY 28 1940 and that I last saw him alive on MAY 28 1940

Immediate cause of death SUB-ARACHNOID HEMORRHAGE, R. FRONTAL LOBE — Duration 2

Due to ? —

Due to ? —

Other Conditions BRONCHO PNEUMONIA, BRONCH. ASTHMA, EMPHYSEMA. — 2 WKS

(Include pregnancy within 3 months of death)

Major findings:
Of operations NONE
Of autopsy PNEUMONIA, SUBAR. HEM.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Univ. Hospital Date signed 5/28/40

69780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940

F 69780

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Room 52 Franklin Bldg
(c) Hospital or institution: 7 Guilford ave
U.S.A. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 817 W Lanvale St Pkwy
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

13 1

3 (a) FULL NAME Robert Baltimore Homer

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mazie Burton
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) July 2, 1877

8. AGE: Years	Months	Days	If less than one day
63	3	26	..... hr. ..... min.

9. Birthplace Balto
(Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business Lumber

FATHER
12. Name Charles C Homer
13. Birthplace Balto Md

MOTHER
14. Maiden Name Frances M Matthews
15. Birthplace Balto Md

16 (a) Informant Mr Harry L Homer
(b) Address Richmond, Md

17 (a) Burial (b) Date thereof May 31/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) MAY 30 1940 (b) Huntington Williamsville, Md.
(Signature of local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1940 at 11 30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said ..... find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Wade Hoff M.D.
Medical Examiner.
Date signed 8/29/40

V3 6

F 69781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-D

F 69781 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2421 Everton Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME OLIVER VALEN

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-6464

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) ~~Name of husband or~~ wife Gertrude Faling

6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) July 6, 1898

8. AGE: Years	Months	Days	If less than one day
41	10	21	hr. min.

9. Birthplace Galva, Iowa (Town, county, and state)
10. Usual Occupation Male Nurse
11. Industry or business Sugar Refinery

FATHER
12. Name Michael Valen
13. Birthplace Valen, Norway

MOTHER
14. Maiden Name Carrie Unknown
15. Birthplace unknown

16 (a) Informant Harold Faling
(b) Address 2421 Everton Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-31-40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director Frederick A. Cole
(b) Address 1200 W Lombard St

19 (a) (Permit issued by Registrar) (b) H. Phillips Registrar

MAY 30 1940

Humbug for Medical Examiner

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1940, at 8 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hypertensive heart disease	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. T. Wollenweber M.D.
Medical Examiner.
Date signed 5-27-40

Schilpp

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 Registered No. E 69782

E 69782

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-0-a-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Unknown Tramp? (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm J. Schilpp

3 (b) If veteran, name war W —

3 (c) Social Security Account No. [illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Annie
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar 29. 1882

8. AGE: Years	Months	Days	If less than one day
57	3	26	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Anglesmith
11. Industry or business Gas + Electric Co.

FATHER
12. Name Gottlieb Schilpp
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline (unknown)
15. Birthplace Germany

16 (a) Informant Caroline Ferris
(b) Address 2615 E. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/40 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Baltimore Md

18 (a) Funeral director [illegible]
(b) Address 1317 E. Pratt St

MAY 30 1940
(Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-26- 1940, at 05 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — **Duration**

Due to

Due to

Other Conditions Chronic Alcoholic

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 5-30-40

Identified 5-29-40

F 69783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 69783 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1715 N. Calvert St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 32

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1715 N. Calvert St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bridget M. King

3 (b) If veteran, name war: W
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed
6 (b) Name of husband ~~or wife~~: Patrick King
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12 1869

8. AGE: Years 70 | Months 11 | Days 17 | If less than one day: hr. min.

9. Birthplace Ireland
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Martin Cloan
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary King
15. Birthplace Ireland

16 (a) Informant Margaret Kennedy
(b) Address 1715 N. Calvert St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/1/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) [illegible] (b) Washington Williams, Registrar

MAY 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29th 1940, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1936 to May 29 1940, and that I last saw her alive on May 24 1940.

Immediate cause of death
Cerebral hemorrhage
Generalized arteriosclerosis
Duration 4 months

Due to

Due to

Other Conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. Gr[illegible] M. D.
Address 3400 E. Baltimore St Date signed 5/30/40

F 69784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-H

F 69784 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address BROADWAY & FAIR MOUNT
(c) Hospital or institution:
CHURCH HOME & INFIRMARY
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4416 KAVON AVE
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOSEPH JOLLY

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 214-01-4139

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	

6 (b) Name of husband or wife ELEANOR JOLLY
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 29, 1907

8. AGE: Years	Months	Days	If less than one day
32	9	1	hr. min.

9. Birthplace BALTIMORE, MD.
(Town, county, and state)
10. Usual Occupation PRINTER
11. Industry or business

FATHER
12. Name CHARLES W. JOLLY
13. Birthplace MD

MOTHER
14. Maiden Name ALICE HUBERT
15. Birthplace MD

16 (a) Informant MRS. ELEANOR JOLLY
(b) Address 4416 KAVON AVE.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore MD

18 (a) Funeral director McCook
(b) Address 1219 E. Fayette St

19 (a) (Signature of registrar) (b) Date received MAY 30 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 30 1940, at 7:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1940, to May 30 1940, and that I last saw h[illegible]m alive on May 29 1940.

Immediate cause of death SARCOMA, RETROPERITONEAL WITH EXTENSION — Duration 5 Mos. ONSET

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations SARCOMA, SECONDARY OMENTUM, ASCITES
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isabella Hanson M. D.
Address Church Home & Infirmary Date signed 5-30-40

F 69785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4-D

F 69785 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1104 Washington Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis W. Fink (Fink)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Barbara P. Fink

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Oct 25 1864

8. AGE: Years 75 | Months 7 | Days 5 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Balto Transit Co

FATHER
12. Name James Fink
13. Birthplace "

MOTHER
14. Maiden Name Matsinger
15. Birthplace "

16 (a) Informant Mrs Barbara P. Fink
(b) Address 1104 Washington Blvd

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 6/1/1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem.
Location 2930 Reliance Ave

18 (a) Funeral director John F Coward & Son
(b) Address 901 W Fayette St

MAY 30 1940 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1940, at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1940, to May 30 1940, and that I last saw him alive on May 30 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to Convulsions & Malnutrition

Due to Carcinoma of Rectum & Sigmoid

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mercy Hospital per Orlek

Address Mercy Hospital - Date signed 5/30/40

VS 3

69786 TEUBNER ✓ F 69786

BALTIMORE CITY HEALTH DEPARTMENT 93-D Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 W 7 Calvert
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 833 Woodward St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

21

3 (a) FULL NAME Mrs. Martha Teubner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Mr. Teubner (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 23, 1871

8. AGE: Years: 69 | Months: 2 | Days: 5 | If less than one day: hr. min.

9. Birthplace: Penn. (Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER
12. Name: William Klemm (d)
13. Birthplace: Germany

MOTHER
14. Maiden Name: Elizabeth ? (d)
15. Birthplace: Germany

16 (a) Informant: Mrs. Arthur Fry (daughter)
(b) Address: 833 Woodward St., City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/1940 (month) (day) (year)
(c) Cemetery or crematory: Loudon Pk. Cem.
Location: 3800 Frederick Rd.

18 (a) Funeral director: John J. Cowan & Son
(b) Address: 901 W. Fayette St.

19 (a) (Date received by registrar) Municipal Building, Baltimore, Md.

MAY 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1940, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1940, to May 28 1940, and that I last saw h[illegible] alive on May 28 1940.

	Duration
Immediate cause of death: Coronary Thrombosis	7 days.
Due to: Hypertensive Cardio-vascular disease	??
Due to: Arteriosclerotic Heart Disease	??
Other Conditions: Pulmonary infarction (Include pregnancy within 3 months of death)	??

Major findings:
Of operations: —
Of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: J. D. Sunday, M. D.
Address: Union Memorial Date signed 5/28/40

F 69787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

171-aF 69787 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3100 Block Frederick Rd
(c) Hospital or institution:
D. of A. St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3153 Frederick Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2026

3 (a) FULL NAME Marie Warner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife Joseph W Warner
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) March 12, 1891

8. AGE: Years	Months	Days	If less than one day
49	2	16	hr. min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Graver
13. Birthplace Lithuania

MOTHER
14. Maiden Name Ulpsnoron
15. Birthplace Lithuania

16 (a) Informant Mr Victor J Warner
(b) Address 106 Culverton Road

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 6/1/1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Washington Road

18 (a) Funeral director John J Cowan & Son
(b) Address 90 Holliday Street
(c) Baltimore, Md. (Date rec'd by registrar) Registrar

MAY 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1940, at 4P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said — (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture of skull	
Laceration of brain	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 5/28/40
(c) Where did injury occur? 3100 Block Frederick Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pedestrian - struck by street car

23. Signature [illegible] M.D. Medical Examiner.
Date signed 5/29/40

VS 6

F 69788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 69788

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd Sts
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna. (b) County Chester
(c) City or town Nova Scotia
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs W. Herbert Brookfield (Margaret)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Mr. W. Herbert Brookfield

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9, 1862

8. AGE: Years 78 | Months | Days 27 | If less than one day hr. min.

9. Birthplace Womelsdorf Pennsylvania (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Union Mem. Hosp. Records
(b) Address Calvert & 33rd Sts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/40 (month) (day) (year)
(c) Cemetery or crematory Mount Carmel Cem. Womelsdorf Pa. Location Robesonia Twp. Pa.

18 (a) Funeral director John A. Myers
(b) Address 4201 Harford Rd. Balt. Md.

19 (a) (Local registrar) (b) Registrar

AUG 8 1940

VS 8

Thurston Phillips, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1940, at 12:46 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1940, to May 30 1940 and that I last saw her alive on May 30 1940.

	Duration
Immediate cause of death: Uremia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of sigmoid colon

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. C. Crawford M. D.
Address Union Memorial Hospital Date signed 5/30/40

F 69789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 69789

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2202 N Calvert St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2202 N Calvert St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daisy Brandstaedter

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 30 1884

8. AGE: Years 55 | Months 7 | Days 29 | If less than one day: hr. min.

9. Birthplace Hanover Pa.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Brandstaedter
13. Birthplace Germany

MOTHER
14. Maiden Name Lena Grabow
15. Birthplace Germany

16 (a) Informant Mamie Brandstaedter
(b) Address 2202 N Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Hanover Pa.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) (b) Registrar

MAY 30 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1940, at 11:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1, 1938 to May 29 1940 and that I last saw h. E.R alive on May 29 1940.

Immediate cause of death

Exhaustion
Due to Carcinoma of breast, recurrent. — Duration: 2 yr. 2 mo
Due to metastatic involvement of mesentery. — Duration: 2 mos.
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of mammary gland
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George R Cross M. D.
Address 28 W 7th St. Date signed 5-29-40

F 69790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-a

Registered No. F 69790

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital, Balt, md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Somerset
(c) City or town Marion Station (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kanair Mc Cready

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband/wife Mary Stewart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)?

8. AGE: Years 60 45 | Months | Days | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name George McCready
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Stewart
15. Birthplace Md.

16 (a) Informant Hospital Chart
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-40 (month) (day) (year)
(c) Cemetery or crematory Maryland Co Cem
Location Marion Station, Md

18 (a) Funeral director John A Brodhair
(b) Address Crisfield, Md.

19 (a) (Date received by Registrar) (b) Registrar

MAY 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/30 1940, at 6:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/7 1940 to 5/30 1940, and that I last saw him alive on 5/29 1940.

	Duration
Immediate cause of death: Bronchial Pneumonia	1 Month
Due to: Esophago-Bronchial fistula	1 Month
Due to: Carcinoma of Esophagus	4 Months
Other Conditions: Inanition	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: operation = Stamm Gastrostomy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Addison B. Fong.
Address Univ. Hospital Date signed 5/30/40

F 69791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69791 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) D

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Whitehall Ont Office (If outside city or town limits, write RURAL and give town)
(d) Street No. Madonna (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME UPTON ALMONY

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Bertha M Almony
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 10, 1889

8. AGE: Years 51 | Months 3 | Days 20 | If less than one day hr. min.

9. Birthplace Harford Cty. Md (Town, county, and state)

10. Usual Occupation merchant
11. Industry or business own store - general

FATHER
12. Name Joseph Almony
13. Birthplace Harford Co.

MOTHER
14. Maiden Name Mary Ellen Horn
15. Birthplace Harford Co

16 (a) Informant Bertha M Almony - wife
(b) Address same address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2 40 (month) (day) (year)
(c) Cemetery or crematory Bethel
Location White Hall Md

18 (a) Funeral director Eckert & Son
(b) Address Jarrettsville Md

19 MAY 30 1940 (b) Baltimore, Md

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 th 1940, at 10 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. L. Wallenmeyer M.D. Asst Medical Examiner.
Date signed 5-30-40

F 69792
380046

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51-B F 69792 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Worchester
(c) City or town Hurlock
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Willard Henry Hinman

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Edna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-11-69

8. AGE: Years	Months	Days	If less than one day
70	10	18	hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Nurse
11. Industry or business

FATHER
12. Name Henry Hinman
13. Birthplace N. Y.

MOTHER
14. Maiden Name Sarah Roseboom
15. Birthplace N. Y.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1, 1940 (month) (day) (year)
(c) Cemetery or crematory Millington Cemetery
Location Millington, Maryland

18 (a) Funeral director J. J. Frampton & Son
(b) Address Ellendale Maryland

19 (a) MAY 30 1940 (Date Received by Registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1940 at 6 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1940 to May 29 1940 and that I last saw him alive on May 29 1940

Immediate cause of death: Septicaemia — Duration 2w 2days

Due to Perineal Prostatectomy (5-27-40)

Due to Carcinoma of prostate.

Other Conditions Uremia; Hypertension; Arteriosclerotic Heart Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations Extensive carcinomatous of prostate
Of autopsy Confirmed clinical

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Hinman, M.D.
Address Baltimore Date signed May 30 40

69793

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

51-B

F 69793

Reg. Dist. No.

1. PLACE OF DEATH:

County: Baltimore

City or town: Baltimore (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: University Hospital

Stay in hospital or inst. (yrs., or mos., or days): 3 Weeks

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown (If outside city or town limits, write RURAL NEAR and give town) Ward No.

Street No.: Charles Street (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Elmer D. Trovinger

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

(b) Name of husband or wife: Cora M. Trovinger

6(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): November 18 70

8. AGE: Years: 69 Months: 6 Days: If less than one day: hrs. min.

9. Birthplace: Washington County, Maryland (Town, county, and state)

10. Usual occupation: Retired Restaurant Employee

11. Industry or business:

12. Name: Samuel Trovinger

13. Birthplace: Wash. Co., Md.

14. Maiden name: Eliza A. Byrum

15. Birthplace: Wash. Co., Md.

Informant: Charles Trovinger

Address: Uniontown, Pa.

Burial (Burial, cremation, or removal. Which?) Date thereof: June 1, 1940 (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown, Md.

Funeral director: Fred W. Kraiss

Address: Hagerstown, Md.

(Date received by registrar) 19 (Registrar)

D 1940

8

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 30, 1940, at 11:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 25, 1940, to May 30, 1940, and that I last saw h[illegible] alive on May 30, 1940.

	DURATION
Immediate cause of death: Renal failure following cystoscopy	3 days
Due to:	
Due to:	
Other conditions: Benign prostatic hypertrophy; femoral phlebitis x 1	3 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Carcinoma of prostate & metastases to pleural & ptritoneal cavities

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: William S. Miller M.D. (M. D. or other)

Address: University Hospital Date signed: 5-30-40

F 69794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-E

F 69794

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Inf
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 205 N. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr Albert Martin

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 219-03-6233

4. Sex: M | 5. Color or race: W | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband or wife: Mrs Agnes Martin

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Nov 18, 1873

8. AGE: Years 66 | Months 116 | Days 1611 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Albert Martin, Sr
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Allen
15. Birthplace Baltimore

16 (a) Informant Agnes Martin
(b) Address 205 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Catonsville Md

18 (a) Funeral director Wilson & Cook
(b) Address 1219 St Paul St

19 (a) Registrar (b) Date received MAY 31 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29th 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1940 to May 29 1940, and that I last saw h[illegible] alive on May 29 1940.

	Duration
Immediate cause of death: Cystic C.V. Disease	3
Generalized Arteriosclerosis	?
Due to Aortic Insufficiency	?
Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John F. Coolahan M. D.
Address Church Home & Inf Date signed 5-29-40

69795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-G F 69795 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert Street
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ mo
(e) Length of stay in Baltimore (yrs., mos., or days) 18

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 828 W. Fayette st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cora A. Fritz

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Harry S. Fritz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5 1880

8. AGE: Years	Months	Days	If less than one day: hr.	min.
54	0	25		

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

MOTHER / FATHER
12. Name John Green
13. Birthplace Md
14. Maiden Name Sarah Bryant
15. Birthplace ?

16 (a) Informant Harry S. Fritz
(b) Address 828 W. Fayette St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1. 1940 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Catty
18 (a) Funeral director Mrs. Mrs. John H. Tenfelder Son
(b) Address 801 W. Fayette St
19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MAY 31 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 30 1940, at 11 50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/13 1940, to 5/30 1940, and that I last saw h[illegible] alive on 5/30 1940.

Immediate cause of death Diabetic Coma — Duration
Due to Diabetes Mellitus — Duration
Due to Syphilis — Duration
Due to Hepatitis — Duration
Other Conditions — Duration
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Fritz M. D.
Address Mercy Hospital Date signed 5/30/40

F 69796

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 69796
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4417 Hartford Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4417 Hartford Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

27

3 (a) FULL NAME Martin Blachowicz

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mary Blachowicz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years	Months	Days	If less than one day hr.	min.
80				

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Unk.
13. Birthplace Poland

MOTHER
14. Maiden Name Unk.
15. Birthplace Poland

16 (a) Informant Mrs. Dzierwa ~aughter
(b) Address 4417 Hartford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1.40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozazewski
(b) Address 1930 Eastern Ave

19 (a) (Registrar) (b)

MAY 31 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1940, at 9. P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1940 to 28 1940, and that I last saw h.m alive on May 26 19 40.

Immediate cause of death Acute cardiac dilatation — Duration

Due to Chronic myocarditis & Hypotension — 5yrs.

Due to Senility

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations (—)
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. Calais M. D.
Address H. N. Fulton Date signed 5/29/40

F 69797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64a F 69797 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1018 W. Eutaw St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Edgar Camper

3 (b) If veteran, name of war
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 16 1886
8. AGE: Years 54 Months Days 14 If less than one day hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name George Camper
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Bailey
15. Birthplace Md.

16 (a) Informant Sarah Randall
(b) Address 1029 Caroline St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-1-40 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave

19 (a) Date received by registrar 6-1-1940 (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-30-40 19 at 8:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-30 1940 to 5-30 1940, and that I last saw him alive on 5-30 1940.

Immediate cause of death: Coronary thrombosis — Duration (a)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. K. Mansfield M. D.
Address Md. Gen Hosp Date signed 5-30-40

F 69798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 69798 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edward & Drew Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Westminster, (If outside city or town limits, write RURAL and give town)
(d) Street No. Wills St. Wills (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Norman B. Boyle Jr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7 - 15 - 1927

8. AGE: Years	Months	Days	If less than one day
12	10	15	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name Norman Bruce Boyle
13. Birthplace Maryland

MOTHER
14. Maiden Name Ethel Franklin
15. Birthplace Maryland

16 (a) Informant Norman B. Boyle Sr.
(b) Address Westminster Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1. 1940 (month) (day) (year)
(c) Cemetery or crematory St. John Catholic Cem.
Location Westminster. Md.

18 (a) Funeral director H. Bankard & Son
(b) Address Westminster, Md.

19 (a) (Date received by Registrar) (b) Hunter for Reynolds, M.D. Registrar

JAN 31 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1940, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1940, to May 30 1940, and that I last saw h[im] alive on May 30 1940

Immediate cause of death	Duration
Intraventricular Hemorrhage	6 hours
Due to Head injury	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Intra Ventricular Hemorrhage
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence May 29, 1940
(c) Where did injury occur? Westminster Carroll Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Playground While at work? (Specify type of place)
(e) Means of injury Intracranial Fall on stone walk

23. Signature J. B. Lundahl

Address University Hospital Date signed 5/30/40 M. D.

Howard J. Mercer M.D.
City Medical Examiner

69846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-H

F 69799
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2649 W. Harlem ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2649 W. Harlem ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W. Fowler

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 705-09-0083

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Jillian D. Fowler
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Dec. 9 - 1875

8. AGE: Years	Months	Days	If less than one day
64	5	21	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation R. R. Telegrapher
11. Industry or business —

FATHER
12. Name Geo. W. Fowler
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name Elizabeth Bergen
15. Birthplace Baltimore, Md.

16 (a) Informant Geo. W. Fowler
(b) Address 2647 ~~W~~ Harlem ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Anna Arundel Co

18 (a) Funeral director Geo W Little
(b) Address 2700 Edmondson Ave

19 (a) Date received by registrar MAY 31 1940 (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-30- 1940 at 5:40 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Inspection & Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Asphyxiation — Duration
Due to Illuminating Gas
Due to
Other Conditions Cardio-Vascular disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 5-30-40
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Inhalation of illuminating gas

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 5-30-40

F 69800

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56006 Registered No. F 69800

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 424 N. Streeper St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frederick Cook

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-2172

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Albertine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1885

8. AGE: Years	Months	Days	If less than one day
54	6	10	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business Merchants Barber Shop

FATHER
12. Name Frederick Cook
13. Birthplace Germany

MOTHER
14. Maiden Name Augusta Rohfling
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31/40 (month) (day) (year)
(c) Cemetery or crematory St. Matthews Cem
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Eutaw St

MAY 31 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1940, at 10:12 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1940, to May 28 1940, and that I last saw h alive on May 28 1940.

Immediate cause of death Coronary Thrombosis — Duration 3 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Waghelstein M. D.
Address Balto City Hosp. Date signed 5-28-40

VS 3

F 69801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

151 — F 69801 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3o hr
(e) Length of stay in Baltimore (yrs., mos., or days) 3o hr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. St Joseph Hospital 1647 E 25th St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alvin Joseph Dodson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/29/40

8. AGE: Years	Months	Days	If less than one day
		1	6 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Alvin Joseph Dodson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret Nolan Bisel
15. Birthplace Baltimore, Md.

16 (a) Informant Alvin Dodson
(b) Address 1647 E. 25th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/40 (month) (day) (year)
(c) Cemetery or crematory Bolton Lawn
Location Baltimore

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Eutaw St Huntington Williams, M.D.

MAY 31 1940 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1940, at P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/29 1940, to 5/30 1940, and that I last saw him alive on 5/30 1940.

Immediate cause of death	Duration
Asphyxia Apnoea	
Due to Supra cranial hemorrhage Intraventricular	
Due to Prematurity	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cysts of Hydrocephalus of occipital

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Knox Ripley 2.
Address St. Joseph's Hospital Date signed M. 5 D. 31 Y. 40

VS 3

37 F4 69802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 aF 69802 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1913 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? 10 years

14-1

3 (a) FULL NAME William McKenzie Sr

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife: MARY
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-20-88

8. AGE: Years	Months	Days	If less than one day
51	7	9	hr. min.

9. Birthplace Scotland (Town, county, and state)
10. Usual Occupation Salesman -
11. Industry or business Fur Business - Self

FATHER
12. Name Isaac McKenzie
13. Birthplace Scotland

MOTHER
14. Maiden Name Eliza Gilmore
15. Birthplace Scotland

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-31-40 (month) (day) (year)
(c) Cemetery or crematory Evergreen Cemetery
Location Elizabeth N.J.
18 (a) Funeral director William J. Duker & Son
(b) Address Druid & Pennsylvania Aves
19 (a) (Date rec'd by registrar) (b) Registrar

MAY 31 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1940 at 8 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 23 1940 to May 29 1940 and that I last saw him alive on May 29 1940.

Immediate cause of death	Duration
Acute mediastinitis	11 days
Due to Ca of Esophagus.	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Ca of esophagus
Of autopsy Acute mediastinitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sara N. Spong M.D.
Address Johns Hopkins Hospital Date signed 5-30-40

F 69803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-B

F 69803

Registered No. 3698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Riffs ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1514 Riffs ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Cinderella Adams

3 (b) If veteran, name war ———
3 (c) Social Security Account No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	colored	Widowed

6 (b) Name of husband or wife Andrew Adams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25 1863

8. AGE: Years	Months	Days	If less than one day
76	5	2	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation House work
11. Industry or business own home

FATHER
12. Name John Moore
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Helen Adams
(b) Address 1514 Riffs Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Wm. H. Kelson
(b) Address 1303 Pierpoint

(c) (Signature of undertaker or agent) Huntington Williams (Address)

MAY 31 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-27 1940, at 8:54 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-22 1940, to 5-27 1940, and that I last saw h[illegible] alive on 5-26 1940.

Immediate cause of death	Duration
Myocarditis	Unknown
Due to	
Due to	
Other Conditions Nephritis (chronic) (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 1029 N. Stricker Date signed 5-31-40

F 69804

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13B

F 69804 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 S. Carlton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HARRY BLAGMOND.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Minerva

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-24-40 86

8. AGE: Years 54 | Months | Days 3 | If less than one day ... hr. ... min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER
12. Name Wm Blagmond
13. Birthplace S.C.

MOTHER
14. Maiden Name Margrett Colbert
15. Birthplace S.C.

16 (a) Informant Minerva Blagmond
(b) Address 12-S. Carlton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 31 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cemetery
Location Cedar Hill - Md.

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley Ave Huntington Williamsburg Md

MAY 31 1940
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27th 1940 at 10 15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Tuberculosis, Acute Bronchopneumonia — Duration: —

Due to:

Due to:

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. F. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 5-26-40

VS 6

69803 ✓F 69805

37 96

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7½
(e) Length of stay in Baltimore (yrs., mos., or days) 21

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 Wyndcrest Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? 60 years

3 (a) FULL NAME Katherine Espey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widowed

6 (b) Name of husband or wife William C. Espey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-25-70

8. AGE: Years	Months	Days	If less than one day
69	8	3	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Companion
11. Industry or business

FATHER
12. Name John Dousch
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Schatz
15. Birthplace Germany

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Easton Sons
(b) Address Lexington St. Baltimore, Md.

19 MAY 31 1940 (b) Huntington Williams, M.D. Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1940 to May 28 1940 and that I last saw him alive on May 28 1940.

Immediate cause of death — Duration
Uremia — 3 wks
Due to Carcinoma uterus — 14 mos
Due to
Other Conditions urinary tract infection
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Douglass D. Fear M. D.
Address J.H.H. Date signed 5/28/40

VS 3

F 69806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 69806 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 28 S. Augusta Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-8

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 28 S. Augusta Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Elsie R. Bachus

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Married

6 (b) Name of husband or wife John Bachus

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Jan 15 1879

8. AGE: Years	Months	Days	If less than one day
61	4	13	____ hr. ____ min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Heuisler
13. Birthplace Ger.

MOTHER
14. Maiden Name Frederica Mahr
15. Birthplace Md.

16 (a) Informant Mrs. John Bachus
(b) Address 28 S. Augusta Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-40 (month) (day) (year)

(c) Cemetery or crematory Western Cem
Location Edmondson Ave

18 (a) Funeral director J. F. McCauley
(b) Address 130 S. Fort Ave.

MAY 31 1940 (Date received by registrar)

(b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1940 at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1940, to May 28 1940, and that I last saw h[illegible] alive on May 28 1940.

Immediate cause of death	Duration
Coronary Thrombosis	Sudden
Due to Cardio Vascular Disease	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eliot W. Johnson M. D.
Address 3432 Fredrick Ave Date signed 5/31/40

VS 3

F 69807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

§ 3a

F 69807

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 146 N. Milton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 146 N. Milton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pauline M. Duda

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	married

6 (b) Name of husband or wife Jerome B. Duda
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 24 1872

8. AGE: Years	Months	Days	If less than one day
67	7	5	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name Francis Dyoen
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine
15. Birthplace Germany

16 (a) Informant Jerome B. Duda
(b) Address 146 N. Milton Ave

17 (a) Burial (b) Date thereof 6-1-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Reuck
(b) Address 5305 Harford Rd (Huntingdon Williams, M.D.)

MAY 31 1940
(Date received by Registrar)

Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/29 1940, at 6 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 23rd 1940, to May 29th 1940, and that I last saw her alive on May 29th 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	7 days
Due to Hypertension & Arteriosclerosis	3 days
Due to Pulmonary Edema	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Sankert M. D.
Address 119 N. Milton Ave Date signed 5/31/40

60808

HEALTH DEPARTMENT—CITY OF BALTIMORE

60808

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2450 W. Baltimore St. 20-V Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helena Clara Kranz

If U. S. Veteran specify WAR .....

(a) Residence: No. 2450 W. Baltimore St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: William G. Kranz

6. DATE OF BIRTH (month, day, year): April 3-1859

7. AGE: Years: 81 | Months: 1 | Days: 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: August Lappe

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Minnie Von Lunsburg

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Miss Emma Kranz

(Address) 2450 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL: Place London Park Date June 1st, 1940

19. UNDERTAKER: George L. Schwartz

(Address) 2101 Fredrick Ave.

20. FILED ..... 19.... Hattie Williams M.V.

MAY 31 1940 O Lapp

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 1- 1940 to May 29 1940

I last saw h.. alive on May 29 1940 Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	1938
Other contributory causes of importance: Cerebral Embolism	

Was an operation performed? ..... Date of .....

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Chas A Carlin M. D.

(Address) 2145 N Bals Ave

F 69809

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94 La F 69809 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2458 Barrain Blvd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 640 W Fayette St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CHARLES VOGT

3 (b) If veteran, name war | 3 (c) Social Security Account No. 249-01-1325

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	W	married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2 1874

8. AGE: Years	Months	Days	If less than one day
65	6	28	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business P. W. A

FATHER
12. Name Frederick A. Vogt
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Minnie Roediger
15. Birthplace Germany

16 (a) Informant George Vogt
(b) Address 177 N. London Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3-40 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cathedral
Location Baltimore Md.

18 (a) Funeral director George L. Gelwicks
(b) Address 2101 Frederick Ave.

19 (a) MAY 31 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1940, at 2 30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
(f) Signature H L Wollenweber M.D. Medical Examiner.
Date signed 5-30-40

VS 6

F 69810

Ellison E Keith

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-aF 69810 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1122 Warner St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1122 Warner St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edw. Keith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	widower

6 (b) Name of husband or wife Elizabeth Keith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1865

8. AGE: Years	Months	Days	If less than one day
75	4		hr. min.

9. Birthplace Orangeburg, S. C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Emanuel Keith
13. Birthplace S. C.

MOTHER
14. Maiden Name Cecelia
15. Birthplace S C

16 (a) Informant Cecelia Campen
(b) Address 1122 Warner St

17 (a) (Burial, cremation, or removal) (b) Date thereof June 1, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

(c) JUN 1 1940 (Date received) Phillip Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/29 1940 at 8:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/23 1940 to 5/29 1940 and that I last saw h alive on 5/28 1940

Immediate cause of death Hypertensive Cardio-Renal

Due to Vascular

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 6d

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 1122 Park Date signed

69811 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 69811

CERTIFICATE OF DEATH

2-B 13-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Edmondson Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James E. Anderson

If U. S. Veteran specify WAR World War

(a) Residence: No. 1105 Edmondson Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Lela Anderson

6. DATE OF BIRTH (month, day, year): 1900

7. AGE — Years: 40 — Months: — Days: — If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Richmond Va

FATHER

13. NAME: ? Anderson

14. BIRTHPLACE (city or town) (State or country): Richmond Va

MOTHER

15. MAIDEN NAME: Mary ?

16. BIRTHPLACE (city or town) (State or country): Richmond Va

17. INFORMANT: Lela Anderson

(Address): 1105 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: National Cemetery Date: 6-1-1940

19. UNDERTAKER: Mrs Kate R. Williams

(Address): 322 N Schroeder St.

20. FILED: JUN 1 - 1940 19 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 12 1940. to May 26 1940

I last saw him alive on May 25 1940. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec. 1939
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Thos Woolwine M. D.

(Address) 705 W Fayette St

69812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126

F 69812

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene + Redwood
(c) Hospital or institution: University Hospital, Balt, MD
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town New York City (If outside city or town limits, write RURAL and give town)
(d) Street No. 27 Washington Square, North (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ralph F. Proctor

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ilka Slingluff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/27/1878

8. AGE: Years	Months	Days	If less than one day
62	2	3rd	hr. min.

9. Birthplace Dorchester, Massachusetts (Town, county, and state)
10. Usual Occupation Underwriters Association
11. Industry or business Insurance

FATHER
12. Name Frederick E. Proctor
13. Birthplace Massachusetts

MOTHER
14. Maiden Name Sarah Fenno
15. Birthplace Massachusetts

16 (a) Informant Mrs. Ilka S. Proctor
(b) Address 27 Washington Sq. N.Y. C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/40 (month) (day) (year)
(c) Cemetery or crematory St. Thomas
Location Garrison Forest, Md.

18 (a) Funeral director H. W. Mears & Sons
(b) Address 805 North Calvert Street

19 (a) 1940 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1940, at 10 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/26 1940, to 5/29 1940, and that I last saw him alive on 5/29 1940.

Immediate cause of death	Duration
Peritonitis	3 days
Pulmonary Atelectasis	1 day
Due to Perforated Gall Bladder	3 days
Due to	
Other Conditions Chalelithiasis, chronic cholecystitis	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations Perforated gall bladder with bile effusion
Of autopsy (if any) Peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos E. Woodward M.D.
Address Univ. Hosp. Date signed 6-2-40

VS 3

F 69813

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 166

F 69813
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 606 W. Biddle st
(c) Hospital or institution:
D. I. Provident Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 658 W. Franklin St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Jerome Wilson
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years 39 | Months | Days | If less than one day hr. min.

9. Birthplace Georgetown S. C.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace —

MOTHER
14. Maiden Name unknown
15. Birthplace —

16 (a) Informant Leon Nichols
(b) Address 561 W. Biddle st

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 6-2-40 (month) (day) (year)
(c) Cemetery or crematory MT. CALVARY
Location ~~Baltimore~~ South Carolina

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave

JUN 1-1940 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1940 at 9P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Bullet wounds of chest, abdomen and	
Due to: Lye leg	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 5/28/40
(c) Where did injury occur? 606 W. Biddle St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury 38 cal S & W Pistol - lead

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 5/29/40

VS 6

F 69814

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 1164 C F 69814

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 606 W. Biddle St
(c) Hospital or institution:
D.O.A. Provident Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 658 W. Franklin St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jerome Wilson

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Rosa Wilson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day
42			hr. min.

9. Birthplace Georgetown, S. C.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace —

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Tom Nichols
(b) Address 561 N. Biddle St

17 (a) Burial (b) Date thereof 6-3-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn ~~Mt. Calvary~~
Location ~~Anne Arundel County Md~~

18 (a) Funeral director William A Jackson
(b) Address 916 Penna Ave

19 (a) Date received by registrar JUN 1 1940 (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1940, at 9 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death	Duration
Bullet Wound of Head	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 5/28/40
(c) Where did injury occur? 606 W. Biddle St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury 38 Cal Head S&W Pistol

23. Signature Wm Wanderaft M.D.
Medical Examiner.
Date signed 5/29/40

F 69815

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83a

Registered No. F 69815

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 107 S. Conkling St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 76

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 107 S. Conkling St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Francis DeVaughn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife John A. DeVaughn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 17, 1877

8. AGE: Years	Months	Days	If less than one day
62	5	12	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name William E. Fray
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Anna E. Tracy
15. Birthplace Baltimore Md.

16 (a) Informant John A. DeVaughn
(b) Address 107 S. Conkling St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1, 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Md.

18 (a) Funeral director Selauna F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) JUN 1 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29, 1940, at 4 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940, to May 29 1940, and that I last saw h[illegible] alive on 5-29 1940

Immediate cause of death: Cerebral hemorrhage — Duration

Due to Hypertension

Due to

Other Conditions arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John J. Gould, M. D.
Address 14 N. Eutaw Date signed 5-30-40

69816 F 69816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

22-N

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2713 Overland Ave St. 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth 80 yrs. mos. ds.

2. FULL NAME Daniel Leitschuh

If U.S. Veteran specify WAR no

(a) Residence: No. 2713 Overland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes (Heinle)

6. DATE OF BIRTH (month, day, year) 5/9/1854

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	86	—	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Agnes Leitschuh

(Address) 2713 Overland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 6/6/40, 19

19. UNDERTAKER Geo. J. Kirby Jr.

(Address) 2335 Kloman St

20. FILED JUN 1 - 1940, 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1940 to May 30, 1940

I last saw him alive on May 27, 1940 Death is said to have occurred on the date stated above, at 5:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Uremia	May 30
(b) Chronic Nephritis	(?)

Other contributory causes of importance: Incarcerated Hernia Right Groin

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. W. Kaufman, M. D.

(Address) 4331 Hillsdale Rd.

OCCUPATION is very important. See instructions on back of certificate.

F 69817

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 69817

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway.
(c) Hospital or institution: Church Home & Infy.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 52d.
(e) Length of stay in Baltimore (yrs., mos., or days) 52 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Sparrows Point.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 611 E St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Shirley C Oakes.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1922

8. AGE: Years	Months	Days	If less than one day
18	2	28	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER — 12. Name Chester Oakes.
13. Birthplace Penn.

MOTHER — 14. Maiden Name Myrtle M See
15. Birthplace Penn.

16 (a) Informant Mrs Myrtle E Oakes
(b) Address 611 E St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave

18 (a) Funeral director William M Marack
(b) Address 715 Light St

19 (a) Filed JUN 1 - 1940 (Date filed by registrar) (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5.29 1940 at 5:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4.18 1940 to 5.29 1940 and that I last saw h alive on 5.29 1940

Immediate cause of death	Duration
Empyema Rt	1 wk.
Due to Peritonitis, gen.	10 d
Due to Ruptured appendix	52 d
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Peritonitis, gen. Empyema Rt
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roger G Winder M. D.
Address Church Home Infy. Date signed

F 69818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-a

Registered No. 69818

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 720 N. Hilton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Mary Anna Hutchurst

3 (b) If veteran, name war: —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Mr Alonzo Hutchurst
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/6/1900

8. AGE: Years	Months	Days	If less than one day
39	5	24	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name B. A. Anthony
13. Birthplace Md.

MOTHER
14. Maiden Name Ida K. Schleiter
15. Birthplace Balto Md.

16 (a) Informant Alonzo H. Whitehurst
(b) Address 720 N. Hilton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1 1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Ave.

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.

19 (a) JUN 1 - 1940 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1940, at 11:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-28 1940 to 5-30 1940 and that I last saw her alive on May 30 1940.

Immediate cause of death Operative Shock during Ut. Hysterectomy —
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Pyelonephritis
Of autopsy

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J M Collins M.D.
Address Bon Secours Hospital Date signed 5-30-40 M. D.

VS 8

CK

55609

F 69819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146-E

Registered No. F 69819

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 715 McHenry Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Felix Gabriel (Gabrilaitis)

3 (b) If veteran, name war

3 (c) Social Security Account No. #212-01-5665

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Julia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1878

8. AGE: Years 61 | Months 10 | Days 14 | If less than one day hr. min.

9. Birthplace Lithuania
(Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6/1/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blasius Road

18 (a) Funeral director Thos. J. Emory
(b) Address Hollins & Gilmor Sts.

19 JUN 1 1940 (Date rec'd by Reg.) (b) Huntington Williams, M.D. Address Balto City Hosp. Date signed 5-29-40

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-29 1940, at 8:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-13 1940, to 5-29 1940, and that I last saw h[illegible] alive on 5-29 1940.

Immediate cause of death: Adenocarcinoma Sigmoid colon with Metastases

Duration: over 1 year

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M. D.

F 69820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 69820

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Denison St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2117 Denison St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adela Doris Merchant

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female | **5. Color or race** White | **6 (a) Single, married, widowed, or divorced** Divorced

6 (b) Name of husband or wife Alexander Sheppard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 21 1871

8. AGE: Years 69 | Months 4 | Days 9 | If less than one day hr. min.

9. Birthplace Washington DC
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Col Amos Webster
13. Birthplace Mass

MOTHER
14. Maiden Name Adela Wilson
15. Birthplace

16 (a) Informant Mrs Marian McDill
(b) Address 2208 Garrison Blvd

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** June 1 1940 (month) (day) (year)
(c) Cemetery or crematory Oakhill
Location Washington D C.

18 (a) Funeral director William J Jukner + Son
(b) Doty + Pennsylvania Ave
Washington Philadelphia

JUN 1 1940

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 19 , at 3 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 1937, to May 30 1940, and that I last saw her alive on May 30 1940.

Immediate cause of death Acute dilitation of heart — Duration: 1 day
Myocarditis — 2 yrs
Due to Cerebral hemorrhage-Aug 1937 — Paralysis
Due to Arteriosclerosis(advanced) ?
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hattie Dutler M. D.
Address 2220 Garrison blvd **Date signed** May 31/40

F 69821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 69821

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2930 ELLIOTT ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Moran

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NONE	MALE	WHITE	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR. 11-1883

8. AGE: Years	Months	Days	If less than one day
57	2	20	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation LABORER
11. Industry or business CITY OF BALTO.

FATHER
12. Name JOHN MORAN
13. Birthplace IRELAND

MOTHER
14. Maiden Name MARIA LEONARD
15. Birthplace IRELAND

16 (a) Informant JAMES J. MORAN (BROTHER)
(b) Address 2930 ELLIOTT ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-3-40 (month) (day) (year)
(c) Cemetery or crematory CATHEDRAL
Location FREDERICK ROAD

18 (a) Funeral director Lilly & Zuber INC.
(b) Address 403 S. WOLFE ST.

19 (a) JUN 1 - 1940 (Date rec'd by registrar) [illegible] for Williams, M.D. Address [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-31-40 19 5 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-29-40 to 5-31-1940, and that I last saw h[illegible] alive on 5-30-1940

Immediate cause of death	Duration
Coronary occlusion	2
due to Arteriosclerosis	
Due to Generalized Arteriosclerosis.	?
Due to or as Arteriosclerotic Cardiac	?
Other Conditions Old age & senility	
Exhilation	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Kalmenson M. D.
Address St. Joseph's Hosp Date signed 5-31-40

VS 8

F 69822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 55 E

Registered No. F 69822

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Louisiana (b) County
(c) City or town New Orleans
(If outside city or town limits, write RURAL and give town)
(d) Street No. 828 Burgundy St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 26 yrs. years

3 (a) FULL NAME John T. Torres

3 (b) If veteran, name war

3 (c) Social Security Account No. 113 12 580

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Eulalie Mari

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) May 12, 1884

8. AGE: Years	Months	Days	If less than one day
56	-	16	hr. min.

9. Birthplace Spain (San Juan)
(Town, county, and state)

10. Usual Occupation Cook

11. Industry or business Seafaring

FATHER
12. Name Anthony Torres
13. Birthplace San Juan, Spain

MOTHER
14. Maiden Name Rita Torres
15. Birthplace San Juan, Spain

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-1-40 (month) (day) (year)
(c) Cemetery or crematory St. Mathews
Location O'Donnell St.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) JUN 1 - 1940 (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28, 1940, at 10:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 8, 1940, to May 28, 1940 and that I last saw him alive on May 28, 1940

Immediate cause of death Thrombocytopenic purpura — Duration: Less 1 mo

Due to Lympho-sarcoma, generalized — 2 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address U. S. Marine Hospital, Baltimore, Maryland. Date signed 5/29/40

F 69823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 69823

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1117 S. BAYLIS ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1117 S. BAYLIS ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME DORA BERCHT (BRECHT)

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NONE	FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) SEPT. 2-1873

8. AGE: Years	Months	Days	If less than one day
66	8 9	26 27	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WORK
11. Industry or business AT HOME

FATHER
12. Name UNKNOWN
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace GERMANY

16 (a) Informant GEORGE BRECHT (SON)
(b) Address 1117 S. BAYLIS ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-1-1940 (month) (day) (year)
(c) Cemetery or crematory MOUNT CARMEL
Location ODONNELL ST.
18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.
19 (a) JUN 1 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 29/40 19 at 7/30 A

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 2 19 40, to May 29 19 40.
and that I last saw h[illegible] alive on May 29 19 40.

Immediate cause of death — Duration

Hemorrhage Intracerebral — Apr. 2 1940
Coronary Sclerosis — 5-29-40
Due to Coronary Occlusion

Due to

Other Conditions None.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature E. Schumacher M. D.
Address 542 S. Exeter Date signed 6-2-40

VS 3

69824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. F 69824

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3225 NOBLE ST
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or Town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3225 NOBLE ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HELEN SNYDER

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NONE

4. Sex FEMALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife MORRIS SNYDER

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 28-1907

8. AGE: Years 32 | Months 9 | Days 0 | If less than one day: hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name THOMAS JORDAN
13. Birthplace BALTIMORE MD.

MOTHER
14. Maiden Name MARY MAULER
15. Birthplace BALTIMORE MD.

16 (a) Informant MARY JORDAN (MOTHER)
(b) Address 3225 NOBLE ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-1-1940 (month) (day) (year)
(c) Cemetery or crematory MOUNT CARMEL
Location ODONNELL ST.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) JUN 1 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 28/40 19 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1940, to May 28 1940, and that I last saw h alive on May 28 1940.

Immediate cause of death: Metastatic carcinoma cerebral cortex — Duration

Due to Carcinoma of breast

Due to

Other Conditions Carcinoma of liver

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J Gould, M. D.
Address 14 N. East ave Date signed 5-29-40

VS 8

F 69825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 69825

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 20 S Paca (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Wagner

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
World war	None	Male	White	married

6 (b) Name of husband or wife Julia (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) June 8-1893

8. AGE: Years	Months	Days	If less than one day
46	10 11	20	17 hr. 52 min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER | FATHER

12. Name Michael Wagner.
13. Birthplace Baltimore
14. Maiden Name Elizabeth Knox
15. Birthplace Baltimore Md

16 (a) Informant Elizabeth Wagner mother
(b) Address 2518 Fait Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-1940 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Gunman Road

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 N Wolfe St

19 (a) JUN 1 — 1940 Huntington Williams, M.D. (Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1940 at 8:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1940 to May 28 1940 and that I last saw h[illegible] alive on May 28 1940.

Immediate cause of death Coronary Thrombosis

Duration 10 days

Due to

Due to

Other Conditions Chronic nephritis 2 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Partial

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. R. Lamm M.D.
Address Mercy Hospital Date signed 5-29-40

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69826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 69826

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1334 N. Stricker St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1521

3 (a) FULL NAME Elizabeth Baxter

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1882

8. AGE: Years 58 | Months 3 | Days 2 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Henry Williams (dead)
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha Hemsley (dead)
15. Birthplace Maryland

16 (a) Informant Records City Hosps.
(b) Address Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-40 (month) (day) (year)
(c) Cemetery or crematory Pompert Cem
Location Charles Co. Md

18 (a) Funeral director Travers A. Hemsley
(b) Address 578 N. Bradew St

19 JUN 2 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1940, at 3:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1940, to May 30 1940, and that I last saw her alive on May 30 1940.

Immediate cause of death: Cerebral Hemorrhage ? — Duration unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not completed - nothing found so far.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp. Date signed 5-30-40 M. D.

VS 3

F 69827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190a Registered No. F 69827

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mo's.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1440 Battery Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years.

24 5

3 (a) FULL NAME Sandra Lee McNicholas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 31st 1939

8. AGE: Years	Months	Days	If less than one day
	5	29	hr. min.

9. Birthplace City (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name John R. McNicholas
13. Birthplace City

MOTHER 14. Maiden Name Daisy McGruder
15. Birthplace Md.

16 (a) Informant Mrs. Wm. McGruder
(b) Address 2018 E. Lafayette Ave

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 6/1/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto Md.

18 (a) Funeral director E. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave

19 (a) Filed JUN 1 1940 (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/30 1940, at 12:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 27, 1940, to May 30, 1940, and that I last saw her alive on May 30, 1940.

Immediate cause of death Diarrhea — cause undetermined — **Duration**

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman, M.D.
M. D.
Address Franklin Square Hosp. Date signed 5/30/40

69828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V83-B Registered No. F 69828

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 137 N. Lakewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 137 N Lakewood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louise Katherine Comegys

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband ~~wife~~: Wm. W. Comegys
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Sept. 10th, 1867
8. AGE: Years 77 | Months 8 | Days 19 | If less than one day: hr. min.
9. Birthplace: City (Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business:

FATHER
12. Name: Christian Kurtz
13. Birthplace: Germany

MOTHER
14. Maiden Name: Christina Hinkey
15. Birthplace: Germany

16 (a) Informant: Mrs. Harry Griffiths
(b) Address: 3026 Cleveland Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/40 (month) (day) (year)
(c) Cemetery or crematory: Mt. Carmel
Location: Balto. Md.
18 (a) Funeral director: C. J. Fanning & Son
(b) Address: 1938 E. Lafayette Ave
19 (a) [illegible] Washington Boulevard

JUN 1 – 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29th 1940, at 12:45 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22 1936, to May 29 1940.
and that I last saw her alive on May 29 1940

Immediate cause of death
~~Complete~~ Cerebral Embolism — Duration: 8 hours.
Due to Arteriosclerosis & — Duration: at least 6 yrs.
Due to hypertension
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature: B. V. Kelly M. D.
Address 20 N. Lakewood Ave Date signed May 29/40

69829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. E 69829

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Camp Carroll
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Leatt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-20-40

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Camp Carroll; A.A.Co. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Underwood
13. Birthplace

MOTHER
14. Maiden Name Minnie Leatt
15. Birthplace Va.

16 (a) Informant Minnie Leatt
(b) Address Camp Carroll Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL MAY 31 1940

18 (a) Funeral director
(b) Address Per H. A. Moore Huntington Williams, M.D.

19 (a) (Date received by Registrar) JUN 1 1940 Registrar 6668

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1940, at 5:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-21 1940, to 5-23 1940, and that I last saw h e r alive on 5-23 1940.

Immediate cause of death
Prematurity
Foetal atelectasis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Francis McLaughlin M. D.
Address U. of Maryland Hosp. Date signed 5-23-40

VS 3

69830

HOUSMAN

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58-9

Registered No. F 69830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 346 N. Calhoun St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Housman Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1925

8. AGE: Years	Months	Days	If less than one day
14	8	6	11 hr. 45 min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Student
11. Industry or business

FATHER
12. Name Charles Housman
13. Birthplace Prince George Co., Md.

MOTHER
14. Maiden Name Estella Bean
15. Birthplace Baltimore, Md.

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3, 194 (month) (day) (year)
(c) Cemetery or crematory Mem'l Cathedral
Location Balto City

18 (a) Funeral director A. Bordet Ellano
(b) Address 1400 S. Charles St.

19 (a) JUN 1 – 1940 (Date rec'd by Reg.) (b) Huntington Williams M.D.

V3 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1940, at 1:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1940, to May 30 1940, and that I last saw h[illegible] alive on May 30 1940.

Immediate cause of death: Rheumatic Heart Disease — Duration: 1 Year

Due to: Rheumatic Fever & Rheumatic Cardiovascular Disease — 2 yrs.

Due to:

Other Conditions: Rheumatic pneumonia — 6 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. Edwin Muller M.D.
Address Mercy Hospital Date signed 5/30/40

F 69831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V131-P

Registered No. F 69831

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1229 Riverside Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1229 Riverside Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Laura M. Thompson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Frank Thompson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 26, 1864

8. AGE: Years 75 | Months 8 | Days 4 | If less than one day: hr. min.

9. Birthplace St Louis Mo (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Dont know
13. Birthplace Dont know

MOTHER
14. Maiden Name Dont know
15. Birthplace Dont know

16 (a) Informant Mrs Wagner
(b) Address 1229 Riverside Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3 1940 (month) (day) (year)
(c) Cemetery or crematory St Methani
Location Balto City

18 (a) Funeral director A. Howard Evans
(b) Address 1440-42 S Charles St

19 JUN 1 – 1940 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1940, at 7P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 28 1940 to May 30 1940 and that I last saw h[illegible] alive on May 30 1940.

Immediate cause of death: Uremia — Duration: Dec.

Due to:

Due to: Chronic Nephritis — 3 mos.

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. R. Campbell M.D.
Address 1644 Hanover Date signed 5/31/40

VS 3

F 69832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. F 69832

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 840 W. Lombard St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Queen Anne's
(c) City or town Centerville (If outside city or town limits, write RURAL and give town)
(d) Street No. 18 3 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Story

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife George Story
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mary E Eagling
(b) Address 840 W. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31, 1940 (month) (day) (year)
(c) Cemetery or crematory
Location Centerville, Md

18 (a) Funeral director Harry L Wilhide
(b) Address 401 Edgewater [illegible]

19 (a) JUN 1 - 1940 (Registrar's signature) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1940, to May 30 1940, and that I last saw h[illegible] alive on May 25 1940.

Immediate cause of death: carcinoma of left breast with generalized
Due to: metastases
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration: [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Rosen
Address 206 S. Calvert St Date signed M. 5 D. 30/40

CCK 56068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

69833

Registered No. F 69833

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 402 N. Biddle St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

10-61

3 (a) FULL NAME Frank Gertner

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~
Male	White	Widowed Married

6 (b) Name of husband or wife ? BERTHA
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-11-1878

8. AGE: Years	Months	Days	If less than one day
61	8	20	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Bar Tender
11. Industry or business

FATHER
12. Name John W. Gertner
13. Birthplace Germany

MOTHER
14. Maiden Name Ida Nowle
15. Birthplace Germany

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/31/40 (month) (day) (year)
(c) Cemetery or crematory
Location Bronx, N.Y.C.

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave Huntington Williams, M.D.

19 JUN 1 - 1940 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1940, at 7:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1940, to May 31 1940, and that I last saw him alive on May 31 1940

Immediate cause of death: Coronary thrombosis — Duration: 10 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. McVaughn Lederer M. D.
Address Balto City Hosp. Date signed 5-31-40

VS 3

69834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-a

Registered No. F 69834

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County Berkeley
(c) City or town Martinsburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 1120 W. King St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mabel Strouse

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Wm D Strouse
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
50			..... hr. ..... min.

9. Birthplace Penn. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Wm D Strouse
(b) Address Martinsburg W Va
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Martinsburg W Va
18 (a) Funeral director P. C. Hoffmaster & Son
(b) Address Elkins City Md
19 (a) JUN 1 – 1940 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1940, at 1:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1940, to June 1 1940, and that I last saw h.. alive on May 31 1940.

Immediate cause of death	Duration
Diffuse abdominal Carcinomatosis	?
Due to Ovarian Carcinomatosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Diffuse abdominal Carcinomatosis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo J. Gaver M. D.
Address University Hospital Date signed 6/1/40

VS 2

BALTIMORE CITY HEALTH DEPARTMENT

F 69835 — CERTIFICATE OF DEATH — 94 — Registered No. F 69835

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 24

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3728 Greenmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Samuel G. Walker
3 (b) If veteran, name war No
3 (c) Social Security Account No. None

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. M.
6 (b) Name of ~~husband~~ wife Annie E. Walker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14, 1874

8. AGE: Years 66 | Months 1 | Days 16 | If less than one day hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Contractor
11. Industry or business Grain & Coal

FATHER
12. Name Josiah Walker
13. Birthplace England

MOTHER
14. Maiden Name Sargeant
15. Birthplace England

16 (a) Informant Annie E. Walker
(b) Address 3728 Greenmount Ave

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 6/3/40 (month) (day) (year)
(c) Cemetery ~~crematory~~ Cedar Hill
Location Prince George Co. Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) JUN 1 — 1940 (Date rec'd by registrar) Huntington Hill

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/30 1940, at 3:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/30 1940 to 5/30 1940, and that I last saw h~~im~~er alive on 5/30 1940

Immediate cause of death Coronary Thrombosis — Duration 1 day
Due to
Due to
Other Conditions Acute Entero-Colitis. — 4 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. Flaherty M.D.
Address Md. Gen. Hosp. Date signed 5/30/40

VS 3

69836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 69836

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 70 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 233 S. Bond St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 1

3 (a) FULL NAME Henry Devlin (53971)

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: ? Didn't

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Separated

6 (b) Name of husband or wife: Agnes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1898

8. AGE: Years	Months	Days	If less than one day
42	5 (4)	20	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

FATHER
12. Name James F. Devlin
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Farley
15. Birthplace Scotland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) JUN 1 1940 (b) Registrar's signature Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30, 1940, at 5 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 21, 1940, to May 30, 1940 and that I last saw him alive on May 30, 1940.

Immediate cause of death: Tuberculosis of the lungs — Duration Jan 1940

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.

Address Balto. City Hospitals Date signed 5-31-40

69837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-e

F 69837

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2130 Pennsylvania Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2130 Pennsylvania Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) FULL NAME Delia A Lannon

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Wm J Lannon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept - 1888

8. AGE: Years: 51 | Months | Days | If less than one day: hr. min.

9. Birthplace: Ireland
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Thomas Garvey
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Ann Hayes
15. Birthplace: Ireland

16 (a) Informant: Wm J Lannon
(b) Address: 2130 Pennsylvania Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 3 1940 (month) (day) (year)
(c) Cemetery or crematory: Catholic
Location: Bel Air Md

18 (a) Funeral director: Jesse A Farley
(b) Address: Nelson & Fayette

19 (a) JUN 1 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/30 1940, at 5:30 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 5/24 1940, to 5/30 1940, and that I last saw her alive on 5/30 1940.

Immediate cause of death: Carcinoma of Thyroid — Duration:
Due to: Strangulation
Due to: Carcinoma of Thyroid
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Carcinoma of Thyroid
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J J Kinick M.D.
Address 4710 Roberts Rd Date signed 5/31/40

F 69838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6

Registered No. F 69838

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1117 Watson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Barney McKethan

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife Dorothy
6 (c) If alive, give age 26 years
7. Birth date of deceased (mo., day, yr.) May 17 - 1894

8. AGE: Years	Months	Days	If less than one day hr.	min.
46	-	14		

9. Birthplace Fayetteville - N.C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Isaac McKethan
13. Birthplace N.C.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Mt Calvary (Burial, cremation, or removal) (b) Date thereof 6-1-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A.A. County
18 (a) Funeral director R. A. Elliott
(b) Address 1129 N. Carolina St
19 JUN 1 1940 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1940 at 8 10 a.m.
21. I certify that death occurred on the date above stated; that I attended deceased from 5-31 1940 to 5-31 1940 and that I last saw him alive on 5-31 1940.

Immediate cause of death	Duration
Meningococcus Meningitis	3 days
? Lobar pneumonia -	
? Pulmonary Edema -	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Meningococ. Meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature John S Hurst
Address Johns Hopkins Hospital Date signed 5-31 M. D.

V8 3

F 69839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 B Registered No. F 69839

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2004 W. Lexington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 51
(e) Length of stay in Baltimore (yrs., mos., or days) 66 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ***
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2004 W. Lexington St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ~ years

3 (a) FULL NAME Bridget Elizabeth Meehan

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ----

4. Sex: Female

5. Color or race: Wht.

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17, 1866

8. AGE: Years 74 | Months -- | Days 14 | If less than one day hr. min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual Occupation House-wife

11. Industry or business

MOTHER / FATHER

12. Name Michael Nertney

13. Birthplace Va.

14. Maiden Name Bridget Kidd

15. Birthplace Va.

16 (a) Informant Mrs. Helen Deutsch

(b) Address 11 N. Bernice Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3, 1940 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Edmondson Ave.

18 (a) Funeral director Robert S. Little

(b) Address 2700 Edmondson Ave.

19 (a) JUN 1 — 1940 Huntington, W. Va.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1940 at 10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1940, to May 31 1940, and that I last saw h[illegible] alive on May 30 1940.

Immediate cause of death (Right) Cerebral Hemorrhage

Due to Chr. Nephritis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. E. Shannon M.D.

Address 700 N. Fulton Ave. Date signed 5/31/40

F 69840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a Registered No. F 69840

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2903 Kildaire drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 26

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2903 Kildaire drive (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Harry G Connor

3 (b) If veteran, name war ____ | 3 (c) Social Security Account No. ____

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Hettie V. Connor
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) July 3 1873

8. AGE: Years	Months	Days	If less than one day
66	10 11	-	____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Druggist
11. Industry or business

FATHER
12. Name M J. Connor
13. Birthplace Washington D C

MOTHER
14. Maiden Name Mary J Monk
15. Birthplace Baltimore

16 (a) Informant Mrs Hettie V. Connor
(b) Address 2903 Kildaire drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2018 Aliceanna

19 JUN 1 - 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. REGISTRAR

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1940, at 10 50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1940, to May 31, 1940, and that I last saw him alive on May 31, 1940.

Immediate cause of death Coronary Heart Disease — Duration 2 years
Due to Myocardial Insufficiency
Due to ____
Other Conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature Nathan Janney M. D.
Address 7101 Harford Rd. Date signed 5/31/40

VS 3

56048 - MB

69841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

Registered No. F 69841

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

21-2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 847 Washington Blvd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William E. Rogers

3 (b) If veteran, name war

3 (c) Social Security Account No. Had none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Theresa
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3, 1885

8. AGE: Years	Months	Days	If less than one day
54	9	28	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Fruit & Produce Store
11. Industry or business Self

FATHER
12. Name Martin Rogers
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie ?
15. Birthplace Maryland

16 (a) Informant Records
(b) Address B.C.H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4/1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2008 Allendale St

19 (a) JUN 1-1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-31 1940, at 5.55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-29 1940, to 5-31 1940, and that I last saw him alive on 5-30 1940.

Immediate cause of death	Duration
Uraemia	?
Due to Benign prostatic hypertrophy with urinary retention	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Kurtz Howard Jr. M. D.
Address City Hosp. Date signed 5-31-40

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69842 — 93D — Registered No. F 69842

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1322 Webster St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street and No. 1322 Webster St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JULIA C. FRICK.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife John J. Frick
(c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) July 14, 1876

8. AGE: Years	Months	Days	If less than one day
63	10	17	hr. min.

9. Birthplace Washington, D. C.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Noel Stuffani
13. Birthplace France

MOTHER
14. Maiden Name Anna Bracchi
15. Birthplace Italy

16 (a) Informant Pauline Frick
(b) Address 1322 Webster St.

17 (a) Burial (b) Date thereof June 3, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Cross AA
Location Annapolis Rd.

18 (a) Funeral director Margaret G. Flynn
(b) Address 1422 Light St.

JUN 1-1940
(Date rec'd by registrar)

(b) Huntington Williams, M.P.
Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1940 at 11 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Hypertensive cardiovascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. L. Wollenweber M.D.
Medical Examiner.
Date signed 5-31-40

69843 374 206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16 Registered No. ✓F 69843

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 D
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2104 McCulloh (If rural give location)
(e) If foreign born, how long in U. S. A.? years ✓

3 (a) FULL NAME Marie Fredrika Mitchell

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: George
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-7-12

8. AGE: Years 27 | Months 9 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Henry Everett
13. Birthplace N.C.

MOTHER
14. Maiden Name Evelyn Mitchell
15. Birthplace N.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1st-40 (month) (day) (year)
(c) Cemetery or crematory Int. Calvary Lawn
Location Q. A. Co. Md.

18 (a) Funeral director Jas. A. Skinner
(b) Address 927 N. Mount St

19 (a) JUN 1 1940 (Date rec'd by registrar) (b) Registrar Wilmington Delaware

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 30 1940, at 5:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN 15 1940 to MAY 30 1940 and that I last saw her alive on MAY 30 1940

Immediate cause of death: Tuberculosis of pacemn & secondary abdominal abscess — Duration: 11 mos.
Due to:
Due to:
Other Conditions: General wasting secondary to tuberculosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Tuberculosis of Sacrum
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jerome H. Gutstein M.D.
Address Johns Hopkins Hospital Date signed 5/30/40 M. D.

55979 - KB

F 69844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. F 69844

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 26-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) about 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3420 Dillon St.
(If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Pabst

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Charles (dead)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/2/1868

8. AGE: Years	Months	Days	If less than one day
72	3	29	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation H. Wife
11. Industry or business

FATHER
12. Name Louis Drommelhausen
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Havel
15. Birthplace Germany

16 (a) Informant Records
(b) Address B.C.H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3, 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore, Md.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1638 N. Broadway

19 (a) JUN 1 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1940, at 1:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1940, to May 31 1940, and that I last saw her alive on May 31 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	5 days
Due to	
Other Conditions Hypertensive cardio-vascular disease	Unknown.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Wagle Lakin M. D.
Address Balto City Hosp. Date signed 5-31-40.

69845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92B

F 69845 ✓ Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1826 S. Charles St.
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 2 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1826 S. Charles St (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Walter Howard Livsey

3 (b) If veteran, name war: none

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Rose H. Livsey

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May-23-1863

8. AGE: Years 77 | Months 0 | Days 7 | If less than one day: hr. min.

9. Birthplace Balto Md. (Town, county and state)

10. Usual Occupation Retired B&O R.R.

11. Industry or business Conductor

FATHER
12. Name Could not ascertain
13. Birthplace " " " "

MOTHER
14. Maiden Name Could not ascertain
15. Birthplace " " " "

16 (a) Informant Frank L. Salzmann
(b) Address 1826 S. Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June-1-40 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn Md.

18 (a) Funeral director Sherwood Memorial Co.
(b) Address 108 W Monument

19 (a) Filed (b) Registrar
Rec'd by registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1940, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940 to May 30 1940 and that I last saw h/[illegible] alive on May 30 1940.

Immediate cause of death	Duration
Exhaustion	2 days
Due to	
Due to Mitral Regurgitation	Indef.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Campbell M.D.
Address 1644 Hanover St Date signed May 31/40

69846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

F 69846

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1310 Aisquith St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1328 Aisquith St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank P Murray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Helper, foreman
11. Industry or business (Contractor)

FATHER
12. Name Patrick Murray
13. Birthplace Ireland

MOTHER
14. Maiden Name Ann Gordon
15. Birthplace Ireland

16 (a) Informant Mrs. Wortman
(b) Address 1328 Aisquith St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31- 1940, at 12 [illegible] A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1940, to May 30 1940, and that I last saw him alive on May 30 1940

Immediate cause of death	Duration
Pulmonary Tuberculosis	not stated
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benj. S. Hayden M. D.
Address 3114 Harford Road Date signed 6-1-40

F 69847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-D F 69847

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5th Balto. Gen. Hospital St. 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. (life) mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert Lee Knight

(a) Residence: No. 121 Key Highway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 12, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Copper Paint Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph Knight

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Carter

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date 6/3/40 19

19. UNDERTAKER Philip Henry Sons

(Address) 2024 Eutaw St

20. FILED JUN 1 - 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1940 to May 31, 1940

I last saw him alive on May 30, 1940 Death is said to have occurred on the date stated above, at 5:40 A m.

The principal cause of death and related causes of importance were as follows:

	Duration of attack
Lung abscess	

Other contributory causes of importance:

Was an operation performed? yes Date of (Apr 30, May 9)

For what disease or injury? Lung abscess (Bronchostomy)

Name of operation Bronchoscopy

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury?

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Samuel L. Fox M. D.

(Address) Balto Gen Hosp

OCCUPATION is very important. See instructions on back of certificate.

V0 2

56072 - RB

F 69848

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 69848

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
5-27
(d) Street No. 1719 Westwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Gardner

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Samuel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 23, 1890

8. AGE: Years	Months	Days	If less than one day
49	8	7	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name Samuel Ward
13. Birthplace Md.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Md.

16 (a) Informant Records
(b) Address Belto. City Hosps. 3rd

17 (a) Burial Mt Calvary (Burial, cremation, or removal) (b) Date thereof June 3rd 19 40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklandville

18 (a) Funeral director E O Wilson
(b) Address 1000 Brantley Ave Huntingtown Prince Georges, Md.

JUN 1 – 1940 (Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1940, at 4:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1940, to May 30 1940, and that I last saw h[er] alive on May 30 1940.

Immediate cause of death: Cerebral hemorrhage — Duration: 1 day

Due to

Due to

Other Conditions Hypertensive cardio-vascular disease — unknown.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J Murray Goldstein M. D.
Address Belto. City Hosp. Date signed 5-31-40

F 69849

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33-B

F 69849

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edmondson Ave
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 527 N. Vincent St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David Hudson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 10 1859

8. AGE: Years 80 Months Days 26 If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Nathaniel Hudson
13. Birthplace North Carolina

MOTHER
14. Maiden Name Basil Robertson
15. Birthplace Virginia

16 (a) Informant Burnis J. Robertson
(b) Address 527 N. Vincent St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1st 40 (month) (day) (year)
(c) Cemetery or crematory Early Lights Mem
Location Arundel Co. M 20

18 (a) Funeral director Elroy O Wilson
(b) Address 1900 W Lafayette Ave, Baltimore, Md.

19 JUN 1 - 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1940, at 4:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-23 1940, to 5-29 1940, and that I last saw h. alive on 5-27 1940.

	Duration
Immediate cause of death	
1 Carcinoma of Stomach	36 days
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Liebert M. D.
Address University Hospital Date signed 1940

VS 5

69850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69850 Registered No. 170-e

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs 40
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3419 Rockwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EUGENE COOK

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-3402

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1918

8. AGE: Years	Months	Days	If less than one day
22 ~~21~~	1	23 24	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Clerk — Reads

11. Industry or business

FATHER
12. Name Frank A. Cook
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Rose Jacob
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Rose Cook
(b) Address 3419 Rockwood Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3-1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Balto.

18 (a) Funeral director Jeannie Cook Sefer
(b) Address 1600 W. North Ave

19 (a) JUN 1 1940 (Date received by registrar) (b) Huntington Williamsville

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1940, at 9:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage, subdural	
Due to Laceration of brain	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 30th, 1940
(c) Where did injury occur? Reisterstown Rd, 1 mile above Pimlico (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? — (Specify type of place)
(e) Means of injury struck by auto while walking

23. Signature H. E. Pallenschen M.D. Medical Examiner.

Date signed 5-30-40

F 69851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64 V

Registered No. F 69851

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1814 Park Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1814 Park Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stanton Foote Helfrich

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months 2 | Days 28 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name George Helfrich

13. Birthplace Md - Hagerstown

MOTHER 14. Maiden Name Eleanor Foote

15. Birthplace Baltimore Md

16 (a) Informant Eleanor Helfrich

(b) Address 1814 Park Ave

17 (a) BURIAL (b) Date thereof June 1 1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory DRUID Ridge Cem

Location

18 (a) Funeral director John O. Mitchell & Sons

(b) Address 1900 Eutaw Place

Filed JUN 1 1940

VS 6

(Signature) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1940, at 7 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Hodgkins Lymphosarcoma

Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard Kelly M.D.
Medical Examiner.

Date signed 6/1/40

F 69852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E

Registered No. F 69852

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 521 E 22nd St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 E 22nd St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William C Heaton

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	married

6 (b) Name of husband or wife Irene M Heaton
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years	Months	Days	If less than one day
82	—	—	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Bookkeeper
11. Industry or business

FATHER
12. Name Dr. Vincent Heaton
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary Clark
15. Birthplace Baltimore Md

16 (a) Informant Mrs Irene Heaton
(b) Address 521 E 22nd St

17 (a) (Burial, cremation, or removal) (b) Date thereof Jun 1-1940 (Month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Mt. Pr.

18 (a) Funeral director Mary M Weedefeld
(b) Address 301 E 22nd St

19 (a) (Date filed by registrar) (b) Huntington Williams M.D. Registrar

JUN 1 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1940, at 6:45 P M

21. I certify that deceased died on the date above stated; that I attended deceased from March 27 1940, to 5/30/1940, and that I last saw h[illegible] alive on 5/30/1940.

Immediate cause of death: Myocardial Insufficiency — Duration 2½ mos
Due to: Arteriosclerosis — 2 yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings: —
Of operations:
Of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? —
(b) Date of occurrence? —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury? —

23. Signature Thomas J Hall M. D.
Address 532 E. 22nd St Date signed 5/31/40

F 69853 × F 69853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1470

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Inf
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 19 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Penn (b) County
(c) City or town Homestead (If outside city or town limits, write RURAL and give town)
(d) Street No. R F D #1 Box 519 (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Anna Chuba

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John Chuba
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 25, 1895

8. AGE: Years	Months	Days	If less than one day
45	2	26	— hr. — min.

9. Birthplace Bohemia Europe (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Szabados
13. Birthplace Austria

MOTHER
14. Maiden Name Elizabeth Nichols
15. Birthplace Austria

16 (a) Informant John Chuba
(b) Address Homestead, Penn R F D

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4/40 (month) (day) (year)
(c) Cemetery or crematory Bull Run, Pittsburgh Pa
Location "

18 (a) Funeral director Harry H. Witzke
(b) Address 4401 Edmondson Ave

JUN 2 – 1940 (Date rec'd by registrar) (Huntington Williams, M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 – 1 1940, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5 – 14 1940, to June 1 1940 and that I last saw h e alive on 6 – 1 – 1940.

Immediate cause of death	Duration
Broncho-pneumonia post-influ	one
Due to	
Due to	
Other Conditions Marked Emphysema	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Thomas Chuba Jr
Address Church Home Date signed 6/1/40 M.D.

VS 1

F 69854 HEALTH DEPARTMENT—CITY OF BALTIMORE F 69854

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen. Hosp. St. 24 Ward) 14

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 8 da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Dale Young

If U. S. Veteran specify WAR _____

(a) Residence: No. 231 E. Main St., _____ Ward Westminster Carroll Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of no

6. DATE OF BIRTH (month, day, year) Feb. 11, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
3	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Ralph

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Helen Fuller

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Ralph Young
(Address) Westminster

18. BURIAL, CREMATION, OR REMOVAL
Place Striders Cem. Date June 4 19 40

19. UNDERTAKER H. Bankard & Son
(Address) Westminster

20. FILED JUN 2 — 1940 19___ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from 5-20 1940 to 6-1 1940

I last saw h. alive on 6-1 1940 Death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	5-10-40
Other contributory causes of importance:	

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) R. Williams M. D.

(Address) So. Balto. Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 69855

Counts

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5/31 F 69855 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2436 McCulloh St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 12

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write RURAL and give town)
(d) Street No. 2436 McCulloh St (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME George Counts
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widow

6 (b) Name of husband or wife Alice Counts
6 (c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) July 11 1873

8. AGE: Years	Months	Days	If less than one day
66	10	20	..... hr. ..... min.

9. Birthplace Lexington S. C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace S. C.

MOTHER
14. Maiden Name Unknown
15. Birthplace S C

16 (a) Informant Catherine Hall
(b) Address 2436 McCulloh St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3-1940 (month) (day) (year)
(c) Cemetery or crematory Provident
Location South Carolina
18 (a) Funeral director Robert E. Williams
(b) Address 15 N McElderry St
19 (a) JUN 2 - 1940 (Date rec'd by registrar) (b) Huntington Hill, Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/31 19 40 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/24 19 40 to 5/31 19 40 and that I last saw him alive on 5-31 19 40.

Immediate cause of death Hypostatic Congestion of Left Lung - Cerebral Hemorrhage

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration 7 Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....
23. Signature [illegible] M. D.
Address 1 W Preston Date signed

F 69856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B

F 69856 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 15 E Eager St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 15 E Eager St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Pinkney Wetherall

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) ~~Single~~, ~~married~~, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 17 1868

8. AGE: Years	Months	Days	If less than one day
71	10	14	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER
12. Name John Hannan
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Emily Pinkney
15. Birthplace Baltimore Md

16 (a) Informant Mrs P Wetherall
(b) Address 15 E Eager St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-40 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Baltimore Md

18 (a) Funeral director H W Jenkins & Son Co.
(b) Address Orchard & Mt. Holly Sts

19 (a) JUN 2 1940 (Date) registered (b) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1st 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1935 to June 1 1940 and that I last saw him alive on May 31 1940

Immediate cause of death	Duration
Cancer of Bladder	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Cystoscopy
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury

23. Signature L R Wharton M. D.

Address 1201 N. Calvert St. Date signed June 1, 1940.

F 69857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69857 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Empire Laundry
(b) Street address Carey & Winchester Sts
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Don
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1327 Lanvale St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Negro	Married

6 (b) Name of husband or wife Mrs. Katie Jones

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1872

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Easton Shore Maryland
(Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business Laundry

FATHER
12. Name Thomas Jones
13. Birthplace Maryland

MOTHER
14. Maiden Name Emily Carey
15. Birthplace Md

16 (a) Informant Mrs. Jones
(b) Address 1327 N Lanvale

17 (a) Burial (b) Date thereof June 2, 1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Mt Auburn

18 (a) Funeral director Archibald A Geddis

(b) Address 214 Mc Culloh St

(Signature of registrar) Huntington Williams M.D.

JUN 2 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1940, at 12:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death — Duration

Coronary Occlusion — 10 Years

Due to Arteriosclerotic Cardio Vascular Renal

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William D Kelbert M.D.
Medical Examiner

Date signed 5/31/40 Investigator

69858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69858

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1814 N. Charles St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Gaskins (55965)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8, 1892

8. AGE: Years 48 | Months 2 | Days 23 | If less than one day ... hr. ... min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER
12. Name Oliver W. (D)
13. Birthplace Va.

MOTHER
14. Maiden Name Mattie W. Miller (D)
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/2/40 (month) (day) (year)
(c) Cemetery or crematory Portsmouth
Location Portsmouth Va

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St.

JUN 2 - 1940 (Date rec'd by registrar) (b) Interred in Williamsville MD (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31, 1940, at 9:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 26, 1940, to May 31, 1940, and that I last saw h im alive on May 31, 1940.

Immediate cause of death: Tuberculosis of the lungs — Duration: March 1940

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Olesar M. D.

Address Balto. City Hospitals Date signed 5-31-40

VS 3

F 69859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C F 69859

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2846 Huntingdon Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2846 Huntingdon Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME William John McKee

3 (b) If veteran, name war	3 (c) Social Security Account No. - NONE
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Dead
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 9-1852

8. AGE: Years	Months	Days	If less than one day
88	3	23½	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Stone Cutter
11. Industry or business Retired

FATHER
12. Name not known
13. Birthplace Ireland

MOTHER
14. Maiden Name not known
15. Birthplace Ireland

16 (a) Informant Mrs. Elizabeth Jackson
(b) Address 2846 Huntingdon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Woodlawn Md

18 (a) Funeral director William Cook
(b) Address 1240 St. Paul St

19 (a) JUN 2 1940 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1940, at 6.35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 29 1940, to June 1 1940, and that I last saw ~~him~~ alive on June 1 1940

Immediate cause of death	Duration
Cardiac insufficiency	5 hrs
Due to Senile degeneration	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roscoe G. Grossard M. D.
Address 2438 Maryland Ave Date signed 6-1-40

40664 - RB

69860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 113

Registered No. F 69860

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr., 4 mo., 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1807 E. Henneman Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Leonard Dobson

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 215-05-0239

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife ? Katherine Dobson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28, 1864 (1874)

8. AGE Years	Months	Days	If less than one day
76 - 64?	0	3	hr. min.

9. Birthplace ? Balto. Md.
(Town, county, and state)
10. Usual Occupation ? Foreman
11. Industry or business Anchor Post Fence

FATHER
12. Name Thomas James Dobson
13. Birthplace ? Md

MOTHER
14. Maiden Name Amelia Hudson
15. Birthplace ? Md

16 (a) Informant Records
(b) Address B.C.H.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/40 (month) (day) (year)
(c) Cemetery Balto.
Location Balto. Md.
18 (a) Funeral director Williams Cook
(b) Address 1217 St. Paul St
19 (c) JUN 2 - 1940 Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month) June 1 1940, at 4.39 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 6 1939, to June 1 1940, and that I last saw H alive on June 1 1940.

Immediate cause of death Cardiac failure

Due to Pulmonary Emphysema

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

Duration: unknown. unknown.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 6-1-40

F 69861

69861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 95-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 30 York Court St. 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Martha Adele Dodson

(a) Residence: No. 30 York Court St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced (or) WIFE of Edward Dodson

6. DATE OF BIRTH (month, day, year) April 15 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Stockton Delaware Va.

FATHER

13. NAME Robert John Cookasey

14. BIRTHPLACE (city or town) (State or country) Worcester Co. Md.

MOTHER

15. MAIDEN NAME Ann Smith

16. BIRTHPLACE (city or town) (State or country) Worcester Co. Maryland

17. INFORMANT Florence Powell
(Address) 30 York Ct.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 6/3 19 40

19. UNDERTAKER McCook & Woodall
(Address) 1214 Pennsylvania Ave

20. FILED ... 19 ... Registrar.

JUN 2 — 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-1- 1940

22. I HEREBY CERTIFY, That I attended deceased from April 1- 1926 to 6-1- 1940

I last saw h.... alive on 5-31- 1940 Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute dilatation of heart	5 months
Other contributory causes of importance:	
organic heart disease	Unknown

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of ...

What test confirmed diagnosis? B.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson Ave

GIVE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 69862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69862
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1620 E. Fort Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 E. Fort Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eva Wiggin
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Crosby S. Wiggin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21st 1903

8. AGE: Years	Months	Days	If less than one day
37	4	10	hr. min.

9. Birthplace New Jersey (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name George W. Wilhelm
13. Birthplace N. J.

MOTHER
14. Maiden Name Eva B. Fisher
15. Birthplace N. J.

16 (a) Informant Crosby S. Wiggin
(b) Address 1629 E. Fort Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4th 1940 (month) (day) (year)
(c) Cemetery or crematory Siloam Cem.
Location Pine Land N. J.

18 (a) Funeral director Charles F. Dill
(b) Address 1501 E. Fort Ave.

19 (a) [illegible] (Signature of registrar) Huntington Williams, M.D. Registrar

JUN 2 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1940, at 7P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said .. (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death	Duration
Hypertension & Obesity	
Due to Bronchitis & Hypostasis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner
Date signed 6/1/40

69863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

Registered No. E 69863

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3163 Lyndale Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3163 Lyndale Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nicholas Gluckstein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12th 1882

8. AGE: Years: 57 Months: 8 Days: 19 If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Gluckstein
13. Birthplace Md

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mrs. Small
(b) Address 3163 Lyndale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Leo G. Crook
(b) Address 1701-03 N. Path Park Ave

JUN 2 - 1940

(Date rec'd by Registrar) [illegible] Registrar, Baltimore, Md.

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1 1940 to May 31 1940 and that I last saw him alive on May 31 1940

Immediate cause of death	Duration
Due to Valvular Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Frahm M. D.

Address 1828 N. Howard St. Date signed 6/1/40

F 69864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-31-a

F 69864

Registered No. 54593 SD

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1800 Patapsco Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Mably Dobbins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 25, 1905

8. AGE: Years 34 | Months 7 | Days 6 26 | If less than one day ... hr. ... min.

9. Birthplace: Balto. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business: Home

FATHER

12. Name: William Tudor

13. Birthplace: Maryland

MOTHER

14. Maiden Name: Virginia Coghill

15. Birthplace: Virginia

16 (a) Informant: Records

(b) Address: Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-40 (month) (day) (year)

(c) Cemetery or crematory: Cedar Hill

Location: Annapolis Rd.

18 (a) Funeral director: J. J. McCurley

(b) Address: 130 E. Fort Ave.

19 (a) JUN 3 1940 (Date received by registrar) (b) Registrar: Huntington Willis Registrar

VS 3

MEDICAL CERTIFICATION

28. DATE OF DEATH: June 1 1940, at 7:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1940, to June 1 1940, and that I last saw h[illegible] alive on June 1 1940.

Immediate cause of death: Arteriolar nephrosclerosis — Duration between onset and death

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Scarred kidneys, enlarged heart.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: J. Monaghan Lukin M. D.

Address: Balto City Hosp Date signed 6-1-40

F 69865

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 123

F 69865 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution:
Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 80
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County U.S.A.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1805 Pennsylvania Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

14 23

3 (a) FULL NAME Reponsa Clements

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1912

8. AGE: Years	Months	Days	If less than one day
27	7	7	hr. min.

9. Birthplace South Carolina
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER — 12. Name	Roy Clement
13. Birthplace	South Carolina
MOTHER — 14. Maiden Name	Hattie Humbert
15. Birthplace	South Carolina

16 (a) Informant Hattie Clement
(b) Address 1805 Penna. Ave.
17 (a) Burial (b) Date thereof 6-2-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Balto. Co. Md.
18 (a) Funeral director Mrs. Geo. L. Holland
(b) Address 1684 Druid Hill Ave
19 (a) Date received by registrar JUN 2 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1940 at 9:50 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 2-10 1940, to 5-29 1940, and that I last saw her alive on 5-29 1940.

Immediate cause of death Toxemia
Due to Bilateral Ischio-rectal abscess
Due to (2) Multiple Rectal Fistulae
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Ischio Rectal abscess & fistulae
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature H. Brandon Phillips M. D.
Address 517 Division St Date signed 5/29/40

55632 - RB

F 69866

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D ✓

Registered No. F 69866

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1722 Highland Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Elizabeth Conklin

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widowed

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1856

8. AGE: Years	Months	Days	If less than one day
83	5	18	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Supported by sister-in-law

11. Industry or business

FATHER
12. Name Thomas Robinson (dead)
13. Birthplace Baltimore

MOTHER
14. Maiden Name Rosena Conklin (dead)
15. Birthplace ?

16 (a) Informant Records
(b) Address B.C.H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 JUN 2 1940 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1940, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1940, to May 31 1940, and that I last saw h.e. alive on May 31 1940

Immediate cause of death: Hypertensive Cardiovascular disease — Duration unknown

Due to

Due to

Other Conditions Generalized Arteriosclerosis — unknown.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Kolodkin M. D.
Address Balto City Hosp. Date signed 5-31-40.

VS 3

F 69867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-B

F 69867

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2560 Maryland Street (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Lula W. Jews

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	married

6 (b) Name of husband or wife Otis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14, 1899

8. AGE: Years	Months	Days	If less than one day
40	9	16	hr. min.

9. Birthplace Dorchester Co. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name David Wingus

13. Birthplace Dorchester Co. Md

MOTHER 14. Maiden Name Sophia Benard

15. Birthplace Dorchester Co. Md

16 (a) Informant Charles Wingus

(b) Address 402 N. Stricker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion Cem

Location Balto Md.

18 (a) Funeral director Mrs. Geo. H. Holland

(b) Address 1631 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

JUN 2 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1940, at 10:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1940, to May 30 1940, and that I last saw h[illegible] alive on May 30 1940.

Immediate cause of death	Duration
Post-operative Shock	10 hrs.
Due to Sepsis - vaginal	
Hysterectomy	
Due to Uterine fibroids	3 yrs.
Other Conditions Hypertension	
Cardio-Vascular Disease	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Uterine fibroids

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leo J. Gover M. D.

Address University Hospital Date signed 6/3/40

F 69868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

98 ✓

F 69868 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2203 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Alice Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Charles
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 13, 1857

8. AGE: Years	Months	Days	If less than one day
83	1	14	hr. min.

9. Birthplace Washington, Georgia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles Lewis
13. Birthplace Washington, Georgia

MOTHER
14. Maiden Name Ellen Hines
15. Birthplace Washington Georgia

16 (a) Informant Mrs. Julia L. Coakley
(b) Address 1407 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-40 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem Park
Location Balto Co. Md.

18 (a) Funeral director Wm. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) JUN 3 1940 (Date received by registrar) (b) Thomas Worthington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-31- 1940, at 10.10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-29-1940 to 5-31-1940 and that I last saw her alive on 5-31-1940.

Immediate cause of death Gangrene of Rt foot. — Duration 2 wks?
Due to Arterio-sclerosis. — ?
Due to —
Other Conditions Hypostatic Pneumonia, Pulmonary Congestion
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide /
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. F. Maloney M.D.
Address Provident Hospital Date signed 5/31/40

F 69869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 69869

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Sparrows Pt. (If outside city or town limits, write RURAL and give town)
(d) Street No. 908 - 4th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME mr. william J Dockill (Dookrill)

3 (b) If veteran, name war: —
3 (c) Social Security Account No. 213-07-1781

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
M	W	

6 (b) Name of husband or wife: Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov 9 - 1878

8. AGE: Years	Months	Days	If less than one day
61	6	21/22	hr. min.

9. Birthplace: Canada (Town, county, and state)
10. Usual Occupation: Heater of Rod-Mill
11. Industry or business: Sparrows Pt & Co.

FATHER
12. Name: Robt Brim
13. Birthplace: Canada

MOTHER
14. Maiden Name: — Smith
15. Birthplace: Canada

16 (a) Informant: Mary Dockrill
(b) Address: 908 4th St. Sparrows Pt

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/40 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Baltimore Md

18 (a) Funeral director: J. J. Moran
(b) Address: 3004 Eastern Ave.

Filed JUN 1940 (Month) (Day) (Year) Washington Billingsley, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 - 1940 at 3 22 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-18- 1940, to 5-31- 1940 and that I last saw him alive on 5-30- 1940

Immediate cause of death: Hypertensive Cardio-vascular disease — Duration: 1 yr.
Due to: Arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McClafferty M. D.
Address Bon Secours Hosp. Date signed 5 30 -40

F 69870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 69870 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address or location In front of 1226 Maryland Ave
(c) Hospital or institution: D. A. Mann Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 114 E. 21st St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Bartlett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 16, 1880

8. AGE: Years 59 | Months 5 | Days 16 19 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business Marine

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/40 (month) (day) (year)

(c) Cemetery or crematory Bal. Cathedral

Location Balto. City.

18 (a) Funeral director Jo. Kerman Lessmann

(b) Address 4611 Park Heights Av.

JUN 2 - 1940 (Date rec'd by registrar)

19 [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1940 at 2 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ... death on the day stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner

Date signed 6/1/40

F 69871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89-D F 69871 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Linear St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Murray.

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife: Delia Burke Murray
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): unknown

8. AGE: Years	Months	Days	If less than one day
75	-	-	hr. min.

9. Birthplace Ireland. (Town, county, and state)
10. Usual Occupation Retired City Employ.
11. Industry or business

FATHER
12. Name James Murray.
13. Birthplace Ireland.

MOTHER
14. Maiden Name Nora Byrne.
15. Birthplace Ireland.

16 (a) Informant Mrs. Wm. L. Doxen
(b) Address 410 E. 29th St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 6/2/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral.
Location Balto. City.

18 (a) Funeral director Lakeman Lemmon
(b) Address 4611 Park Heights

M 2 — 1940 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1940, at 7 08 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1940, to May 31 1940, and that I last saw h[illegible] alive on May 31 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings: Of operations Hypertension

Of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Kilmenson M. D.
Address St. Joseph's Hosp. Date signed 5-31-40

F 60872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-D Registered No.

F 60872

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: University Hospital
(c) Hospital or institution: Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifelong

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Howard
(c) City or town Ellicott City
(If outside city or town limits, write RURAL and give town)
Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mrs Irene Isaacs

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Charles W. Isaacs
6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) 12, 1903

8. AGE: Years	Months	Days	If less than one day
36	6	12	____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or Business

FATHER
12. Name George Cross
13. Birthplace Maryland

MOTHER
14. Maiden Name Sadie Sullivan
15. Birthplace Maryland.

16 (a) Informant Charles Isaacs
(b) Address Ellicott City

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof June 3, 1940 (month) (day) (year)
(c) Cemetery or crematory St Johns Cem.
Location Ellicott City

18 (a) Funeral director Easton Sons
(b) Address Ellicott City.

19 (a) Date received 1940 (b) Registrar Hamilton H. Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1940, at 10:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/12 1940, to 5/31 1940, and that I last saw him alive on 5/31 1940.

Immediate cause of death	Duration
Multiple adenosis	3 mos
Hypostatic pneumonia	?
Due to	
Due to	
Other Conditions Pyelitis	Long.

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature J. B. Nuttall M. D.
Address University Hosp. Date signed 6/21/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

69873 CERTIFICATE OF DEATH F 69873

1. PLACE OF DEATH West Balto Gen. Hosp 33-B

Registered No.

CITY OF BALTIMORE: (No.) St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruth S. Fressman 15

If U. S. Veteran specify WAR

(a) Residence: No. 2615 Shirley Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 30, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Aron Fressman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Anna White

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Brother

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Rosedale Date 6/2/40

19. UNDERTAKER Jack Lefkowitz Inc

(Address) 1439 E. Balto St.

20. JUN 2 - 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 6 1940 to June 2 1940

I last saw her alive on June 1 1940 Death is said to have occurred on the date stated above, at 2.32 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	
Para-influenzal?	
Other contributory causes of importance: Coagulated S. D. Patient intravenated Sp. tan. Compensated.	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? LP Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. Sheat M. D.

(Address) W.B.G.H.

OCCUPATION is very important. See instructions on back of certificate.

F 69874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126

F 69874 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2413 Ken Oak Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME William H. Wilhelm

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife: Frances Frederick
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Aug 3 1867

8. AGE: Years	Months	Days	If less than one day
72	98	29	hr. min.

9. Birthplace Balto. Co., Md. (Town, county, and state)
10. Usual Occupation Teacher
11. Industry or business

FATHER
12. Name Joshua Wilhelm
13. Birthplace Balto. Co., Md.

MOTHER
14. Maiden Name Elizabeth Zenetzer
15. Birthplace Balto. Co. Md

16 (a) Informant Mrs. W. H. Wilhelm
(b) Address 2413 Ken Oak Rd. Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3 1940 (month) (day) (year)
(c) Cemetery or crematory Weisberg
Location Weisberg, Balto Co., Md.

18 (a) Funeral director Landon M. Bispham
(b) Address Sparks, Md.

19 (a) JUN 2 1940 (Date rec'd by registrar) (b) [illegible] Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1940, at 4:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/28 1940 to 6/2 1940, and that I last saw h[illegible] alive on 6/2 1940.

Immediate cause of death: Acute Cholecystitis & Lithiasis — Duration:
Due to: Myocardial Failure — Duration: 1 day
Due to: Circulatory Collapse
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations: Same
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Frederick Johnston Jr. M. D.
Address Md General Hospital Date signed 6/2/40

F 69875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3-B

F 69875 Registered No.

Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 403 N. Chester st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 403 N. Chester st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma F. Hadley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 27, 1891

8. AGE: Years	Months	Days	If less than one day
48	7	54	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Louis Hadley
13. Birthplace Bohemia

MOTHER
14. Maiden Name Catherine Braber
15. Birthplace Bohemia

16 (a) Informant Mrs. John Killian
(b) Address 405 N. Chester st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Frank Grace & Son
(b) Address 1906 Eastern Ave

19 (a) JUN 2 - 1940 (Date rec'd by registrar) (b) Washington Hill Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1940 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 14 1940 to June 1 1940, and that I last saw h alive on June 1 1940.

Immediate cause of death
Acute fulminating T.B.
Pulmonary Tuberculosis
Due to
Due to Pulmonary Abscess

Duration
4 Mo
1 Day

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Fulminating T.B.
on X Ray
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Cook
Address 2530 E Baltimore Date signed 6/2/40 (M. D.)

Dr Cook 2530 E. Baltimore st

F 69876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69876 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4518 Harford Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4518 Harford Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George M. Eckman

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	NONE

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Emma C. Eckman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 21st 1877

8. AGE: Years	Months	Days	If less than one day
63	4	10	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business City of Balto

FATHER
12. Name Adam Eckman
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Sarah A. Loflin
15. Birthplace Balto Md.

16 (a) Informant Mrs Mardie Reasman
(b) Address 3 Manor Place - Raspeburg

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Filed JUN 3 1940 (b) Registrar Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1st 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1937 to June 1 1940, and that I last saw him alive on May 31 1940

Immediate cause of death Chronic Myocarditis — Duration 2 years
Due to Hypertension — 5 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. W. Peake M. D.
Address 4506 Harford Rd Date signed 6-2-40

F 69877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 69877 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 811 Winston Ave

(c) Hospital or institution:

Church Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days

(e) Length of stay in Baltimore (yrs., mos., or days) 66

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore ?

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 811 Winston Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME George Washington Evans

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	213-03-2705	M	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 2, 1874

8. AGE: Years	Months	Days	If less than one day
66	5	-	hr. min.

9. Birthplace Canton, Baltimore City, Maryland (Town, county, and state)

10. Usual Occupation Editor

11. Industry or business Newspaper

FATHER

12. Name Frederick Evans

13. Birthplace Wales

MOTHER

14. Maiden Name Harriet William

15. Birthplace Wales

16 (a) Informant Isabella Culp Evans

(b) Address 811 Winston Ave

17 (a) Burial (Burial, ~~cremation, removal~~) (b) Date thereof 6/4/40 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Presbyterian

Location Govans

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

19 (a) JUN 3 - 1940 (Date rec'd by Registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2nd 1940, at 2:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 28th 1940, to June 2 1940, and that I last saw h[im] alive on June 2 1940.

Immediate cause of death Generalized metastasis

Due to Ruptured Carcinoma 3 Caecum

Due to

Other Conditions Metastases to liver

(Include pregnancy within 3 months of death)

Major findings:

Of operations Adeno-Carcinoma of Caecum

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W Lehman Gaylor M. D.

Address Church Home & Hosp Date signed June 3, 1940

VS 3

69878

HEALTH DEPARTMENT—CITY OF BALTIMORE

69878

CERTIFICATE OF DEATH

V 83-a

1. PLACE OF DEATH Edgewood Sanitarium

CITY OF BALTIMORE: (No.) 6000 Bellona Ave St., 93 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 40 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Rosa Schindler

(a) Residence: No. 706 Melville Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alois Schindler

6. DATE OF BIRTH (month, day, year) Aug 29/64

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	9	01	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Anthony ...

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Nathan ...

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Alois Schindler

(Address) 402 E. Lorraine Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date June 3 1940

19. UNDERTAKER Albert W. Bureau

(Address) 440 E. North Ave.

20. FILED ... 19... Hattie Lee Williams, Mgr.

JUN 3 - 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30 1940

22. I HEREBY CERTIFY, That I attended deceased from May 10 1940 to May 30 1940

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 9:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 4/40
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H W Wheaton M. D.

(Address) 4809 York Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 69879 LB 56059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69879 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 Orleans St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Spady

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	widowed

6 (b) Name of husband or wife Nelson (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/30/1886

8. AGE: Years	Months	Days	If less than one day
54	0	1	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name William Wilson (d)
13. Birthplace Va.

MOTHER
14. Maiden Name World (?)
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 6/3/40 (month) (day or yr.)
(c) Cemetery or crematory Mt Calvary
Location 9 & Md

18 (a) Funeral director Williams & Parkson
(b) Address 916 Penna Ave

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 3 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-31 1940, at 4:15 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-29 1940, to 5-31 1940, and that I last saw her alive on 5-31 1940.

Immediate cause of death	Duration
Carcinoma Breast with metastases	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R Kurbadwood Jr. M. D.
Address Balto City Hosp. Date signed 5-31-40

F 69880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 69880 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 12 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days): Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County: Balto
(c) City or town: Pikesville (If outside city or town limits, write RURAL and give town)
(d) Street No.: Reisterstown Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME: Edward Leonard WHALEY

3 (b) If veteran, name war: WW
3 (c) Social Security Account No.: 213-03-8402

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Pearl Bowersox
6 (c) If alive, give age: 50 years
7. Birth date of deceased (mo., day, yr.): Nov. 24, 1890
8. AGE: Years: 49 Months: 6 Days: 8 If less than one day: ... hr. ... min.
9. Birthplace: Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation: Salesman
11. Industry or business: Allenson Co.

FATHER
12. Name: James. E. Whaley
13. Birthplace: (Unknown)

MOTHER
14. Maiden Name: Ida A. Miller
15. Birthplace: (Unknown)

16 (a) Informant: Records-U. S. Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5, 1940 (month) (day) (year)
(c) Cemetery or crematory: Sinai Chapel Cem.
Location: Pikesville, Md.

18 (a) Funeral director: Wm. Berryman & Sons
(b) Address: Reisterstown, Md.

JUN 3 - 1940 (Date received by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 2, 1940, at 1:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1, 1940 to June 2 1940, and that I last saw him alive on June 2, 1940.

Immediate cause of death	Duration
Cerebral hemorrhage, rt.	12 hr.
Due to Arterial hypertension	Unknown
Due to General arteriosclerosis	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Spinal Puncture
Of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: O. E. Denney M. D.
Address: U.S. Marine Hospital, Baltimore, Maryland. Date signed: 6/3/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

69881 HEALTH DEPARTMENT—CITY OF BALTIMORE 69881

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W. Balt. Gen'l Hospital Ward) Registered No.

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mr. George March

If U. S. Veteran specify WAR

(a) Residence: No. 1117 Ashburton St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs Bertha March

6. DATE OF BIRTH (month, day, year) July 4, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret. 2 years

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER

13. NAME George March

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Cecile Murray

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Bertha P. March

(Address) 1117 Ashburton Street

18. BURIAL, ~~CREMATION, REMOVAL~~

Place Woodlawn Cemetery Date 6/3/40, 19..

19. UNDERTAKER Wm. J. Tigkner & Sons.

(Address) North & Pa. Avenues

20. FILED JUN 3 - 1940, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-31-40

22. I HEREBY CERTIFY, That I attended deceased from 5-25, 1940 to 5-31, 1940

I last saw h~~im~~/her alive on 5-21, 1940 Death is said to have occurred on the date stated above, at 12 55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchogenic CA.	Dec 39
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Isadore Schey, M. D.

(Address) West Balto. Gen. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 69882

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69882

CERTIFICATE OF DEATH

S.S.O.B.-214-01-4100

1. PLACE OF DEATH Presbyterian Eye, Ear, Throat Hosp. Registered No.

CITY OF BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 8 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR.

2. FULL NAME William H. Allen

(a) Residence: No. 312 Ilchester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Sept 14 1886

7. AGE: Years 53 | Months 8 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Faulkner Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto.

FATHER

13. NAME: Wm H. Allen

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Mary Gordon

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Miss Mary E. Coster (Address) 3207 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL: Place London Park Date June 3 1940

19. UNDERTAKER: Wm Fiedler Sons (Address) 1001 Park Ave

JUN 3 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 31, 1940

22. I HEREBY CERTIFY, That I attended deceased from 4-8, 1940 to 5-31, 1940

I last saw h alive on 5-31, 1940 Death is said to have occurred on the date stated above, at 3:14 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Zygomatic Mastoiditis c	4-6
Facial cellulitis	
Diabetes mellitus	?
Other contributory causes of importance:	
Spinal Meningitis	5-29
Diabetic Coma	5-29

Was an operation performed? yes Date of 4-13-40

For what disease or injury? Mastoiditis, acute

Name of operation Mastoidectomy Date of 4-13

What test confirmed diagnosis? Clinic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Francis J. Januszeski M. D.

(Address) Presbyterian Eye, Ear & Throat Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

69883 HEALTH DEPARTMENT—CITY OF BALTIMORE 69883

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Home for Incurables St., 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 9 mos. 20 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Wright Pitts

If U. S. Veteran specify WAR

(a) Residence: No. Home for Incurables St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
(or) WIFE of John Williams Pitts

6. DATE OF BIRTH (month, day, year) Dec. 26, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	2	6 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) 1922

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Mississippi

FATHER

13. NAME James Tipton Wright

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME Rachel Hunterburg

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT Mrs. The Kiah. Donovan

(Address) 287 Whitefield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 3 1940

19. UNDERTAKER Wm. Fick Sons

(Address) Govans Pa

Registered JUN 3 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1st 1940

22. I HEREBY CERTIFY, That I attended deceased from February 1st 1938 to June 1st 1940

I last saw h alive on May 31st 1940 Death is said to have occurred on the date stated above, at 12th p.m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Hypertensive Cardio Vascular Disease	Unknown
Myocardial Insufficiency	May 1940
Chronic Bronchitis & Emphysema	Unknown
Widespread Arthritis deformans	1933
Other contributory causes of importance: Terminal Bronchopneumonia	May 1940

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Cerroll M. D.

(Address) 11 E. Chase St. Baltimore Md.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Hunterglen Cemetery

F 69884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 69884 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3602 Howard Park Avenue.
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ---
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 3602 Howard Park Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME John Christopher Erb

3 (b) If veteran, name war ---
3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Katherine Erb
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 19-1855

8. AGE: Years	Months	Days	If less than one day
84	6	12	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Christopher Erb
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. George A. Kammerer
(b) Address 3602 Howard Park Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4-1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.

JUN 3 - 1940 (Date received by Registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1st 1940, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 28 1939, to June 1st 1940, and that I last saw h[illegible] alive on May 31 1940.

Immediate cause of death	Duration
1. Cerebral Sclerosis	2
Heart Disease	
Due to: Generalized Sclerosis	2
Due to:	
Other Conditions: Chronic Prostate	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy No.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ford F. Chambers M. D.
Address 4108 Liberty Hts Date signed 6/1/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 69885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 69885 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1715 Brunt St (If rural give location)
(e) If foreign born, how long in U. S. A.? Years.

3 (a) FULL NAME WILLIAM HENRY JOHNSON

3 (b) If veteran, name war WW

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Viola Cornish

6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1895

8. AGE: Years 44 | Months 8 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace Road River, Maryland (Town, county, and state)

10. Usual Occupation Shoemaker

11. Industry or business Shoe mamufacturing

FATHER
12. Name William Johnson
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Harriet Gassaway,
15. Birthplace Road River, Maryland.

16 (a) Informant Records-U. S. Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3 40 (month) (day) (year)
(c) Cemetery or crematory Balto National Cem
Location Balto Md

18 (a) Funeral director Isaiah L Brownlow
(b) Address 1080 Montgomery St

19 (a) (Date received by Registrar) JUN 5 1940 (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30, 1940 at 3:45A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 22, 1940 to May 30, 1940 and that I last saw him alive on May 30, 1940.

	Duration
Immediate cause of death: Toxemia	Unknown
Due to Cavitation and abscess of lung	Unknown
Due to Pulmonary tuberculosis, bilateral	Unknown
Other Conditions Caseous tuberculosis of the lymphnodes and prostate (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations None
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature O. E. Denney, M. D.
Address U.S. Marine Hospital, Baltimore, Maryland. Date signed 5/31/40

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

69886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

F 69886

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore Balto. County
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1323 Turner Station
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Floyd Scott

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-0450

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Fizzie Scott

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15 - 1905

8. AGE: Years	Months	Days	If less than one day
35	4	15	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James Scott
13. Birthplace Virginia

MOTHER
14. Maiden Name Susie Jackson
15. Birthplace Virginia

16 (a) Informant Fizzie Scott
(b) Address Turner Station

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-40 (month) (day) (year)

(c) Cemetery or crematory
Location Elmwood Memorial Co. Inc.

18 (a) Funeral director Frank W. Chase & Son
(b) Address 628 N. Eutaw St.

19 (a) (b) registrar Huntington Williams, M.D.

JUN 3 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-2- 1940, at 7:30 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said Autopsy & Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Shock	
Due to 1st 2nd 3rd burns burns	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6-1-40
(c) Where did injury occur? Sparrows Point Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial Plant (Specify type of place) While at work? Yes
(e) Means of injury Burned by hot slag

23. Signature Howard J. Mahoney M.D.
Medical Examiner.
Date signed 6-2-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69887 10308-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91-A

F 69887 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3yr.6mo.13das.
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 502 S. Oldham St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 37 years

3 (a) FULL NAME Tony Chermas (Chetmas)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Greece (Town, county, and state)
10. Usual Occupation odd jobs
11. Industry or business

FATHER
12. Name George
13. Birthplace Greece

MOTHER
14. Maiden Name Eugenia
15. Birthplace Greece

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Near Baltimore Md

18 (a) Funeral director John R. Byers
(b) Address Westminster, Md.

19 (a) (Date first viewed) (b) Identified by (Signature, relationship, or title)

JUN 3 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1940, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 19 1936 to May 31 1940, and that I last saw him alive on May 31 1940.

Immediate cause of death: Subacute Bacterial endocarditis — Duration: 3 months

Due to:

Due to:

Other Conditions Cerebral thrombosis — 3½ years.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy Bacterial endocarditis of aortic valve

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 6-1-40.

F 69888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 69888 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 505 n Wolfe St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 505 n Wolfe St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Max Caplan

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Rebecca
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business None

FATHER
12. Name Morris Caplan
13. Birthplace Russia

MOTHER
14. Maiden Name Rushe
15. Birthplace Russia

16 (a) Informant Meyer Caplan
(b) Address 505 n Wolfe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/40 (month) (day) (year)
(c) Cemetery or crematory Bnai Israel
Location Southern ave

18 (a) Funeral director Sol Levinson Bros
(b) Address 1124-26 W North ave.

JUN 3 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1940, at 11 20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1940, to June 2 1940, and that I last saw him alive on June 2 1940.

Immediate cause of death	Duration
Cerebral apoplexy	4 days
Ruptured blood vessel	
Due to Arterio-Sclerosis	Years
Due to	
Other Conditions Hypertrophic Prostate	2 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature A. F. Ries M. D.
Address 24 S. Bway Date signed June 3/40

F 69889

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69889

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Balto Gen. Hosp. ✓94-W Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto Md St. 18 Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME George Walther If U. S. Veteran specify WAR _____

(a) Residence: No. 825 W. Lexington St. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. Color or Race: W
5. Single, Married, Widowed, or Divorced (write the word): M

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of >

6. DATE OF BIRTH (month, day, year): Oct 3, 1875

7. AGE: Years 64 | Months 7 | Days 28 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Storekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Stall in Market
10. Date deceased last worked at this occupation (month and year): _____
11. Total time (years) spent in this occupation: _____

12. BIRTHPLACE (city or town) (State or country): Balto, Md.

FATHER
13. NAME: Frederick Walther
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Alice Isbell
16. BIRTHPLACE (city or town) (State or country): Balto, Md

17. INFORMANT: Brother (Address) 517 Poplar Grove.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date June 4th 1940

19. UNDERTAKER: Charles C. Powell (Address) 24 S. Edmondson Ave.

FILED JUN 3 — 1940 _____, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1940 to June 1, 1940

I last saw him alive on June 1, 1940. Death is said to have occurred on the date stated above, at 6:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Artery Disease	
Acute Coronary Infarction	
Other contributory causes of importance:	

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) W. Shear, M. D.

(Address) 1702 E.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

69890 56035 - RB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 69890 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2317 Division St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Henderson (Hendeson)

3 (b) If veteran, name war

3 (c) Social Security Account No. 2152-10-0850

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Clara (dead)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1877

8. AGE: Years 62 | Months 10 | Days 4 | If less than one day: hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Crusoe Henderson (dead)
13. Birthplace Virginia

MOTHER
14. Maiden Name Ann Jones (dead)
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Cedar Hill

18 (a) Funeral director J. Brooks
(b) Address 1463 N. Carey St

19 (a) (Date received by registrar) (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-1 1940, at 5:40 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-28 1940, to 6-1 1940, and that I last saw h[illegible] alive on 6-1 1940.

Immediate cause of death: Carcinoma stomach with metastases — Duration: 2

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lawrence R. Gellert Jr.
Address Balto. City Hosp. Date signed 6/1/40 M. D.

F 69891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 9420

F 69891

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 317 So Callington Ave
(c) Hospital or institution: D.O.A. Johns Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 317 So Callington St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank J. Sijeski (Lijewski)

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-6714

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M.

6 (b) Name of husband or wife Josephine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/18/1888

8. AGE: Years	Months	Days	If less than one day
51	7	14	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Printer
11. Industry or business B & O. R.R.

FATHER
12. Name John Lijewski
13. Birthplace Poland

MOTHER
14. Maiden Name Frances
15. Birthplace Poland

16 (a) Informant Josephine Lijeska
(b) Address 317 S. Collington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location O'Donnell St East

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 2007 Eastern Ave.

19 (a) (Date received by registrar) (b) Huntington, Illinois H.P.

JUN 3 1940
VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1940 at 7.30 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Vandetuft M.D.
Medical Examiner.
Date signed 6/1/40

Physicians: please write the causes of death clearly and legibly. Statements of conditions, not diseases, will not be accepted. Indefinite or unknown terms, such as "heart failure," "old age," "senility," "exhaustion," should not be used. Any statement of duration, correct age is especially important.

F 69892 F 69892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 801 E Chase St
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) 80 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 801 E. Chase St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Thomas L. Manning

3 (b) If veteran, name war: Non

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Hannah Manning (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 15 1860

8. AGE: Years 80 | Months 1 | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired Stable Foreman

11. Industry or business Machine Bill Foundry

FATHER
12. Name Malachi Manning
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary McCafferty
15. Birthplace Ireland

16 (a) Informant Mr. James Manning
(b) Address 1107 Forest St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4 1940 (month) (day) (year)
(c) Cemetery or crematory Mem. Cathedral Cem.
Location 4300 Old Frederick Rd

18 (a) Funeral director Elmer W. Conkling & Son
(b) Address 924 E. Fayette St Baltimore, Md.

(a) ..... (b) .....
(Date received by registrar) Registrar

JUN 3 – 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1940 to May 29 1940, and that I last saw him alive on May 29 1940.

Immediate cause of death	Duration
Acute Pulmonary Edema	
Acute Coronary Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(d) Means of injury .....

23. Signature A. L. Hornstein M. D.
Address 733 Asquith St Date signed 6/3/40

I certify that I have personally examined the body of the deceased person named above, and that I pronounced life extinct at the time stated above. The cause of death and other particulars are correctly stated to the best of my knowledge and belief. Physicians: please write the causes of death clearly and legibly. Underlining, where called for, is especially important.

F 69893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69893 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison ave & Eutaw
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 101 E. Mt. Royal Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Willard McC. Canby Hillegeist (Willard McC. Hillegeist)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Lillian H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-26-1888

8. AGE: Years	Months	Days	If less than one day
51	6	26	hr. min.

9. Birthplace Baltimore (Town, county, and state) ADMINISTRATIVE

10. Usual Occupation Director of Clinic.

11. Industry or business Univ. of Md.

FATHER 12. Name Henry L. Hillegeist

13. Birthplace Washington D.C.

MOTHER 14. Maiden Name Caroline McCanby

15. Birthplace Galt, Md.

16 (a) Informant Mrs. Lillian H. Hillegeist

(b) Address 3 Pine Apts.

17 (a) Disposition (Burial, cremation, or removal) (b) Date thereof June 5/40 (month) (day) (year)

(c) Cemetery or crematory Green Mount

Location Balto. Md.

18 (a) Funeral director John Oneale Sons

(b) Address 1900 Eutaw Place

19. JUN 3 - 1940 (Date Rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-2 1940 at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-30 1940 to 6-2 1940 and that I last saw her alive on 6-2 1940

Immediate cause of death Cerebral hemorrhage — Duration 3 days

Due to Rupture of aneurism — Duration 3 days

Due to Hypertension — Duration ?

Other Conditions Had slipped and fallen with fractured [illegible]

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Frederick Johnston Jr. M. D.

Address Md General Hospital Date signed 6/2/40

VS 2

F 69894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-D

F 69894 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1744 Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1744 Park Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Edwin Banks (GEORGE EDWIN BANKS)

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 212-01-2012

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Marietta Banks

6 (c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): Sept. 3, 1879

8. AGE: Years 60 | Months 8 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Salesman

11. Industry or business: Glass

FATHER
12. Name: George W. Banks
13. Birthplace: Hampton, Virginia

MOTHER
14. Maiden Name: Sally Todd
15. Birthplace: Petersburg, Virginia

16 (a) Informant: Geo E. Banks, Jr.
(b) Address: 843 Brunswood Rd Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 4/40 (month) (day) (year)
(c) Cemetery or crematory: David Ridge
Location: Pikesville, Md

18 (a) Funeral director: John A. Mitchell & Sons
(b) Address: 1400 Eutaw Place

19 (a) JUN 3 - 1940 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1940, at 2:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-30 1940, to 6-2 1940 and that I last saw h IM alive on 6-1 1940.

Immediate cause of death: Broncho-pneumonia bilateral — Duration: 2 days.
Due to: terminal state
Due to: Metastic Carcinoma of Rectum — Duration: 1 yr
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

29. Signature: H. L. Brantigan, M.D.
Address: 104 W. Madison St Date signed: 6-2-40

F 69895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 69895

1. PLACE OF DEATH: Pronounced dead at
(a) Baltimore City, ~~Maryland~~ Balto. City Hospitals
(b) Street address Turner's Station
(c) Hospital or institution Old Mill Tavern
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Sollers Station —
(If outside city or town limits, write RURAL and give town)
(d) Street No. Near Turner's Corner —
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Lawrence Orr Wright

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Betty Wright

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Sept 1883

8. AGE: Years 56 | Months 9 | Days | If less than one day hr. min.

9. Birthplace South Carolina —
(Town, county, and state)

10. Usual Occupation Engineer
11. Industry or business Bethlehem Steel

FATHER
12. Name Henry Wright
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Mary Dillard
15. Birthplace South Carolina

16 (a) Informant Betty Wright
(b) Address Sollers Station

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4/1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn —
Location Colgate Md —

18 (a) Funeral director John Ulbrich
(b) Address 2008 Orleans St

19 JUN 3 — 1940 (Date rec'd by) (Huntington Williams, M.D.) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1940, at 9:50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration, 10 min.

Due to .....

Due to .....

Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Wallace L. Richards M.D.
Medical Examiner.
Date signed June 3, 1940 Huntington

Please write plainly, with pen and ink, and avoid abbreviations. Use no ditto marks. Be sure that the information is complete and correct. Do not omit any requested information. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

69896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-D

F 69896

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2630 Hudson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME VERONICA WANIEWSKI

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Stanislaus Waniewski

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 892

8. AGE: Years 48 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace HSW Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business own home

MOTHER - FATHER

12. Name Unknown

13. Birthplace Poland

14. Maiden Name Unknown

15. Birthplace Poland

16 (a) Informant Daughter Helen Kreecner

(b) Address 929 Fell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-40 (month) (day) (year)

(c) Cemetery or crematory St. Stanislaus

Location Baltimore Md.

18 (a) Funeral director George R. Weber

(b) Address 705 S Ann st

19 JUN 3-1940 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1940, at 4.25 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Hemorrhage, pulmonary	
Due to Tuberculosis, pulmonary chronic acute	
Due to	
Other Conditions Rheumatic arthritis (Include pregnancy within 3 months of death)	3 yrs.

Major findings:
Of operations no
Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. R. Weber M.D. Medical Examiner.

Date signed 6-2-40

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

69897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-B F 69897 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 37

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2232 N. Monroe St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 37 years

3 (a) FULL NAME Israel Snyder.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Separated.

6 (b) Name of husband or wife Ida Snyder.

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) ? 1886

8. AGE: Years 54 | Months — | Days — | If less than one day — hr. — min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Tailor.

11. Industry or business Own Shop.

FATHER
12. Name Leiba Snyder
13. Birthplace Russia

MOTHER
14. Maiden Name Ida Snyder
15. Birthplace Russia.

16 (a) Informant Mrs. Anna Schwartz
(b) Address 5918 York Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-40 (month) (day) (year)

(c) Cemetery or crematory Herring Run
Location Beth Jacob

18 (a) Funeral director Jack Lewis Inc
Address 1439 E. Balto St

19 (a) JUN 3 1940 (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1940 at 8:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/13 1940 to 6/3 1940; and that I last saw him alive on 6/2 1940.

Immediate cause of death	Duration
Resp. Failure.	
Due to Asthma. Bronchial Bronchitis Chronic	8 yrs 8 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Klemmer M.D. M. D.

Address Church Home & Inf. Date signed 6/3/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VE 8

56150 - RB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-0 F 69898 Registered No.

69898

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 811 N. Arlington Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Victoria Simpson

3 (b) If veteran, name war	3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Divorced

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/8/1900

8. AGE: Years	Months	Days	If less than one day
39	5	24	hr. min.

9. Birthplace Penna. (Town, county, and state)
10. Usual Occupation Supported by Mother
11. Industry or business

FATHER
12. Name Joel Dickerson (dead)
13. Birthplace Virginia

MOTHER
14. Maiden Name Aqualla Simmons (dead)
15. Birthplace Unknown

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. Cad. A. Holland
(b) Address 1631 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 3 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 2 1940, at 5:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6 - 1 1940 to 6 - 2 1940, and that I last saw her alive on 6 - 1 1940.

Immediate cause of death	Duration
Pneumonia Lobar	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto city Hosp. Date signed 6 - 2 - 40

correct age is especially important. Physicians, please write the cause of death clearly and legibly.

69899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 69899 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. ~~yrs.~~ mos., ~~dys.~~ 2mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 521 N. Schroeder St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 yrs years

3 (a) FULL NAME Rev. Daniel J. Rice

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1878.

8. AGE: Years	Months	Days	If less than one day
61	11	16	hr. min.

9. Birthplace Scottland (Town, county, and state)
10. Usual Occupation Catholic Priest
11. Industry or business

FATHER
12. Name William P. Rice
13. Birthplace Scottland

MOTHER
14. Maiden Name Mary Donnelly
15. Birthplace Scottland

16 (a) Informant Rev. James J. Rice
(b) Address 3260 Cottoan St. Phila. Pa.

17 (a) Burial (b) Date thereof Jun. 4, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Philadelphia
Location Philadelphia, Pa.

18 (a) Funeral director Martin Fahey & Sons.
(b) Address 1827 W. North Avenue.

19 (a) Filed (b) Rec'd by registrar [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1940, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1940 to May 31 1940, and that I last saw h[illegible] alive on May 31 1940.

Immediate cause of death Cardiac Failure

Due to Fatty Myocarditis

Due to Goiter Pneumonia

Other conditions Chronic Nephritis Arteriosclerosis Cardio Vascular Disease

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. McGoverin Odelia M.D.
Address Mercy Hospital Date signed 6/3/40

Please write plainly, with unfading ink. Every item of information should be carefully supplied correct and especially important. Physicians: please write the causes of death clearly and legibly.

M. D. B. 1203-9

F 69900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1330 N. Gilmor St. 15 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Johnson

(a) Residence: No. 1330 N Gilmor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Johnson

6. DATE OF BIRTH (month, day, year) Mar 3, 1823

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Lewis Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary V. Diggs

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT James Johnson
(Address) 1330 Gilmor

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 6/3 19 40

19. UNDERTAKER Geo. S. Kelson
(Address) 1303 Pennsylvania Ave.

FILED 6-3-1940 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 19 40

22. I HEREBY CERTIFY, That I attended deceased from May 15, 19 40 to May 31, 19 40

I last saw h[illegible] alive on May 30, 19 40 Death is said to have occurred on the date stated above, at 12:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	3/15/39

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. Williams Frey M. D.

(Address) 1928 Penna Ave

Information should be carefully supplied. All items must be answered. Where unknown state so. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S. JS

F 69901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69901
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1324 N. Stockton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1324 N. Stockton St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Delores Jackson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	Col	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) 4 / 23 / 1939

8. AGE: Years	Months	Days	If less than one day
1	1	8	... hr. ... min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Walter Curry
13. Birthplace —

MOTHER
14. Maiden Name Estelle Jackson
15. Birthplace Louisa Co, Virginia

16 (a) Informant Estelle Jackson
(b) Address 1324 N. Stockton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 / 3 / 40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location ...

18 (a) Funeral director Geo. D. Kelson
(b) Address 1303 Presstman St.

19 (a) ... (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

JUN 3 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1940, at 8a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h... death on the day stated above.

Immediate cause of death	Duration
Bronchopneumonia following Whooping cough	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ...
Of autopsy ...

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ...
(c) Where did injury occur? ... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ... While at work? ... (Specify type of place)
(e) Means of injury ...

23. Signature Hyde Vandersluys M.D. Medical Examiner.
Date signed 5/31/40

F 69902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69902 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4917 Belair Road
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 1 month

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or Town Danville — (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna C. Kappes

3 (b) If veteran, name war: —
3 (c) Social Security Account No. —

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Paul Kappes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 17 1860

8. AGE: Years 80 | Months 4 | Days 16 | If less than one day: hr. — min.

9. Birthplace Baltimor. Md — (Town, county, and state)

10. Usual Occupation None —

11. Industry or business

FATHER
12. Name Gaspor Weber
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Not known

16 (a) Informant Lena Bartlett
(b) Address 4917 Belair Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5, 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimor
Location Northern Rose St

18 (a) Funeral director Henry Lutz
(b) Address 1203 N Broadway

19 (a) [illegible] (b) Thursday June 6 1940 Registrar

JUN 3 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1940 at 7.45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death — Coronary Occlusion — Duration 10 min

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J Kelsch M.D. Medical Examiner.

Date signed 6/4/40 — Thurs Tyla

69903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

114D Registered No. F 69903

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Univ Hos.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Prince Georges
(c) City or town Laurel (If outside city or town limits, write RURAL and give town.)
(d) Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Clay Halverson

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29, 1892

8. AGE: Years	Months	Days	If less than one day
64	4	4	hr. min.

9. Birthplace Chicago Ill. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Real Estate

FATHER
12. Name John Halverson
13. Birthplace Bergen Norway

MOTHER
14. Maiden Name Margaret Bee
15. Birthplace Georgia

16 (a) Informant Robert L. Harris
(b) Address Laurel Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 - 5 - 40 (month) (day) (year)
(c) Cemetery or crematory Meadow Hill
Location Laurel Md

18 (a) Funeral director Wm. H. Hartshorn
(b) Address Laurel, Md

19 (a) 1940 (Date rec'd by Registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1940, at 6:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1940, to June 3 1940 and that I last saw him alive on June 2 1940.

Immediate cause of death

Due to Lung abscess with rupture into pleura — Duration 2 mo.

Due to Formation of empyema — Duration over

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None.
Of autopsy Multiple lung abscess, left empyema

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L B Stevens
Address University Hospital Date signed 6/5/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

69904

379467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-E

F 69904

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State PA (b) County

(c) City or town Johnstown (If outside city or town limits, write RURAL and give town)

(d) Street No. 862 Ferndale Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Reese

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-14-20

8. AGE: Years	Months	Days	If less than one day
19	6	19	hr. min.

9. Birthplace PA (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER 12. Name Harry Reese

13. Birthplace PA

MOTHER 14. Maiden Name Margaretta Corbin

15. Birthplace PA

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-40 (month) (day) (year)

(c) Cemetery or crematory Johnstown Cemetery

Location Johnstown Pa

18 (a) Funeral director J. William Cook

(b) Address 127 N. Payne St

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 3 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1940, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1940, to June 3 1940, and that I last saw him alive on June 3 1940.

Immediate cause of death: Hypophyseal duct tumor — Duration: over

Due to

Due to

Other Conditions: Hypophyseal duct tumor - Metastasis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Charles E. Ireland M. D.

Address Johns Hopkins Hospital Date signed 6-3-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

69905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-G

F 69905 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agness Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 dys
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3521 Roland ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John E. George

3 (b) If veteran, name war -

3 (c) Social Security Account No. - None

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Sarah E George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Pa
(Town, county, and state)

10. Usual Occupation Plaster

11. Industry or business -

FATHER
12. Name John George
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace Pa

16 (a) Informant Maurice George
(b) Address 3022 Fleetwood Ave

17 (a) Burial (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year) 6 40
(c) Cemetery or crematory Cemetery
Location Woodlawn

18 (a) Funeral director Frank H Getz
(b) Address 214 N 36 St.

19 (a) JUN 3 1940 (b)
(Date received by registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1940, at 11 15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-17 1940 to 6-1 1940, and that I last saw him alive on 6-1 1940.

Immediate cause of death
Cirrhosis of liver,

Due to Acetphenamine therapy

Due to

Other Conditions -
(Include pregnancy within 3 months of death)

Major findings:
Of operations Gall bladder distended

Of autopsy

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Lucif M. D.
Address St Agnes Hosp. Date signed 6-1-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered F 69906

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3506 Grantley Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thaddeus H. Swank

3 (b) If veteran, name war: V

3 (c) Social Security Account No. 215-07-5421

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nellie H. Swank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 14 1875

8. AGE: Years 64 | Months 5 | Days 20 19 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation General Counsel

11. Industry or business Merchant & Miners Trans. Co

FATHER
12. Name Thaddeus W. Swank
13. Birthplace Georgia

MOTHER
14. Maiden Name Eleanor Bartee
15. Birthplace Virginia

16 (a) Informant Mrs. Nellie H. Swank.
(b) Address 3506 Grantley Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Avenues

19 (d) JUN 3 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3, 1940, at 1:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 7, 1940, to June 3, 1940, and that I last saw him alive on June 3, 1940.

Immediate cause of death	Duration
Bronchopneumonia,	
Hypertensive C.V. disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard H. Pembroke, Jr. M.D.
Address Union Memorial Hosp Date signed 6/3/40

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-0 Registered No. F 69907

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution St Joseph's Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5409 Mayview Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George [redacted] (George Benner)

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-1981

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of [redacted] wife Fannie E. Benner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 15, 1878

8. AGE: Years	Months	Days	If less than one day
62	2	16	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Sheet Metal Worker
11. Industry or business Exhaust Fans

FATHER
12. Name Wm. E. Benner,
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 JUN 3 1940 (Filed by Registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-1-40 19 2 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-27-40 19 to 6-1-40 19, and that I last saw h[redacted] alive on 6-1-40 19

Immediate cause of death
Due to Coronary Occlusion
Due to Interstitial Myocarditis
Due to Arteriosclerosis
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
2 hrs
1 mo

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard S. Kleiman, M.D. M. D.
Address St. Joseph's Hosp. Date signed 6-2-40

VS 3

Please write plainly in ink. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

69908 LB 56162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 69908 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 hr. 50 min.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1644 E. Fort Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Airey

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Wm. John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1883

8. AGE: Years	Months	Days	If less than one day
57	0	2	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name George Wood (d)
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Miller
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5 '40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Anapolis Blvd

18 (a) Funeral director Margaret L. Flynn
(b) Address 1422 Light St.

19 JUN 3 - 1940 (Date received by registrar) Huntington Wilkinson, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1940, at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940, to June 2 1940, and that I last saw her alive on June 2 1940.

Immediate cause of death Cardiac failure — Duration 3 weeks.

Due to Rheumatic Heart disease — 20 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Steele M. D.
Address Balto City Hosp. Date signed 6-3-40

F 69909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B ✓ Registered No. F 69909

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5711 Maple Ave
(c) Hospital or institution:
9 months remarks during Sept 39 Nov
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 months
(e) Length of stay in Baltimore (yrs., mos., or days) 56 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5711 Maple Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helen May Lowe (Lillian May Lowe)

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 212-03-9920

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife ✓

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) March 25, 1880

8. AGE: Years	Months	Days	If less than one day
60	2	9	hr. min.

9. Birthplace Washington D.C. (Town, county, and state)
10. Usual Occupation Linen Room
11. Industry or business Stafford Hotel

FATHER
12. Name Joseph Lowe
13. Birthplace Ellicott City Md.

MOTHER
14. Maiden Name Margaret Kennedy
15. Birthplace Ireland.

16 (a) Informant Mrs Mary A. Burgison
(b) Address 802 Reservoir St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 6/6/1940 (month) (day) (year)
(c) Cemetery or crematory St Peters Cem
Location 1300 Mosher Ave

18 (a) Funeral director John Howard Lee
(b) Address 1611 Baltimore St.

19 (a) JUN 9 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3rd 1940 at 5:15 A M

21. I certify that death occurred on the date above stated, that I attended deceased from August 9th 1940, to June 3 1940, and that I last saw h[illegible] alive on 6 30 AM 1940.

Immediate cause of death — Duration

Carcinoma of ovaries & uterus — 4 mos

Due to — own

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations November 2 1939 Incurable Cancer.
Of autopsy none done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward Roberts M. D.
Address 6400 York Road Date signed June 3

correct age is especially important. Typewriting; print in ink; write plainly.

69910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a F 69910

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2813 W. Lafayette Ave. (St.) 16 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susan Elizabeth Maloney

If U. S. Veteran specify WAR

(a) Residence: No. 2813 W. Lafayette Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas A. Maloney

6. DATE OF BIRTH (month, day, year) Sept. 6, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Howard Co. Maryland

FATHER

13. NAME John Hill

14. BIRTHPLACE (city or town) (State or country) Montgomery Co. Maryland

MOTHER

15. MAIDEN NAME Lucretia Thomas

16. BIRTHPLACE (city or town) (State or country) Howard Co. Maryland

17. INFORMANT Mrs. Grace M. Gillis

(Address) 2813 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date June 6 1940

Clarksville Md.

19. UNDERTAKER Eastern Ave.

(Address) Ellicott City Md.

20. FILED JUN 3 — 1940 Thos. Worthington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 24 1940 to June 3 1940

I last saw her alive on June 1 1940 Death is said to have occurred on the date stated above, at 2:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Pathalog. fracture Hip, right	3 da.
Cardio - Vascular Disease	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? Home - Balto. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Home

Manner of injury Slipped on stairs

Nature of injury Pathological Fracture Hip

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Adam H. Woehl M. D.

(Address) 321 Med. Arts Bldg.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. EACH statement of OCCUPATION is very important. See instructions on back of certificate.

VS 5

B 46 133

B 69911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

Registered No. F 69911

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 Eastern Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Hohman

3 (b) If veteran, name war
3 (c) Social Security Account No. 217-09-5787

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-20-86

8. AGE: Years 54 | Months 4 | Days 11 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Night Watchman
11. Industry or business

FATHER
12. Name George Hohman
13. Birthplace Md

MOTHER
14. Maiden Name Conigunda Aubrecher
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director John J. Connelly
(b) Address Huntington Williams, Md

19 JUN 3 - 1940 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1940 at 10 05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1940 to May 31 1940 and that I last saw h alive on May 31 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration 2 days.

Due to: Hypertension VH C-V Disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations: cerebral

Of autopsy: cerebral hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J. Hunt
Address Johns Hopkins Hosp Date signed 5-31

correct age is especially important. Physicians: please write

F 69912

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 69912

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 739 E. Preston St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Sallie McKann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: W.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1860

8. AGE: Years 80 | Months 2 | Days 22 20 | If less than one day ... hr. ... min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation none.

11. Industry or business

FATHER
12. Name [illegible] Evans.
13. Birthplace Virginia

MOTHER
14. Maiden Name Miss Rouser
15. Birthplace Virginia

16 (a) Informant Miss Ellen McKann
(b) Address 739 E Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/40 (month) (day) (year)
(c) Cemetery or crematory London Pk.
Location Balto Md

18 (a) Funeral director Geo E. Bayne Jr
(b) Address 1512 Hollins St Thurlington Williams, M.D.

19 JUN 3 - 1940 (Date rec'd by Registrar) (b) Registrar

V2 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1940, at 12 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1940, to June 3 1940, and that I last saw her alive on June 3 1940.

Immediate cause of death: Pulmonary edema.
Duration: 1 day

Due to: Arteriosclerotic heart disease
Duration: 20 years

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

25. Signature Robert C. Crawford
Address Union Memorial Hospital Date signed 6/5/40

Physicians: please write the causes of death clearly and legibly. Information must be complete, correct age is especially important.

F 69913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137A

F 69913 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fenders Ave & Madison
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1705 St. Paul St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mr. Lorenzo M. Griffith

3 (b) If veteran, name war: —
3 (c) Social Security Account No.: none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife:
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.) Oct 15th 1847
8. AGE: Years 92 | Months 7 | Days 17 | If less than one day: hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Carpet Dealer
11. Industry or business Retired

FATHER
12. Name Albert G. Griffith
13. Birthplace Unknown

MOTHER
14. Maiden Name Rebecca "
15. Birthplace "

16 (a) Informant Isaac S. Griffith
(b) Address 1706 St. Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 E. Pratt St

19 (a) JUN 4 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2d 1940 at 3:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 31 1940, to June 2 1940, and that I last saw h— alive on June 2 1940

	Duration
Immediate cause of death Cerebral	2 days
Due to Acute Retention	7 days?
Due to Benign prostatic hypertrophy	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Acute Retention Benign prostatic hypertrophy
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. K. Mansfield M. D.
Address MD Gen Hosp Date signed 6-2-40

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 69914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-W

F 69914 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 123 N. Front St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 123 N. Front St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

5-1

3 (a) FULL NAME AUGUSTA THERESA MUELLER

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife William A. Mueller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1858

8. AGE: Years	Months	Days	If less than one day
81	8	15	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name (Unknown) Englehart
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Wilhelmina M. Mueller
(b) Address 123 N. Front St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/40 (month) (day) (year)
(c) Cemetery or crematory Trinity
Location Baltimore, Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

JUN 4 - 1940 (Date rec'd by registrar)

Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1, 1940, at 7:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1940 to June 1 1940 and that I last saw her alive on June 1 1940

Immediate cause of death: Chronic Bright's Disease, Uraemia, Depression

Duration
2 yrs
48 hrs

Due to Asterixis, Uraemia, High blood pressure

Due to Arteriosclerosis

Other Conditions Age

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. L. Zimmerman M.D.
Address 2858 Harford Ave. Date signed 6/2/40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 69915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-B F 69915

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mlbera + Caton Area,
(c) Hospital or institution:
St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) mo 1/2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County a. a.
(c) City or town Rossmont
(If outside city or town limits, write RURAL and give town.)
(d) Street No. Louisianna Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Thalheimer

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Philip Thalheimer
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Feb 8th 1896

8. AGE: Years 44 | Months 3 | Days 24 | If less than one day: hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at Home

FATHER
12. Name William F. Hauptt
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Elizabeth Favorite
15. Birthplace Va.

16 (a) Informant Philip Thalheimer
(b) Address Rossmont Md

17 (a) Burial (b) Date thereof 6/5/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) JUN 4 – 1940 (b)
(Date filed by registrar) Registrar
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-2 1940, at 11:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-12 1940 to 6-2 1940, and that I last saw her alive on 6-2 1940

Immediate cause of death Septic Myocarditis & Septicemia

Due to Ophthalmic Goiter

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M S Sadow M. D.
Address St Agnes Date signed 6/3/40

69916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69916

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3213 Juneau Place

(c) Hospital or institution: Arcade Convalescent Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:

(a) State N. J. (b) County

(c) City or town Vineland New Jersey
(If outside city or town limits, write RURAL and give town)

(d) Street No. 507 Landis Ave
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mamie Kunkel

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Ralph Kunkel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 28 - 1881

8. AGE: Years	Months	Days	If less than one day
59	2	3	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER — 12. Name Louis Pistel

13. Birthplace Balto. Md.

MOTHER — 14. Maiden Name Mary Geyser

15. Birthplace Ger.

16 (a) Informant Ralph Kunkel N.J.

(b) Address 507 Landis Ave, Vineland N.J.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 4 40 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Balto. Md.

18 (a) Funeral director Philip Herwig Sons

(b) Address 2024 Orleans St

19 (a) Date rec'd by Registrar JUN 4 1940 (b) Registrar's signature [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-27 1940 to 6-1 1940 and that I last saw her alive on 6-1 1940.

Immediate cause of death	Duration
Chronic interstitial nephritis — 4 years	yrs. —
Due to Senile Infection —	
Due to Tertiary syphilis ulceration of legs — 4 yrs	months —
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature S. Zemansky M. D.

Address Medical Arts Bldg Date signed 6-3-40

F 69917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69917 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 127 N Dallas St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 127 N Dallas St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

63

3 (a) FULL NAME LOUIS GOUGH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Widowed

6 (b) Name of husband or wife Lula Gough
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace St. Marys County Md.
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace "

MOTHER 14. Maiden Name "
15. Birthplace "

16 (a) Informant Bessie Wilson
(b) Address 127 N. Dallas St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5, 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location

18 (a) Funeral director Mrs. P. G. Elliott & Daughter
(b) Address 1129 N. Caroline St.

JUN 4 - 1940

(Date rec'd by Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1940, at 11 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said I find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Hypertensive cardiovascular disease	
Due to Arteriosclerosis general	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 5-31-40

69918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 69918
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 903 S. Brunswick St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 903 S. Brunswick St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

20-5

3 (a) FULL NAME Henry J. Wieber
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of ~~husband~~ or wife late Tena M (Dengis)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1860

8. AGE: Years	Months	Days	If less than one day
79	10	20	hr. min.

9. Birthplace New York (City, county, and state)
10. Usual Occupation Brick Mason (Retired)
11. Industry or business

FATHER
12. Name — Wieber
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Lawrence A Wieber
(b) Address 903 Brunswick St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5 1940 (Month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd

18 (a) Funeral director Henry H Wright
(b) Address 4101 Edmondson Ave

JUN 4 — 1940 Registrar Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 31 1940, to June 2 1940, and that I last saw h[illegible] alive on June 2 1940.

Immediate cause of death

	Duration
Acute Cardiac Dilitation	1 days
Due to Chr. Myocarditis	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Glassman M. D.
Address 687 Mosher Ave Date signed June 4 '40

F 69919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 46-F

F 69919 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Millersville (If outside city or town limits, write RURAL and give town)
(d) St. No. (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Mary A. Wigley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Henry E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 5, 1887

8. AGE: Years	Months	Days	If less than one day
60	8	27	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Alfred Cheney
13. Birthplace Md

MOTHER
14. Maiden Name Emelia Brown
15. Birthplace D. C.

16 (a) Informant Henry E. Wigley
(b) Address Millersville, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4 1940 (Month) (day) (year)
(c) Cemetery or crematory Baltimore Memorial
Location Millersville

18 (a) Funeral director Henry L. Wiltz
(b) Address 4101 Underwood Ave

JUN 4 — 1940 (Date rec'd by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2, 1940, at 11:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-18-1940, to 6-2-1940, and that I last saw h.er. alive on 6-2-1940.

Immediate cause of death
Primary biliary cirrhosis
Obstructive jaundice — Duration 6 mos.
Due to
Possible malignancy of liver — Duration over
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Hepatelis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William S. Miller M. D.
Address University Hospital Date signed 6-2-40

F 69920

Ankrom

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 69920

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 109 W. Montgomery St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 109 W. Montgomery St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maggie Ankram

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F 1

5. Color or race B.

6 (a) Single, married, widowed, or divorced. Married Joseph Ankram

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown.

8. AGE: Years 49 | Months | Days | If less than one day hr. min.

9. Birthplace Ampane Va.
(Town, county, and state)

10. Usual Occupation Preacher

11. Industry or business

FATHER
12. Name Edward Coleman
13. Birthplace Va.

MOTHER
14. Maiden Name Francis
15. Birthplace Va.

16 (a) Informant Essie Thomas
(b) Address 109 W. Montgomery St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 6 4 40 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cemetery
Location Baltimore

18 (a) Funeral director Walter B. Briggs
(b) Address 139 N. Hamilton St

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 4 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1940, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1940 to May 31 1940, and that I last saw h[illegible] alive on May 31 1940.

Immediate cause of death	Duration
Lobar Pneumonia	16 days
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. T. Russell
Address 911 Warner Date signed 6/3/40

correct age is especially important. Physicians: please write the cause of death carefully and legibly.

F 69921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63-B

Registered No. F 69921

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Cockeysville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Warren RD
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Maude F. Curtis

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	White	married

6 (b) Name of husband or wife F. Milton Curtis
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Dec 28 1889

8. AGE: Years	Months	Days	If less than one day
50	5	6 7	____ hr. ____ min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name David Price
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Kezia Gracey
15. Birthplace Balto. Co. Md.

16 (a) Informant F. Milton Curtis
(b) Address Cockeysville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6 1940 (month) (day) (year)
(c) Cemetery or crematory Poplar
Location Cockeysville, Md.

18 (a) Funeral director Landon M. Brooks
(b) Address Sparks, Md.

19 (a) [illegible] (b) [illegible] Registrar

JUN 4 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4th 1940, at 6:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/24 1940, to 6/4 1940, and that I last saw him alive on 6/4 1940.

Immediate cause of death unknown

Duration

Due to hypertension 4 yrs.

Due to

Other Conditions Carcinoma of Cervix
Cancer uterus Rt
(Include pregnancy within 3 months of death)

Major findings:
Of operations cervix for carcinoma (cancer)
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature E. T. A. Pemell Jr. M. D.
Address Homer. Hosp. Date signed 6/4/40

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

69922

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

117-B

F 69922 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2303 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2303 Edmondson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harvey H. Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-7003

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mabel B. Johnson
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Feb. 20, 1884

8. AGE: Years	Months	Days	If less than one day
56	3	13	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Manufacturing

FATHER
12. Name George H. Johnson
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary E. Owens
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Harvey Johnson
(b) Address 2303 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director Ellerman Kuhn
(b) Address 2301 Edmondson Ave

19 (a) [illegible] (Date received by registrar) [illegible] for Williams, M.D.

VS 3

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1940, at 3:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1939 to June 2 1940 and that I last saw him alive on June 2 1940

Immediate cause of death
Coronary Thrombosis — Duration 10 mos.
Due to Arteriosclerotic Heart Disease — "
Due to Essential Hypertension — "
Other Conditions Duodenal Ulcer — 6 yrs

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur J. Stewart
Address 2302 Edmondson Ave Date signed M. 6 D. 3/40

Spec.—8-16-39—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69923

CERTIFICATE OF DEATH

13-B

F 69923

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1414 Presstman ST. 15-1 WARD)

2—FULL NAME Charles H. Jones

(a) RESIDENCE NO. 1414 Presstman ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Etta Jones

6 DATE OF BIRTH (month, day, and year) April 30 88

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	54	1	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Waiter

(b) General nature of industry, business, or establishment in which employed (or employer) Hospital

(c) Name of employer Hotel Belvedere

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Charles H. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Lucy Stewart

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Etta Jones

(Address) 1414 Presstman St.

15 JUN 4 - 1940 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 1-1940

17 I HEREBY CERTIFY, That I attended deceased from Jan. 7 19 38 to June 1 19 40

that I last saw h[illegible] alive on May 31 19 40

and that death occurred, on the date stated above, at 3:30 A. m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

Jan 7 - 1938

(duration) 2 yrs. 4 mos. 24 da.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical X-Ray

(Signed) Chas. H. Thrift, M. D.

June 1940 (Address) 1209 Presstman

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 6/6 19 40

20 UNDERTAKER Thos. E. Kelson

ADDRESS 1330 Pennsylvania Ave

OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

R. D. 2 1954

69924 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 13-P F 69924

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 Baker St 15-L Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Saunders

(a) Residence: No. 723 Baker St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. Color or Race: Col.
5. Single, Married, Widowed, or Divorced (write the word): Divorced.

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Maud Russell

6. DATE OF BIRTH (month, day, year): Sept. 24 1878

7. AGE — Years: 61 — Months: 8 — Days: 7 — If LESS than 1 day ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: P. O. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER
13. NAME: Harry Saunders
14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER
15. MAIDEN NAME: Agnes Piper
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Agnes Saunders 723 Baker St.

18. BURIAL, CREMATION, OR REMOVAL — Place: Mt Auburn Date: 6/4 1940

19. UNDERTAKER (Address): Thos E. Kelson 1302 Fredalman St

20. FILED: JUN 4 - 1940 Washington Williams M.R. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-1- 1940

22. I HEREBY CERTIFY, That I attended deceased from 5-30- 1940 to 6-1- 1940

I last saw h... alive on 6-1- 1940 Death is said to have occurred on the date stated above, at 5-30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T. B.	Dec. 1937
Other contributory causes of importance:	

Name of operation: ✓ Date of:

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury: 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) George C. Page M. D.

(Address) 1516 N. Mount St.

Information should be carefully supplied. After death is known IMMEDIATELY PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 2

F 69685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

State of Maryland

F 69685

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give county)
(d) Street No. 1504 Mahon Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LEONA SPEIN

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F | 5. Color or race col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Steve

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 8 1908

8. AGE: Years 31 | Months 9 | Days 24 | If less than one day hr. min.

9. Birthplace Mantua N. C (Town, county, and State)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Levi Lillett

13. Birthplace N. C.

MOTHER 14. Maiden Name Bertha Warren

15. Birthplace N. C.

16 (a) Informant Bertha Lillett

(b) Address 1504 Mahon Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/40 (month) (day) (year)

(c) Cemetery or crematory Mantua, N. C.

Location

18 (a) Funeral director Geo. L. Nelson

(b) Address 1303 Presstman St

JUN 4 – 1940 (Date Rec'd by Registrar) (c) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-2-40 19 , at 12:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1940, to 6-2-40 19 , and that I last saw her alive on 6-1-40 19 .

	Duration
Immediate cause of death: Peritonitis	9 days
Due to: Perforated large Bowel	10 days
Due to: Lymphogranuloma - gethia - Venereum	3 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations Fluid Pus in Lower abdomen — was drained.

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard S. Kleiman, M. D.

Address St Joseph's Hosp Date signed 6-3-40

F 69926 F 69926

BALTIMORE CITY HEALTH DEPARTMENT 131-A Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 721 Carroll st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 721 Carroll st (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Margaret A Franz

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife August Franz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 17 1873

8. AGE: Years	Months	Days	If less than one day
66	7	15 16	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Owen Matthews
13. Birthplace Maryland

MOTHER
14. Maiden Name Charlotta Burns
15. Birthplace England

16 (a) Informant August Franz
(b) Address 721 Carroll st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Catonsville Md

18 (a) Funeral director George A Tyrrell
(b) Address 1940 Eutaw Pl Baltimore Md

JUN 4 1940 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2, 1940, at 12 M P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1, 1940 to June 2 1940, and that I last saw h. alive on June 2 1940.

Immediate cause of death
(a) Chronic Dilat Myocarditis — Duration: 6 Mo
Due to
Due to
Other Conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J Thornton M. D.
Address 888 N Eutaw St Date signed 6/4/40

VS 2

correct age is especially important. Physicians: please write the cause of death plainly. Avoid abbreviations.

69927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 125-P

F 69927 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2029 Division St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theodora Parker

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-4248

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Married

6 (b) Name of husband or wife Edna Parker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 21 - 1911

8. AGE: Years	Months	Days	If less than one day
28	8	10	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation School Clerk Teacher
11. Industry or business

FATHER
12. Name Robert Parker
13. Birthplace Calvert Co Md

MOTHER
14. Maiden Name Sarah F. Dilpar
15. Birthplace Calvert Co. Md

16 (a) Informant Sarah F. Parker
(b) Address 2029 Division St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-4-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cemetery
Location Balto.
18 Funeral director Archibald B. Gaddis
(a) Address 2101 Mc Culloh St
19 (a) 6-4-40 (Date received by registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1940, at 3:50 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said f.i. (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Dysendrea of Uremia - Pharmid Intoxication

Due to Pulmonary Tuberculosis

Due to Tuberculosis Meningitis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm H Vandegrift M.D. Medical Examiner.
Date signed 6/1/40

69928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

F 69928 Registered No.

correct as is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 146 N Eutaw
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 146 N Eutaw ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine Witter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Thomas M Witter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 11-1864

8. AGE: Years	Months	Days	If less than one day
75 76	6	21 20	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Betz
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Voltz
15. Birthplace Germany

16 (a) Informant Thomas M Witter
(b) Address 146 N Eutaw Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4 40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto

18 (a) Funeral director Jos J Stern & Sons
(b) Address 126 N Eutaw ave

19 (a) (Date received by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1st 1940 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 23rd 1940 to May 31st 1940 and that I last saw h-- alive on May 31st 1940

Immediate cause of death

Carcinoma of Liver

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
7

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Lankton M. D.
Address 119 N. Mellon av Date signed 6/3/40

3782-65F 69929 F 69929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

65E Registered No.

1. PLACE OF DEATH:
(c) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 Eastern Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dominic Concordia

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-0171

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-19-17

8. AGE: Years	Months	Days	If less than one day
22	10	15/24	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Frank Concordia
13. Birthplace Italy

MOTHER
14. Maiden Name Adelina ~~Zappone~~ Mingarelli
15. Birthplace Italy

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6-40 (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

19 (a) JUN 4 - 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1940 at 8:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1940 to June 3 1940, and that I last saw him alive on June 3 1940.

Immediate cause of death — Duration

Lymphosarcoma, generalized — 9 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John S. Hurst, M. D.
Address Johns Hopkins Hosp. Date signed June 3

9930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-2

F 69930 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W. Lexington St.
(c) Hospital or institution:
Aged Women's & Aged Mens' Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 W. Lexington St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Lee Stockdale

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 23 1868

8. AGE: Years	Months	Days	If less than one day
72	3	9	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation At Home for Aged

11. Industry or business

FATHER
12. Name Berelius N. Stockdale
13. Birthplace Unknown

MOTHER
14. Maiden Name Hillana Route
15. Birthplace Unknown

16 (a) Informant Records Aged Women's & Aged Mens Home
(b) Address 1400 W. Lexington St

17 (a) Burial (b) Date thereof 6/4/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Emmitsburg Md

18 (a) Funeral director McCoy
Address 1217 E. Fayette St

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1940 at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/15/36 19 to 6/2/40 19, and that I last saw h im alive on 6/1/40 19.

Immediate cause of death: Apoplexy — Duration: 3 yrs.

Due to: Generalized arterio-sclerosis and hypertension.

Due to:

Other Conditions: Chronic nephritis.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos B Jarrett M.D.
Address 1115 St. Paul St., Baltimore, Md.
Date signed June 5, 1940.

F 69931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131-a

F 69931

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1331 Myrtle Av St., 17 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M. Stush

If U. S. Veteran specify WAR _____

(a) Residence: No. 1331 Myrtle Av St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Henry A Stush

6. DATE OF BIRTH (month, day, year): Aug 17 1880

7. AGE: Years 59 | Months 9 | Days 19 | If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year): 10 | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Richmond Va

FATHER
13. NAME: George Anderson
14. BIRTHPLACE (city or town) (State or country): Va

MOTHER
15. MAIDEN NAME: Mary ?
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mr Wm Stush
(Address) 1331 Myrtle Av.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Zion Cem Date: 5-4-40

19. UNDERTAKER: Pro Frances A. Hemsley
(Address) 578 N. Budd St Huntington Williams W Va
Registrar.

JUN 7 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1940 to June 1, 1940

I last saw her alive on June 1, 1940. Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Chronic Endocarditis	
b Hypertension	1/1940
c Nephritis	
Other contributory causes of importance	

Was an operation performed? no Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no or doubtful

(Signed) Dan Hamilton M. D.

(Address) 17 W ~ Lee

USE CAUSES OF DEATH LISTED IN THIS TABLE, AND OCCUPATION in very important. See instructions on back of certificate.

VS 8

(2)

F 69932

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69932

CERTIFICATE OF DEATH

31-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 N. Lanvale St.) (17-2 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Powell

If U. S. Veteran specify WAR

(a) Residence: No. 631 N. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Bettie Powell

6. DATE OF BIRTH (month, day, year): 5 2 1868

7. AGE: Years 72; Months 1; Days -; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Howard Co Md

FATHER

13. NAME: Mose Powell

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Liza Phillips

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: John H Brown

(Address): 631 N Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place: Asbury Date: 6-5 1940

19. UNDERTAKER: William A Jackson

(Address): 916 Pennsylvania Ave

JUN 4 - 1940 19 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1939, to June 2, 1940

I last saw h alive on June 1, 1940 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Duration of attack
Chronic Interstitial Nephritis.	Heart 5 yrs.
Other contributory causes of importance: Mitral insufficiency	11-1-39

Was an operation performed? none Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Necropsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Huntington Williams M. D.

(Address) 1126 Druid Hill Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 5

29

98 F 69933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

21 F 69932

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 932 McElmonough (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Francis Redd

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-3-82

8. AGE: Years	Months	Days	If less than one day
7	11	4	hr. min.

9. Birthplace Maryland (town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Garfield Redd
13. Birthplace Md

MOTHER
14. Maiden Name Helen
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Curtis Grandel County

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania Ave

19 (a) June 4 1940 (Date filed by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1940 at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1940 to June 2 1940, and that I last saw him alive on June 2 1940.

Immediate cause of death	Duration
Generalized Peritonitis	1 wk
Due to Ruptured Appendix	1 wk
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Ruptured Appendix Generalized Peritonitis
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A.F. Jonas M.D.
Address The Johns Hopkins Hospital Date signed 6-3-40

F 69934 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 69934

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 545 Washington Blvd St. 22-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dominika Mazintas

If U. S. Veteran specify WAR

(a) Residence: No. 545 Washington Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Mazintas

6. DATE OF BIRTH (month, day, year) Feb. 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lith. Rep.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Lith.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lith.

17. INFORMANT Margiet Waitkus
(Address) 5 E. Potomac St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date June 6, 1940

19. UNDERTAKER Joseph Kadunka Jr.
(Address) 1602 Ward. Blvd

20. FILED JUN 4 — 1940 Washington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1936 to June 3, 1940

I last saw her alive on June 1, 1940. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	1939
CEREBRAL HEMORRHAGE	6-3-40
Other contributory causes of importance:	

Was an operation performed? NO Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Exam. Was there an autopsy? NO

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Edward J Mclean M. D.

(Address) 682 WASHINGTON BLVD.

SAME CAUSE OF DEATH in plain terms as that is required by physicians. OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 69935 56100--FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-a F 69935 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1350 Stockton St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

151

3 (a) FULL NAME Baby Girl Mason

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-31-40

8. AGE: Years	Months	Days	If less than one day
			11 hr. 20 min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Joseph Mason
13. Birthplace Md.

MOTHER
14. Maiden Name Vernell Jones
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) ~~Cemetery~~ or crematory Balto City Hosp.
Location

18 (a) Funeral director
(b) Address

19 (a) JUN 4 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1940 at 1:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 31 1940 to June 1 1940 and that I last saw h[illegible] alive on June 1 1940

Immediate cause of death	Duration
Intestinal Hydrocephalus	
Due to	
Due to	
Other Conditions Congenital Heart Disease (?) Cleft palate (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. Francis Dacus M.D.
Address Balto City Hosp Date signed 6-3-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

69936 — CERTIFICATE OF DEATH — 61 — F 69936

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2866 Harford St. 9-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mamie E. Brown

(a) Residence: No. 2866 Harford Ay St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Chas C Brown

6. DATE OF BIRTH (month, day, year) March 10 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	2	23 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jos. B. Driscoll

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME McKenna McKenna

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Elmer J. Brown (Son)
(Address) 2431 Erdman Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cemetery Date 1/5 1940

19. UNDERTAKER Leonard J. Buck
(Address) 5305 Harford Rd

20. FILED JAN 4 — 1940 19... Hamilton Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 26 1940 to June 2 1940

I last saw h.. alive on June 2 1940 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Acute Dilatation Heart	10 Days
Valvular Regurgitation Mitral	2 Yrs
Diabetes Mellitus	7 Yrs
Hypertension Arteriosclerosis	7 Yrs
Other contributory causes of importance:	
Chr Interstitial Nephritis	7 Yrs
Chronic Alcoholism	7 Yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None What test confirmed diagnosis? Urinalysis + Blood Chem Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. Fa Stokes M. D.

(Address) 2878 Harford Ay

State CAUSE OF DEATH in plain language, so that it may be understood by the public. OCCUPATION is very important. See instructions on back of certificate.

56015--FD

69937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146-B Registered No. F 69937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1732 W. Lexington St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gertrude Smallwood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-15-1899

8. AGE: Years 40 | Months 6 | Days 16 | If less than one day: hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name William Bell
13. Birthplace Md.

MOTHER
14. Maiden Name Emma Johnson
15. Birthplace Va.

16 (a) Informant B.U.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof June 4, 1940 (month) (day) (year)
(c) Cemetery or crematory Hyponite, Md.
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) Huntington Williams M.D. Registrar

JUN 4 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1940 at 10:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1940 to May 31 1940 and that I last saw h alive on May 31 1940

Immediate cause of death

Uterine Dilatation of Stomach
Constriction Hemiplegia
Due to Cord Shock

Due to Uterine Inertia

Other Conditions Bronchopneumonia

(Include pregnancy within 3 months of death)

Major findings: Of operations Cesarean (Cervical) Uterus

Of autopsy

Duration
over

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. Jones Dawn M. D.
Address Balto City Hosp. Date signed 5-31-40

F 69938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12 Jun 40 F 69938 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene Sts

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 647 W. Lafayette Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mabel Amerine

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
40			hr. min.

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location UNIVERSITY MEDICAL SCHOOL JUN 4 - 1940

18 (a) Funeral director Commissioner of Health

(b) Address Per L. A. Moore

19 (a) JUN 4 - 1940 (Date) (Registrar) Burlington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/27 1940, at 7:10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/25 1940, to 5/27 1940, and that I last saw h[illegible] alive on 5/27 1940.

Immediate cause of death	Duration
Rt V Dilated Heart Failure	
Due to	
Due to	
Other Conditions Congestive Portal Cirrhosis	about

(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature E. B. Lisansky M.D.

Address University Hosp Date signed 6/1/40

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69939

CERTIFICATE OF DEATH

61

F 69939

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. East Balto. General St. 6 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 16 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edward Lynch

If U. S. Veteran specify WAR

(a) Residence: No. 1815 Lynch Road Dundalk Ward. Balto. Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Florence O'Dell

6. DATE OF BIRTH (month, day, year): 2-17-1872

7. AGE: Years 68 | Months 3 | Days 17 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Md.

FATHER

13. NAME: Patrick Lynch

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Catherine Buck

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs. Florence Lynch

(Address): 1815 Lynch Road, Dundalk

18. BURIAL, CREMATION, OR REMOVAL: Dawson's

Place: Prospect Cem. Date: June 6 1940

19. UNDERTAKER: John Mitchell Sons

(Address): 900 Eutaw Place

20. FILED JUN 4 - 1940 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-3-40 19

22. I HEREBY CERTIFY, That I attended deceased from 5-12-40 19 to 6-3-40 19

I last saw him alive on 6-3-40 19 Death is said to have occurred on the date stated above, at 10:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia — Croupous	
Coronary Sclerosis	6-2-40
Cerebral Hypostatic	
Pulmonary	

Other contributory causes of importance:

Diabetes Gangrene c Mid-Thigh Amputation

Was an operation performed? Yes Date of 6-3-40

For what disease or injury? Diabetes Gangrene

Name of operation: Mid-thigh Amputation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Walter Levin M. D.

(Address) 2241 Eutaw Pl.

69940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-A Registered No. 69940

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2741 St Paul St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Govans New York
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2741 St Paul St.
(Rural, give location)
132 E. 45th St. New York
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marion Turner Brockway

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Frederick Brockway
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 15 1866

8. AGE: Years	Months	Days	If less than one day
73	7	18	hr. min.

9. Birthplace Phila. Pa.
(Town, county and state)
10. Usual Occupation Home Mother, Met. Life Ins. Co
11. Industry or business retired

FATHER
12. Name Alonzo B. Turner
13. Birthplace Reading Pa

MOTHER
14. Maiden Name Rebecca Jaeger
15. Birthplace Reading Pa.

16 (a) Informant Dorothy B. Osborne
(b) Address Upper Montclair N.J.

17 (a) ✓ (Burial, cremation, or removal) (b) Date thereof June 7 1940 (month) (day) (year)
(c) Cemetery or crematory Hopkinton New Hamp.
Location

18 (a) Funeral director John O'Rourke & Sons
(b) Address 1908 Eutaw Place
Huntington Woodlawn, Md.

19 (a) JUN 4 — 1940 (Date received by registrar)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1940, at 9.45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1940 to June 2 1940.
and that I last saw her alive on June 2 1940.

Immediate cause of death
Coronary Occlusion
Duration 3 hours.

Due to Had had several attacks of Substernal Pain in
Due to the past two years.

Other Conditions —

(Include pregnancy within 3 months of death)
Major findings:
Of operations —

Of autopsy No.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. Gibson Porter M. D.
Address 4822 Roland Ave Date signed 6/3/40

VS 8

M. D. B. 12650

F 69941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D F 69941

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2421 E Fanwale 6-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Minnie Essenwein

(a) Residence: No. 2032 E Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of William H. Essenwein

6. DATE OF BIRTH (month, day, year) Jan. 26, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Junknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs Theresa T. Essenwein

(Address) 4213 Frankfort Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date June 6 1940

19. UNDERTAKER W. W. Chamberlain Co.

(Address) Rockville, Md.

20. FILED JUN 4 1940 Registrar for Baltimore, Md.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 1 1940 to June 3 1940

that I last saw her alive on June 3 1940 Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Cerebral Apoplexy	5/11/40
Other contributory causes of importance:	
Arteriosclerotic cardiovascular disease	

Name of operation ... Date of ...

What test confirmed diagnosis Autopsy? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If yes, ...

(Signed) J. M. Baumgardner M. D.

(Address) Rockville Md

INSTRUCTIONS—Fill in all items carefully. Supplies are furnished free. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

69942

✓ F 69942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

483

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 901 Aisquith St. 10-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Sr. Mary Lavina Barry

(a) Residence: No. Motherhouse of Notre Dame St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. (Single) Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Sept. 7, 1883

7. AGE: Years 56 | Months 8 | Days 27?4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Brighton, Mass.

FATHER

13. NAME: William Barry

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Agnes Bruce

16. BIRTHPLACE (city or town) (State or country): Scotland

17. INFORMANT: Sr. Mary Keeka.
(Address): Mother House

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. St. Mary's Date: June 6 19 40

19. UNDERTAKER: Gorsuch Bros.
(Address): 811 N. Wolfe St.

20. FILED 19 Huntington Williams, Registrar

JUN 4 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 3, 40, 19

22. I HEREBY CERTIFY, That I attended deceased from March 8, 19 40 to June 3, 19 40

I last saw her alive on May 29, 19 40 Death is said to have occurred on the date stated above, at 12:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma of abdomen - Failing	
Carcinoma of Ovary	
Uremia	

Other contributory causes of importance:

Was an operation performed? Yes Date, July 1937

For what disease or injury? Carcinoma Ovary

Name of operation? Panhysterectomy Date of

What test confirmed diagnosis? Usual Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. J. Turley M. D.

(Address) 1106 E. Northern

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 69943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 69943

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Monument & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 21
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md (b) County:
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 223 Scott St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) FULL NAME: Rebecca Silverman

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Late Samuel

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 3, 1880

8. AGE: Years: 60 Months: 2 Days: 1 If less than one day: hr. min.

9. Birthplace: Russia
(Town, county, and state)

10. Usual Occupation:

11. Industry or business: House Wife

FATHER
12. Name: Abraham Zakoff
13. Birthplace: Russia

MOTHER
14. Maiden Name: Maspe Liebe
15. Birthplace: Russia

16 (a) Informant: Jacob Silverman
(b) Address: 2801 Hilldale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 5, 194 (month) (day) (year)
(c) Cemetery or crematory: Rosedale Cemetery
Location: Hamilton Ave

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124 1126 W. North Ave

19 JUN 4 1940 (Date received by Local Registrar) (Huntington Williams, M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6/4 1940, at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/30 1940, to 6/4 1940, and that I last saw h[illegible] alive on 6/4 1940

Immediate cause of death: Terminal Bronchopneumonia — Duration:

Due to: Cerebral Apoplexy

Due to: Hypertensive Heart Disease

Other Conditions: Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: W. Pushkin M.D.
Address: Sinai Date signed: 6/4/40

DR. PUSHKIN

VS 2

F 69944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 69944

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 604 W Lanvale (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME RICHARD ARNOLD

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife Martha Thompson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
42			hr. min.

9. Birthplace New York (town, county, and state)

10. Usual Occupation Musician

11. Industry or business

FATHER 12. Name John Arnold

13. Birthplace Germany

MOTHER 14. Maiden Name Hester ? ?

15. Birthplace Germany

16 (a) Informant Mrs Nina Arnold

(b) Address 532 N Chester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7/40 (month) (day) (year)

(c) Cemetery or crematory Parkersburg

Location Parkersburg W Va

18 (a) Funeral director John Ulland

(b) Address 2098 Orleans St

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

JUN 4 - 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1940, at 5 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death Coronary thrombosis — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed 6-3-40

F 69945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

4810 Belair Rd
Dr Harding

F 69945 Registered No.

46-G

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3717 Belvidere ave (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Arcangelo Tumminelli

If U. S. Veteran specify WAR

(a) Residence: No. 3717 Belvidere Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Adelina Catalano

6. DATE OF BIRTH (month, day, year): June 12, 1879

7. AGE: Years: 60; Months: 11; Days: 21; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Insurance Agt
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: Michael Tumminelli
14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Salvatrice
16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Wife Adelina Tumminelli
(Address) 3717 Belvidere Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Date: June 6 1940

19. UNDERTAKER: Frank V. Pepersone
(Address) 2815 E. Baltimore St

20. Filed JUN 4 1940 Washington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 3 1940

22. I HEREBY CERTIFY, That I attended deceased from April 30 1940 to June 3 1940
I last saw h... alive on June 2 1940. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Pancreas	April 1940
Other contributory causes of importance:	

Was an operation performed? no Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J S Harding M. D.
(Address) 4810 Belair Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

F 69946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 69946

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5315 St. albans Way
(c) Hospital or institution: Lunatic Hosp. of Balt.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5315 St. albans Way (If rural give location)
(e) If foreign born, how long in U. S. A.? 70 years

3 (a) FULL NAME Joseph Goeller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Julia Goeller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25th 1857

8. AGE: Years	Months	Days	If less than one day
82	6	8 13	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Carl Goeller
13. Birthplace Germany

MOTHER
14. Maiden Name Helena Furluck
15. Birthplace Germany

16 (a) Informant Dorothy C. Goeller
(b) Address 5315 St. albans Way

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Jun 6/40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern ave

18 (a) Funeral director Frank V. Pipestone
(b) Address 28 E. Baltimore St

19 (a) JUN 4 - 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16, 1940 to June 3 1940, and that I last saw him alive on June 2, 1940.

Immediate cause of death Septicaemia and Toxic Myocarditis — Duration

Due to B. C. ingestion from stump

Due to Toxic depression of Respiratory Centre

Other Conditions Diabetes

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Gas gangrene, gas in liver and one kidney

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Mason, Jr. M. D.
Address Lunatic Hosp. Balto Date signed 6/9/40

VS 3

69947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 69947

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 210 W. Camden St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

22

3 (a) FULL NAME Samuel Vinci (55642)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife Lena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1900

8. AGE: Years	Months	Days	If less than one day
40	-	18 17	hr. min.

9. Birthplace La.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Joseph Vinci
13. Birthplace Italy

MOTHER
14. Maiden Name Mary Glorioso
15. Birthplace Italy

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6 (month) (day)
(c) Cemetery or crematory New Cathedral Cem
Location Edmondson Ave

18 (a) Funeral director John G. Miller
(b) Address 2334 Jefferson St.

19 (a) JUN 5 1940 (b) Registered

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2, 1940, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 17, 1940 to June 2, 1940 and that I last saw him alive on June 2, 1940

Immediate cause of death: Tuberculosis of the lungs — Duration Sept 1938

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address Balto. City Hospitals Date signed 6-3-40 M.D.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 69948

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 140-D

Registered No. F 69948

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) about 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Madison ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ruby Young

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Married

6 (b) Name of husband or wife Howard Young

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
39			hr. min.

9. Birthplace Carolina Co Va
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Hilary Beasley
13. Birthplace Va

MOTHER
14. Maiden Name Florence Miller
15. Birthplace Va

16 (a) Informant Mrs. Beasley
(b) Address 1827 Spring St

17 (a) Burial (b) Date thereof 6-5-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location A to CO

18 (a) Funeral director Archibald A Gaddis
(b) Address 2401 Mt Griffith St

19 (a) JUN 5 - 1940 (b) Huntington Williams, M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-1- 1940 at 11 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Septicemia	
Streptococcus (hospital)	
Due to Incomplete abortion	
Due to	
Other Conditions anemia	

(Pregnancy within 3 months of death)

Operation

Date

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence unknown
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? unknown While at work?
(Specify type of place)
(e) Means of injury Probably criminal interruption

23. Signature Howard J. Weaver M.D.
Medical Examiner.

Date signed 6-2-40

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 56091 69949 KB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-1

F 69949
Registered No.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 548 W. Hoffman St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence Bowyer

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widowed

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1876

8. AGE: Years	Months	Days	If less than one day
63	8	0	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Susan Read (d)
15. Birthplace Maryland

16 (a) Informant Records
(b) Address B.C.H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-40 (month) (day) (year)
(c) Cemetery or crematory St Peters Cem
Location

18 (a) Funeral director G. L. Gradelin
(b) Address 201 N. Eutaw St.

JUN 5 - 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June May 1 1940, at 11:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1940 to June 1 1940, and that I last saw h.dec. alive on May 30 1940.

Immediate cause of death Hypertensive Cardiovascular Disease — Duration unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Newton Finkelstein M. D.
Address Balto. City Hosp. Date signed 6-2-40

F 69950

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 69950 ✓164-B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1704 N Montford Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1704 N. Montford Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME THOMAS R. BELL

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 215-09-0476

4. Sex: M

5. Color or race: W

6 (a) ~~Single, married,~~ widowed, ~~or divorced~~: Widowed

6 (b) Name of ~~husband or~~ wife: Frances Bell

6 (c) If living, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 26-1895 Oct 22nd 1894

8. AGE: Years 45 | Months 74 | Days 640 | If less than one day ... hr. ... min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation Collection Manager

11. Industry or business Furniture

FATHER
12. Name Joseph F. Bell
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Laura V. Reynolds
15. Birthplace Balto Md

16 (a) Informant May L. Bell
(b) Address 1704 N. Montford Ave

17 (a) Burial (b) Date thereof 6/5/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt Olivet
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Hunter & Son Hilleary Md
(Date rec'd by registrar)

JUN 3 - 1940
VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1940, at 11 55 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Edema, acute
Pulmonary
Due to acute dilatation of stomach
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations no
Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide investigated
(b) Date of occurrence June 2 1940 1704 N. Montford ave
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Probably Drowning in Bath

23. Signature H. L. Wallenmeier Jr Asst Medical Examiner.
Date signed June 3 1940

Please write plainly, with pen or pencil, and do not use ditto marks. Be sure to write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

F 69951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a

Registered No. F 69951

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 407 Hazlett Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 407 Hazlett Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Listmann

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 1046

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Katherine Listmann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16 1845

8. AGE: Years 94 | Months 10 | Days 18 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Farm Retired
11. Industry or business

FATHER
12. Name George Listmann
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Kronenberger
15. Birthplace Germany

16 (a) Informant Emma Wohlmuther
(b) Address 407 Hazlett Ave.

17. Burial (Burial, cremation, or removal) (b) Date thereof 6/6/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Millard Cook
(b) Address 1319 Light St

19 (a) (Date received by Registrar) (b) Filed by Wilbur Williams M.D.

JUN 5 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1940, at 59 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1940, to June 4 1940, and that I last saw deceased alive on June 4 1940.

Immediate cause of death: arterio-sclerosis — Duration: ?

Due to: senility

Due to: cardiac decompensation — Duration: 2 Dy

Other Conditions: R Inguinal Hernia

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature Fred T. Lyon M. D.
Address 3321 Fred Ave Date signed 6-4-40

F 69952

F 69952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 93 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 105 N. Carey St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Hollins (53367)

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Jane
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 9, 1892
8. AGE: Years 47 | Months 7 | Days 23 | If less than one day ... hr. ... min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name William Henry Harrison Hollins
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Howard (D)
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St.

19 (a) JUN 5 - 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2, 1940, at 10:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1, 1940 to June 2, 1940, and that I last saw him alive on June 2, 1940.

Immediate cause of death: Tuberculosis of the lungs — Duration 1 yr.
Due to:
Due to:
Other Conditions: (D) Tuberculosis of the intestines
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balto. City Hospitals Date signed 6-3-40

Scipio Conyer

F 69953 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 69953

CERTIFICATE OF DEATH ✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 mcculloh St., 14th Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Scipio Conyers

If U. S. Veteran specify WAR Worlds-WAR

(a) Residence: No. 1613 mcculloh St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Katie Conyers

6. DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) md.

FATHER

13. NAME Scipio Conyers

14. BIRTHPLACE (city or town) Balt. (State or country) md.

MOTHER

15. MAIDEN NAME Lucy Bailey

16. BIRTHPLACE (city or town) _____ (State or country) md.

17. INFORMANT Helen Waters
(Address) 1613 mcculloh

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date June 5 1940

19. UNDERTAKER Eugene Waters
(Address) 1000 Brantly ave.

20. FILED JUN 5 - 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1940 to May 31 1940

that last saw h— alive on May 31 1940 Death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	
Other contributory causes of importance:	

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
_____ If so, specify _____

(Signed) M Williams M. D.

(Address) 803 W Fremont St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 69954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 69954 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1426 Druid Hill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1426 Druid Hill Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lottie Underdue

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 23, 1891

8. AGE: Years	Months	Days	If less than one day
48	9	8	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Wm H. Underdue
13. Birthplace Va

MOTHER
14. Maiden Name Carrie Peirson
15. Birthplace Md

16 (a) Informant Carrie Underdue
(b) Address 1426 Druid Hill Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6/5/1940. (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Balto Md.

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) (Date Rec'd by registrar) (b) Registrar

JUN 5 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1, 1940, at 5:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 31 1940 to June 1, 1940, and that I last saw her alive on May 31, 1940.

Immediate cause of death: (a) Uremia
Retention of Urine

Due to

Due to

Other Conditions Partial Paralysis.
Diabetes
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Lee Ellis M. D.
Address 924 Madison Ave Date signed 6/4/40

69955

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 69955

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 922 Argyle
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 922 Argyle (If rural give location)
(e) If foreign born, how long in U. S.? years

3 (a) FULL NAME Jennie Richardson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Daniel Richardson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3, 1876

8. AGE: Years 64 | Months 3 | Days | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace — — —

MOTHER
14. Maiden Name Minnie — — —
15. Birthplace Md.

16 (a) Informant Madeline Williamson
(b) Address 627 Cumberland St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6, 40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Thomas E. Kelson
(b) Address 1303 Presstman St

19 (a) (b) Registrar

DEC 5 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1940 10 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940 to June 3 1940, and that I last saw deceased alive on June 3 1940.

Immediate cause of death: Streptothrix infection

Due to Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 3 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify which one) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Date signed 6/7

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69956

Tasco

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No. F 69956

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1616 Baker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1616 Baker St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mattie J. Tasco

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	ed	Married

6 (b) Name of husband or wife Noble

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 26 [illegible]

8. AGE: Years	Months	Days	If less than one day
67	5	7	hr. min.

9. Birthplace Hartford Co. Md.
(Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name Wm Banke
13. Birthplace Md

MOTHER
14. Maiden Name unknown
15. Birthplace Md

16 (a) Informant Emma J. Cotton
(b) Address Aberdeen Md

17 (a) Burial (b) Date thereof 6/5/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Asbury — Churchville, Md
Location

18 (a) Funeral director Thos E. Kelson
(b) Address 1303 Pressman St

JUN 5 — 1940
(Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 19 40 at 10 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 19 40 to June 2 19 40 and that I last saw h[illegible] alive on June 2 19 40.

Immediate cause of death Uremia, Chronic Renal

Due to Hypertension, over

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: Yrs. 7 Mos. Days 1

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature P. J. Galeta M. D.
Address 1225 Penna Ave Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

69957 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 69957

CERTIFICATE OF DEATH 53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) W. Balt. Gen'l Hosp. (Name of hospital or institution)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs. Bertha Miller

If U. S. Veteran specify WAR

(a) Residence: No. 309 N. Arlington Ave (Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of: Abraham Miller

6. DATE OF BIRTH (month, day, year): 1894

7. AGE: Years 46 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Herman Hurlaus

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Ann Rapp

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Abraham Hartman (Address) 2097 Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Sinai Mt. Carmel Date 6-5-40

19. UNDERTAKER: ... (Address) ...

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-5, 1940

22. I HEREBY CERTIFY, That I attended deceased from 5-27, 1940 to 6-5, 1940

I last saw her alive on 6-5, 1940 Death is said to have occurred on the date stated above, at 3:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignancy of L. buttock	4 mos.
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. S. Leal M. D.

(Address) W. Balt.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

JUN 5 - 1940

Physician to whom referred, M.D.

8/11

F 69958 50936 - FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 148-a

F 69958 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5mo. 22 ds.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4421 Findley Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Burns

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife James Burns
6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) 12-29-1903

8. AGE: Years	Months	Days	If less than one day
33	5	5	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name John Holthaus
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Theresa Breuning BREUNING
15. Birthplace Balto Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (b) Date thereof 6/5/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Geo. J. Pfeltz Son
(b) Address 1136 Hartford Ave

19 (Date rec'd by registrar) JUN 5 - 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4 1940, at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-12 1939 to 6-4 1940, and that I last saw h.e.r. alive on 6-4 1940.

Immediate cause of death Carcinoma Cervix — Duration over 7 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. K. Washburn Jr M.D.
Address Balto city Hosp. Date signed 6-4-40

correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS 3

F 69959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 d

Registered No. F 69950

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1601 N. Hilton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ——
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 N. Hilton St. (If rural give location)
(e) If foreign born, how long in U. S. A.) 65 Yrs. years

3 (a) FULL NAME Mrs. Anna M. Simons

3 (b) If veteran, name war: ——

3 (c) Social Security Account No.:

4. Sex: Female

5. Color or race: Wht.

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife:

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Jan. 26 ?. 80

8. AGE: Years 80 ? Months 4 Days 8 If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation House-Wife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Miss. Ray Hertz
(b) Address 525 W. 149th St N.Y.City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

19 (a) [illegible] (Date received by registrar) (b) Huntingtor Williams M.D.

JUN 5 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1940 4:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1940. to June 4 1940. and that I last saw her alive on June 3 1940.

Immediate cause of death	Duration
Cerebral hemorrhage	10 hrs.
Due to Arterio-sclerosis	8 yrs
Due to	
Other Conditions Chr. Colitis	12 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Homer L. Dodd M. D.
Address 735 N. Fulton Ave. Date signed 6/4/40

69960 14193-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69960 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4yr. 18da. 15
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3110 Presbury St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Fury

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-13-1851

8. AGE: Years 89 | Months 2 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Jackson Fury
13. Birthplace Ohio

MOTHER
14. Maiden Name Mary Ann Johnson
15. Birthplace Pa.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6, 1940 (month) (day) (year)
(c) Cemetery or crematory Mar--Baltimore
Location E.North Ave.

18 (a) Funeral director Robert S.Little
(b) Address 2700 Edmondson Ave.

JUN 3 - 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4 1940, at 7:45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-16 1936 to 6-4 1940, and that I last saw her alive on 6-4 1940.

Immediate cause of death: arterio sclerotic Hypostasis and cardio vascular disease — Duration: several years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L Kirkbride Jr. M. D.
Address Balto City Hosp. Date signed 6-4-40

Cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

F 69961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a F 69961
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Yr. 25 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 420 S. Chapel (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Hoch

3 (b) If veteran, name war: -

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married - Separated

6 (b) Name of husband or wife Cecelia Hoch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 27 1895

8. AGE: Years	Months	Days	If less than one day
44	6	5	7 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Roofer, contractor

11. Industry or business —

FATHER
12. Name Christian Hoch
13. Birthplace Baltimore

MOTHER
14. Maiden Name Bertha Heintz
15. Birthplace Baltimore

16 (a) Informant Mrs Reineken
(b) Address 217 E 25th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Albert W Dennigan
(b) Address 440 E North Ave

JUN 5 1940 (Date received) (Huntington Williams M.D. (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4- 1940, at 3:40 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection + Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Shock -	
Due to Compound fracture of skull + femur	
Due to Brain injury, bruises and laceration	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6-4-40
(c) Where did injury occur? Dillon Stony Rd Dundalk Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Automobile (Specify type of place) While at work? Yes
(e) Means of injury Fell off roof, Fractured Skull & Cerebral Hemorrhage

23. Signature Thomas J. Kinealey M.D. Medical Examiner.
Date signed 6-4-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a

F 69962 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Mercy Hospital. H-1

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs.

(e) Length of stay in Baltimore (yrs., mos., or days) 7 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 8232 Philadelphia, Rd (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy McGowan

3 (b) If veteran, name war no

3 (c) Social Security Account No. no

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3-1940

8. AGE: Years Months Days If less than one day 7 hr. 0 min.

9. Birthplace Baltimore, Md (Town, county and state)

10. Usual Occupation New born.

11. Industry or business

FATHER 12. Name William E. McGowan

13. Birthplace Maryland.

MOTHER 14. Maiden Name Helen Lisbon

15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. William McGowan

(b) Address 8232 Philadelphia Rd.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-5-40 (month) (day) (year)

(c) Cemetery or crematory SACRED HEART

Location GERMAN HILL ROAD

(a) Funeral director Lilly & Leiter INC.

(b) Address 405 S. WOLFE ST.

19 (a) JUN 5 1940 (Date received by registrar) (b) Registrar

Certified by Dr. Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1940, at 11-40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1940, to June 3 1940, and that I last saw h/ alive on June 3 1940

Immediate cause of death: Intracranial Hemorrhage — Duration 1 day

Due to Precipitous Labor

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Charles H. Doeller M.D.

Address Mercy Hospital Date signed 6-4-40

Please write in ink. Physicians: please write the causes of death clearly and legibly. Registrar's certificate is especially important.

69963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

96

F 69963
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 Bruce St. (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Adam Adelsberger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-31-31

8. AGE: Years	Months	Days	If less than one day
8	11/10	3	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation School-Boy
11. Industry or business

FATHER
12. Name William Adelsberger
13. Birthplace Md.

MOTHER
14. Maiden Name Gladys Hare
15. Birthplace Md.

16 (a) Informant Gladys Hare
(b) Address 700 Bruce St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5, 1940 (month), (day), (year)
(c) Cemetery or crematory St. Marys
Location Hampden.

18 (a) Funeral director Schmaltz & Donovan
(b) Address 3615 17 Chestnut Ave

JUN 5 - 1940 (Date rec'd by Registrar) (b) Huntington Ave Baltimore Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1940, at 5:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-28 1940 to 6-3 1940, and that I last saw him alive on 6-3 1940.

Immediate cause of death Hemorrhage of Brain

Due to [redacted]

Due to Aneurysm

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Aneurysm of Middle Cerebral artery

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. F. Pearce M. D.
Address Union Memorial Date signed 6/5/40

Physician's name, address, and telephone number must be given in all cases. Undertaker's name and address must be given. Please answer all questions. Be sure that you have given the correct age in each case. Where there is no physician in attendance, or where one has not seen the deceased after death, the circumstances must be reported immediately to the Coroner. Physicians: please write the causes of death clearly and legibly.

F 69964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69964
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway
(c) Hospital or institution Church Home & Inf., 46
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. No Broadway.
(If rural give location)
Church Home & Infirmary
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Ella Lyles.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 1854

8. AGE: Years 85 | Months 6 9 | Days 4 0 | If less than one day hr. min.

9. Birthplace Washington
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry Lyles.
13. Birthplace Hagerstown ?

MOTHER
14. Maiden Name Harriet. ?
15. Birthplace ?

16 (a) Informant Records of Hospital
(b) Address N. Broadway, City.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7 40 (month) (day) (year)

(c) Cemetery or crematory Washington, D.C.
Location Washington, D.C.

18 (a) Funeral director Stewart & Mowen Co.
(b) Address 108 W. North Ave.

JUN 5 — 1940 (Date received by Registrar)

Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 · 4 1940, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1940 to 6 · 4 1940 and that I last saw her alive on 6 · 4 1940.

Immediate cause of death Pulmonary Edema — Duration 12 hrs

Due to Cardiac Failure — 48 hrs

Due to Fract. Trip Rt. — 46 days

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Fract Trip Rt.

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence April 16 - 1940
(c) Where did injury occur? Balt. Balt. Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell out of bed.

23. Signature Roger Goldsmith M.D.
Address Church Home & Inf. Date signed 6-7-40

Chief Med. Examiner

Maldeis, M.D. for C. Brantley

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 94-a Registered No. F 69965

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Pk. Hgts. Ave. & Shelburne Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Green Spring Manor Apts. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ISAAC S. HESS.

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	212-16-2429	Male	White	Married

6 (b) Name of husband or wife Selma E. Hess. 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1870

8. AGE: Years	Months	Days	If less than one day
69	9	29	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retail Shoe Merchant.
11. Industry or business

FATHER 12. Name Nathan B. Hess.
13. Birthplace Germany.

MOTHER 14. Maiden Name Bertha Stern.
15. Birthplace Germany.

16 (a) Informant Mr. N. Hess.
(b) Address Green Spring Manor Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/40. (month) (day) (year)
(c) Cemetery or crematory Druid Ridge.
Location Pikesville, Md.

18 (a) Funeral director David Sonneborn & Son
(b) Address 1006 Eutaw Place.

19 (a) JUN 5 - 1940 (Date rec'd by registrar) (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4th. 1940 at 12 A.M. 30

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1925 to death 19 . and that I last saw h[illegible] alive on June 4, 1940.

Immediate cause of death: Coronary occlusion — Duration 24 hrs.
Due to Arterio-sclerosis — 2
Due to
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings: Of operations —
Of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan B. Hessmer M. D.
Address 1107 St. Paul St. Date signed 6-4-40.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69966 — CERTIFICATE OF DEATH — 46-D — F 69966

1. PLACE OF DEATH — Registered No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1336 E. West St. (Ward) 24-3

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mary T. McLaughlin — If U. S. Veteran specify WAR _____

(a) Residence: No. 1336 E. West St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Owen C. McLaughlin

6. DATE OF BIRTH (month, day, year) Nov. 23. 1873

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
66	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Andrew Boyle

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Julia Monahue

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Marie McLaughlin

(Address) 1336 E. West St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date June 7 1940

19. UNDERTAKER Margaret J. Flynn

(Address) 1423 Eighth St. Baltimore, Md.

JUN 5 — 1940 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/4/40, 19

22. I HEREBY CERTIFY, That I attended deceased from October, 19 39 to 6/4/40, 19

I last saw h[illegible] alive on 6/4/40, 19 Death is said to have occurred on the date stated above, at 5.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	Oct 39
Other contributory causes of importance: Intestinal Obstruction	May 31 '40

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, when? _____

(Signed) Isaac Miller M. D.

(Address) 1225 N. Charles St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. State whether from accident, suicide or homicide. OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 69967

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B F 69967 Registered No. 53561 SD

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 S. Green Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mamie Belle Young

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Married

6 (b) Name of husband or wife Richard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11, 1894

8. AGE: Years	Months	Days	If less than one day
45	11	22	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John L. Jackson
13. Birthplace Virginia

MOTHER
14. Maiden Name Margaret ?
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-40 (month) (day) (year)
(c) Cemetery or crematory Mt Colvary Cem
Location Gaf Rd Md.

18 (a) Funeral director Walter Fuhrman
(b) Address 139 W Hamburg St

19 (a) 6-3-40 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/2 1940 1230 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/8 1940 to 6/2 1940, and that I last saw h[illegible] alive on 6/2 1940

Immediate cause of death Tuberculosis of the lungs — Duration Feb 1940

Due to

Due to

Other Conditions Diabetes 1935
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 4940 Eastern Ave Date signed 6/2/40

53152 - HB

F 69968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B F 69968 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 633 Carrollton Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Staton

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Separated

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/5/1895

8. AGE: Years	Months	Days	If less than one day
45	1	29	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Pension from R.R. due soon
11. Industry or business

FATHER
12. Name Gray Staton
13. Birthplace North Carolina

MOTHER
14. Maiden Name Mary Davis
15. Birthplace North Carolina

16 (a) Informant Records - B. C. H.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7, 1940 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co. Md.
18 (a) Funeral director Mrs. Geo. A. Hall and
(b) Address 1631 Druid Hill Ave.
19 (a) (b) Huntington Williams, M.D. Registrar
(Date received by registrar) JUN 8 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1940, at 11 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940 to June 3 1940, and that I last saw him alive on June 3 1940.

Immediate cause of death Rheumatic Heart Disease — Duration unknown

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. M. Waghelstein
Address Balto City Hosps. Date signed 6-4-40 (M. D.)

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Murawska

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-D

F 69969 — Registered No. F 69969

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 608 S. Bethel St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 S Bethel St (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Katazyna Muraswska

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Adam
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18 82

8. AGE: Years	Months	Days	If less than one day
57	7		hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name —
13. Birthplace Poland

MOTHER
14. Maiden Name —
15. Birthplace Roland

16 (a) Informant Adam Murawski
(b) Address 608 S. Bethel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location O'donnell St

18 (a) Funeral director W. S. Fialkowski
(b) Address 2002 Eastern Ave

19 (a) [illegible] (b) [illegible] Registrar

JUN 5 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3rd 1940, at 8:47 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 28 1940, to June 3rd 1940, and that I last saw h[illegible] alive on June 3rd 1940.

Immediate cause of death Acute Pulmonary Oedema — Duration 1 day
Due to Myocardial Degeneration and Hypertension — Duration [illegible]
Due to — Duration —
Other Conditions — Duration —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature O. P. Ris M. D.
Address 24 S. Mary Date signed June 4/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

69970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167

F 69970
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) about 3 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 405 N. Eden St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Burgess

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Married

6 (b) Name of husband or wife Frank
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years	Months	Days	If less than one day
37			hr. min.

9. Birthplace King William County Va.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Ned Jones
13. Birthplace Va

MOTHER
14. Maiden Name Sophia Anderson
15. Birthplace Va.

16 (a) Informant Lydia Watson
(b) Address Edgemere Md.

17 (a) Removal (b) Date thereof June 6, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Hanover Virginia

18 (a) Funeral director Mrs. R. A. Elliott & Daughter
(b) Address 1129 ct. Eutaw St.

19 (a) JUN 5 1940 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-2-1940, at 7:40 A. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Hemorrhage, laceration of brain	hour
Due to Fracture Skull	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6-2-40
(c) Where did injury occur? 405 N. Eden St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? No
(e) Means of injury by bracket or ax

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 6-2-40

69971 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 69971 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 545 Chateau Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street and No. 545 Chateau ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John H. Walsh
3 (b) If veteran, name war None
3 (c) Social Security Account No. 212-18-4418

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) May 3 - 1871
8. AGE: Years 69 Months 1 Days 1 If less than one day hr. min.
9. Birthplace Chicago, Ill (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John Walsh
13. Birthplace Ireland

MOTHER
14. Maiden Name Rose Smythe
15. Birthplace Ireland

16 (a) Informant Mrs. H. Guidera
(b) Address 545 Chateau Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 8 '40 (month) (day) (year)
(c) Cemetery or crematory Holy Sepulcher
Location Philadelphia Pa
18 (a) Funeral director Chas. H. Sauerwald Sons
(b) Address 118 W. Mt. Royal Ave
19 (a) Baltimore, Md. (Registrar)
(b) Date received JUN 5 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1940 at 8:47 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from March 1939 to June 4 1940, and that I last saw h. alive on June 3 1940

	Duration
Immediate cause of death: Hypostatic pneumonia	3 days
Due to: Chronic myocarditis	Indefinite
Due to: Arteriosclerosis.	Indefinite
Other Conditions: Pemphigus — during past 4 mos healed	—

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —
23. Signature Nathaniel Monroe Beck M. D.
Address 2727 N. Charles St Date signed June 9-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69972 ✓ F 69972

37982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

139-M Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 627 W Lanvale St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

17

3 (a) FULL NAME Pauline Wilson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Robert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-8-21

8. AGE: Years 19 | Months 8 | Days 24 | If less than one day: hr. min.

9. Birthplace Michigan (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Fletcher
13. Birthplace Mich.

MOTHER
14. Maiden Name Della Hardman
15. Birthplace Mich.

16 (a) Informant Friends —
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-6-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

JUN 5 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1940 at 7:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1940 to June 2 1940, and that I last saw her alive on June 2 1940.

Immediate cause of death Peritonitis

Due to chronic salpingitis

Due to [illegible] agent not found

Other Conditions Pregnancy not found

(Include pregnancy within 3 months of death)

Major findings:
Of operations Pus & chronic inflammation pelvis
Of autopsy not completed

Duration: 3 weeks since hospital

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address J. H. Hospital M. D. Date signed 6-3-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

69973 56090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No. 69973

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr. 23 min 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 330 W. Camden St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Schmidt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/30/40

8. AGE: Years	Months	Days	If less than one day
		1	1 hr. 23 min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation ---

11. Industry or business

FATHER 12. Name Ewald Schmidt
13. Birthplace Baltimore

MOTHER 14. Maiden Name Louise Savtori
15. Birthplace Italy

16 (a) Informant B. C. H. Records
(b) Address

17 (a) cremation (Burial, cremation, or removal) (b) Date thereof 6-4-40 (month) (day) (year)
(c) Cemetery or crematory crematory
Location BCH

18 (a) Funeral director
(b) Address

19 (a) JUN 5 1940 (b) Huntington Williams, M.D. Registrar

Registered by

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1940 2:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-30 1940 to 5-31 1940 and that I last saw h[illegible] alive on 5-31 1940

Immediate cause of death: Congenital Debility (30 minutes)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Louis Dawn M. D.
Address Balto City Hosp. Date signed 6-2-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 69974 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 512 N. Carrol St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Jarrett Bullock

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race B

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/27/39

8. AGE: Years | Months 8 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Harvey Bullock
13. Birthplace Md.

MOTHER
14. Maiden Name Evelyn Bailey
15. Birthplace Va.

16 (a) Informant Evelyn Scott
(b) Address 516 N. Carrol St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location UNIVERSITY MEDICAL SCHOOL JUN 5 - 1940

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUN 5 — 1940 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1940, at 11:46 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-20 1940, to 6-3 1940, and that I last saw him alive on 6-3 1940.

Immediate cause of death: Tuberculous meningitis. Pulmonary Tuberculosis

Due to

Due to

Other Conditions Scurvy, Rickets, Convulsions, Diabetes insipidus.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Sweet M. D.
Address University Hospital Date signed 6-7-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V8 3

F 69975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 69975

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 621 N. Fremont Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JOHN DEMERY.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Dooby Demery

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 52 | Months | Days | If less than one day: hr. min.

9. Birthplace Savannah Ga. (Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER — 12. Name ?
13. Birthplace ?

MOTHER — 14. Maiden Name [illegible]
15. Birthplace [illegible]

16 (a) Informant Carrie Perkins
(b) Address 383 N. Fremont Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6-6-40 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cemetery
Location

18 (a) Funeral director Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) JUN 5 1940 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3rd 1940, at 1 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary arteriosclerosis — Duration

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wolle M.D.
Medical Examiner.
Date signed 6-3-40

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69976 55674--40

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 69976 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street and No. 820 Fairmount Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Slade

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Joseph
13. Birthplace N.C.

MOTHER
14. Maiden Name Julia
15. Birthplace N.C.

16 (a) Informant B.C.H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn A. G. Co. Md.

18 (a) Funeral director Byron & Francis H. Knight
(b) Address 1708 McCulloh & Jerry St

19 (a) JUN 5 1940 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 1 1940, at 10 55 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-15 1940, to 6-1 1940, and that I last saw him alive on 6-1 1940.

Immediate cause of death	Duration
Septicemia	2 weeks
Uremia	1 week
Due to Scrotal Abscess	3 weeks.
Due to	
Other Conditions Bronchopneumonia	3 days
Scrotal Abscess (Include pregnancy within 3 months of death)	

Major findings:
Of operations Scrotal Abscess 5-15-40
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. L. Thomson M. D.
Address Balt. City Hosp. Date signed 6-1-40

69977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D

F 69977 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital, Baltimore, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Waynesboro, Pennsylvania
(If outside city or town limits, write RURAL and give town)
Street No. 136 Hamilton Avenue
(If rural give location)
Treatment
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W. Reyer

3 (b) If veteran, name war

3 (c) Social Security Account No. 577-03-5570

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ruth Reyer
6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) 10/13/1905

8. AGE: Years	Months	Days	If less than one day
34	7	22	hr. min.

9. Birthplace Chicago, Ill.
(Town, county, and state)
10. Usual Occupation SALESMAN
11. Industry or business

FATHER
12. Name William Reyer
13. Birthplace Maryland

MOTHER
14. Maiden Name Anna Trafesy
15. Birthplace Maryland

16 (a) Informant Hospital chart
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Va
Location: S. Hagerstown W Va

18 (a) Funeral director Wm. Cook
(b) Address 1217 St Paul St

19 (a) Filed JUN 5 1940 (Month, day, year) (b) Thurston Tom Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5th 1940, at 1.25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1st 1940, to June 5th 1940, and that I last saw him alive on June 4th 1940.

	Duration
Immediate cause of death: Metastatic Brain tumor, left Temporal region	5 Months
Due to: Origin of tumor undetermined	
Due to	
Other Conditions: Urinary tract Infection (Include pregnancy within 3 months of death)	
Major findings: Of operations: Metastatic Brain tumor, left temporal region	
Of autopsy: Primary Ca of lung & glioma of brain	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Williams & Miller M.D.
Address Univ. Hosp. Date signed 6-7-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

69978

CERTIFICATE OF DEATH

61

F 69978

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 W. Lombard St. St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Julia T. Kurtz

If U. S. Veteran specify WAR

(a) Residence: No. 1119 W. Lombard St. St., Ward,

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Otto H. Kurtz

6. DATE OF BIRTH (month, day, year) March 31 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Patrick Shanahan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Julia Quinn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John O. Kurtz

(Address) 1119 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date 6/6/1940

19. UNDERTAKER John. J. Cowan & Son

(Address) 901 Hollins St.

20. Date JUN 5 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/3 1940

22. I HEREBY CERTIFY, That I attended deceased from 5/1 1940 to 6/3 1940

I last saw h[illegible] alive on 6/3 1940 Death is said to have occurred on the date stated above, at 5.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Diabetes Mellitus	
Arteriosclerosis	
Hypertension	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Manuel L. Shayakovitz M.D.

(Address) 1945 W. Balto

OCCUPATION is very important. See instructions on back of certificate.

VS 9

69979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 69979

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3231 Shannon Drive.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 61/0/9

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3231 Shannon Drive
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

26 3

3 (a) FULL NAME GEORGE RITTLE

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Barbara Rittle
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) May 25, 1879

8. AGE: Years	Months	Days	If less than one day
61	0	9	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Police
11. Industry or business Police Department

FATHER
12. Name Joseph Rittle
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Swab
15. Birthplace Maryland

16 (a) Informant Mrs. Barbara Rittle
(b) Address 3231 Shannon Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7, 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Parkville, Md.

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St.,

19 (a) JUN 5 1940 (b) Huntington Ave. Baltimore, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1940 at 6.05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from December 20 1939 to June 4 1940 and that I last saw h[illegible] alive on June 3 1940.

Immediate cause of death: Myocardial Infarction Acute Coronary Insufficiency — Duration: 2 years 20.

Due to:

Due to:

Other Conditions: Cerebral Thrombosis and Cardiac Dilatation — Duration: 14 days ago

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Eisenberg
Address 2075 E. North Ave. Date signed 6/14/40

69980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95C ✓

Registered No. F 69980

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 124 Willard Street
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 124 Willard Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 5 years

3 (a) FULL NAME — Jeremiah Jones —

3 (b) If veteran, name war: No.
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Ida L. Jones
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 3a. 1876

8. AGE: Years 64 | Months 1 | Days 3 | If less than one day — hr. — min.

9. Birthplace Baltimore, City (Town, county, and state)
10. Usual Occupation Produce Business
11. Industry or business Owner "

FATHER
12. Name John H. Jones
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Isabella Seip
15. Birthplace Baltimore Maryland

16 (a) Informant Mrs Ida Jones
(b) Address 124 Willard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City

18 (a) Funeral director F. D. Wippert & Son
(b) Address 130 [illegible]

19 (a) JUN 5 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3. 1940 at 2:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940 to June 3 1940 and that I last saw him alive on June 3 1940.

Immediate cause of death: arteriosclerosis — Duration 7
Due to: senility
Due to: cardiac decompensation — 3 days
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: ✓
Of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury ✓

23. Signature J. T. Lyter M. D.
Address 3321 Fredk Ave Date signed 6/7/40

VS 3

69984 347471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

20 Registered No. 69981

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 42 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 612 G St. N.E. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Petrone

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Lauer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 85

8. AGE: Years 54 | Months 10 | Days 23 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Brick layer

11. Industry or business

FATHER 12. Name Phillip Petrone

13. Birthplace Italy

MOTHER 14. Maiden Name Emma Lebecola

15. Birthplace Italy

16 (a) Informant Records.

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 6 8 40 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Washington D.C.

18 (a) Funeral director W W Deal.

(b) Address 816 H St N E Washington

19 (a) JUN 5 – 1940 (Date rec'd by registrar) (b) Huntington Williams, MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6, 1940 at 6 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 26, 1940 to June 5 1940 and that I last saw h alive on June 5 1940.

Immediate cause of death Uremia. — Duration 10 days

Tuberculosis cystitis
Tuberculosis right kidney
Tuberculosis of seminal tract
Fistula of bladder

Other Conditions Perivesical abscess

(Include pregnancy within 3 months of death)

Major findings:
Of operations Perivesical abscess

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Johns Hopkins Hosp

Address Brown M Robyns MD Date signed 5-6-40

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69982

CERTIFICATE OF DEATH

95c

F 69982

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2440 Edmondson Ave St., 16-5 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emily Hetwah Gehrmann

If U. S. Veteran specify WAR

(a) Residence: No. 2440 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Gehrmann

6. DATE OF BIRTH (month, day, year) Sept 25 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Stephen Price

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Emily Merryman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT August Roy Gehrmann
(Address) 2440 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Mem. Date 6-7-40 19

19. UNDERTAKER Wm. J. Tickey & Sons
(Address) Northeast Cor. Wilkens & Edmondson Aves

20. FILED JUN 5 - 1940 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4- , 1940

22. I HEREBY CERTIFY, That I attended deceased from January 5- , 1940, to June 4- , 1940

I last saw h[illegible] alive on January 3- , 1940 Death is said to have occurred on the date stated above, at 9:40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (approximate)
Organic Heart Disease	

Other contributory causes of importance:

none

Was an operation performed? no Date of —

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? P.M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Chester Riland , M. D.

(Address) 2532 Edmondson Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 69983

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13B

Registered No. F 69983

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1703 Rosedale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life 15-6

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1703 Rosedale St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Chester Earl Rutherford

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 213-09-0195

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Marguerita L
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 1 1897
8. AGE: Years 42 | Months 8 | Days 3 | If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Draftsman
11. Industry or business Bethlehem Steel Co.

FATHER
12. Name Alexander M Rutherford
13. Birthplace Baltimore

MOTHER
14. Maiden Name Maude E. Kostendike
15. Birthplace Baltimore

16 (a) Informant Mrs Marguerite Rutherford
(b) Address 1703 Rosedale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7 1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Fuller & Fuhrer & Sons
(b) Address Pach + Edmondson Aves

19 JUN 5 - 1940 (Date rec'd by registrar) [signature] Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1940, at 6 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1/35 19[illegible] to June 4 1940 and that I last saw h[illegible] alive on June 3 1940

Immediate cause of death: Pulmonary tuberculosis — Duration: about 4 1/2 yrs.
Due to:
Due to:
Other Conditions: Pulmonary tuberculosis — Duration: about 4 1/2 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 2220 Garrett Date signed 6/4/40

69984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No. F 69984

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 126 N. Mount St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-2
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 126 N. Mount St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Collins
3 (b) If veteran, name war —
3 (c) Social Security Account No.
4. Sex Female
5. Color or race Colored
6 (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife William H. Collins
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) November 11, 1873
8. AGE: Years 56 Months 6 Days 22 If less than one day hr. min.
9. Birthplace Calvert Co. Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business
FATHER 12. Name Thomas Stick
13. Birthplace Calvert Co. Md.
MOTHER 14. Maiden Name Grace Johnson
15. Birthplace Calvert Co. Md.
16 (a) Informant Charles E. C. Collins
(b) Address 126 N. Mount St.
17 (a) (Burial, cremation, or removal) (b) Date thereof June 6, 1940 (Month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location
18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.
19 (a) JUN 5 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1940, at 5:45 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940 to June 3 1940, and that I last saw h alive on June 3 1940.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 day
Due to: Chronic Vascular Disease	Not Kn
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Major findings: Of operations: None
Of autopsy: Not

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Charles E. C. Collins M.D.
Address 861 Hollins St. Date signed 5-25-40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 69985

1. PLACE OF DEATH: St Agnes Hospital
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves
(c) Hospital or Institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days
(e) Length of stay in Baltimore (yrs., mos., or days) R

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ~~Baltimore~~ HOWARD
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Watelos Road (If rural give location)
5-1
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Miss Margaret Froeckel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 52 | Months | Days | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business Dairy Farm

FATHER 12. Name Frank Froeckel

13. Birthplace Germany

MOTHER 14. Maiden Name Barbara Boritz

15. Birthplace Anne Arundel Co Md

16 (a) Informant Mrs Annie Morris

(b) Address Waterloo Rd Hd Co

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof June 6/40 (month) (day) (year)

(c) Cemetery or crematory Trinity Church

Location Washington Blvd.

18 (a) Funeral director Easton Sons

(b) Address Ellicott City, Md.

19 (a) JUN 5 - 1940 (Registered by) (b) Huntington Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/4/1940 at 1.35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/12 1940, to 6/4 1940, and that I last saw h[illegible] alive on 6/4 1940.

Immediate cause of death: Cerebral Vascular Accident, Slow leak, subcortical

Due to Hypertension

Due to Arteriosclerosis

Other Conditions Terminal bronchitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sodoro M.D.

Address St Agnes Date signed 6/7/40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D

Registered No. F 69986

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2222 Walbrook Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2222 Walbrook Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 33 years

15

3 (a) FULL NAME Abner Barzune

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mae

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Tavern Business

11. Industry or business

FATHER 12. Name Moses Barzune

13. Birthplace Russia

MOTHER 14. Maiden Name Rebecca Garonzik

15. Birthplace Russia

16 (a) Informant Mrs Mae Barzune

(b) Address 2222 Walbrook Ave

17 (a) Burial (b) Date thereof May 6, 40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Hebrew Herring Run

Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros

(b) Address 1124 1126 W. North Ave

19 (a) JUN 5 — 1940 (Date received by registrar) Huntington Wilkinson, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5, 1940, at 1215 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1939 to June 5 1940 and that I last saw h[illegible] alive on June 5 1940.

Immediate cause of death Carcinoma of left lung

Due to Arteriosclerotic heart disease

Due to Bronchogenic neoplasm

Due to Arterio Sclerosis

Other Conditions Cardiac enlargement

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration
9 months
" "

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. A. Michelson M. D.

Address 2230 Eutaw Pl. Date signed 6-5-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 69987

CERTIFICATE OF DEATH

83-a

F 69987

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W. Balt. Gen'l Hosp. 15-7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs. Elsie Cohen

If U. S. Veteran specify WAR

(a) Residence: No. 3312 Gwynns Falls Pkwy. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Coby Cohen

6. DATE OF BIRTH (month, day, year) ? 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Business woman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME Morris Cohen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rebecca Cohen

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Esther Cohen

(Address) 3312 Gwynns Falls Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Washington Road Date June 6, 1940

19. UNDERTAKER Sol Levinson & Bro.

(Address) 1226-28 W. Northern

20. FILED JUN 5 - 1940 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1940

22. I HEREBY CERTIFY, That I attended deceased from 6-3, 1940 to 6-9, 1940

I last saw her alive on 6-9, 1940 Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Two
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) M. Eleal M. D.

(Address) 6 E. St. R

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 69988 + 72

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-C

Registered No. F 69988

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Wash.
(c) City or town Williamsport
(If outside city or town limits, write RURAL and give town)
(d) Street No. 121 E. Antegan St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Downs.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-5-38

8. AGE: Years	Months	Days	If less than one day
1	6	0	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business —

FATHER
12. Name Thomas Downs.
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine Taylor
15. Birthplace Maryland

16 (a) Informant Reenda.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 8 1940 (month) (day) (year)
(c) Cemetery or crematory Riverview
Location Williamsport Md

18 (a) Funeral director Edith V. Feaser
(b) Address Williamsport Md

19 (a) JUN 5 1940 Registered by [illegible] Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 Th 1940 at 10 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1940 to June 5 1940 and that I last saw him alive on June 5 1940.

Immediate cause of death Obstructive jaundice

Due to Congenital Anomaly of bile ducts

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
Life
"

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry R. Goldberg
Address John Hopkins Hosp Date signed 6 Jun 40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

CARVER

F 69989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 - B

F 69989 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 44 da
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 435 - E 33rd Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary F Carver

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1 - 1874

8. AGE: Years	Months	Days	If less than one day
65	6	—	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business Nurse

FATHER
12. Name Wm F Carver
13. Birthplace Harford Co

MOTHER
14. Maiden Name Elyza Dolphin
15. Birthplace Baltimore Md

16 (a) Informant Mrs Wottenglass
(b) Address Temple Court Apts Balto Md

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-6-1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cemetery

Location —

18 (a) Funeral director Mary M Medford

(b) Address 901 E 22nd Sts

JUN 6 - 1940 (Date rec'd by registrar) (b) Huntington Williamsport Md.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/3/40 19 , at 6 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/20/40 19 , to 6/3/40 19 , and that I last saw h e alive on 6/3/40 19 .

Immediate cause of death Carcinoma of stomach — Duration 7

Due to

Due to

Other Conditions Gastric Hemorrhage — 8 wks.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Phillip J Mannion M. D.

Address Mercy Hosp Date signed 6/3/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64-a

F 69990
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2804 Cheswolde Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2804 Cheswolde Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wesley H. Kelley

3 (b) If veteran, name war World

3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Alice

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 17, 1881

8. AGE: Years 58 | Months 6 | Days 17 | If less than one day hr. min.

9. Birthplace Pittsburgh, Pa.
(Town, county, and state)

10. Usual Occupation Insurance Adjuster

11. Industry or business

FATHER
12. Name Wesley Kelly
13. Birthplace Pittsburgh, Pa.

MOTHER
14. Maiden Name Martha J. Noble
15. Birthplace Pittsburgh Pa

16 (a) Informant Alice C. Kelley
(b) Address 2804 Cheswolde Rd

17 (a) Removal (b) Date thereof 6/7/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Pitts burg Pa
Location

18 (a) Funeral director Wm Cook
(b) Address 1217 St. Paul St

19 (a) (b) Huntington Williams, M.D.

JUN 6 1940
VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1940, at 3:25 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm H. VanDeGrift M.D.
Medical Examiner
Date signed 6/7/40

correct age is especially important. Physicians please write the causes of death clearly and legibly.

F 69991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X F 69991

117-6 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d
(e) Length of stay in Baltimore (yrs., mos., or days) "

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or town Arlington
(If outside city or town limits, write RURAL and give town)
Street No. 1728 N. 4th St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harold Warner Miller

3 (b) If veteran, name war: 03

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~: Married

6 (b) Name of ~~husband~~ wife: Evelyn E. Miller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov 27th 1893

8. AGE: Years: 46 | Months: 6 | Days: 87 | If less than one day: hr. min.

9. Birthplace: Balto Md.
(Town, county, and state)

10. Usual Occupation: Agent

11. Industry or business: Insurance

FATHER
12. Name: C. W. E. Miller
13. Birthplace: Richmond Va.

MOTHER
14. Maiden Name: Sue F. Parsons
15. Birthplace: Md

16 (a) Informant: Evelyn E. Miller
(b) Address: 1728 N. 4th St Arlington Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Woodlawn
Location: Balto Co. Md.

18 (a) Funeral director: Williams Cook
(b) Address: 1217 St. Paul St

JUN 6 1940
(Date rec'd by registrar) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1940, at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1940 to June 4 1940 and that I last saw h alive on June 4 1940.

Immediate cause of death: Gastric hemorrhage — Duration: 1 hr

Due to: gastric ulcer

Due to:

Other Conditions: general peritonitis, pneumonia, gall bladder
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: as above

17 da?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Paul J. Steinmueller M. D.
Address: 1217 St Paul Date signed: 6-4-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69992

BALTIMORE CITY HEALTH DEPARTMENT 193-D F 69992

CERTIFICATE OF DEATH

Registered No. 49298 SD

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1529 Carswell Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

97

3 (a) FULL NAME Annie Mitchell

3 (b) If veteran, name war No

3 (c) Social Security Account No. No BB

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Wilbur

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1870

8. AGE: Years 69 Months 9 Days 3 If less than one day hr. min.

9. Birthplace Maryland (Balto.) (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name Charles Arrildt
13. Birthplace Denmark

MOTHER
14. Maiden Name CArolina Gert
15. Birthplace Berlin

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Balto Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

JUN 6 - 1940 (Date rec'd by registrar)

(b) Clayton Williams, M.P. Registrar

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4 1940, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-17 1939 to 6-4 1940, and that I last saw her alive on 6-4 1940

Immediate cause of death: Hypertension + arteriosclerotic cardiovascular disease — Duration: 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L K Woodward Jr M. D.
Address Balto City Hosp Date signed 6-4-40

F 69993

G. Clifford Burch

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

F 69993 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2318 North Charles
(c) Hospital or institution: Church Home & Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street 2518 N. Charles St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. G. Clifford Burch

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 213-10-5290

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mary E. Burch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 4th 1879

8. AGE: Years	Months	Days	If less than one day
60	7 6	0	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Hdw. Shop

FATHER
12. Name G. Clifford Burch
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Gardiner
15. Birthplace Maryland

16 (a) Informant Mary Burch
(b) Address 2518 N. Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/40 (month) (day) (year)
(c) Cemetery or crematory Piscataway
Location Prince George Co. Md

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 (a) (Date received by registrar) JUN 8 1940 (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4th, 1940, at 5:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1940, to June 4 1940, and that I last saw h[illegible] alive on June 4, 1940.

Immediate cause of death Post operative Bronchopneumonia.
Due to
Due to
Other Conditions Ca of Stomach Diffuse peritonitis
(Include pregnancy within 3 months of death)
Major findings: Of operations Ca of Stomach
Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Lehmann Langdon M. D.
Address Church Home & Inf. Date signed 6-4-40.

Give age if especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

69994

CERTIFICATE OF DEATH

83-F 69994

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) W. Balt. Gen'l Hosp. 20-1 (Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mr. Adolph Wiesner

If U. S. Veteran specify WAR _____

(a) Residence: No. 1817 Mulberry St. St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Wiesner

6. DATE OF BIRTH (month, day, year) 2-27-1862

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
79 (78)	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Adolph Wiesner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Minnie Apler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Minnie Baker

(Address) 520 Arbor Rd Yeadon Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 6/7/ 1940

19. UNDERTAKER Wm Cook

(Address) 1217 E. Pratt St

JUN 8 – 1940

Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-4- 1940

22. I HEREBY CERTIFY, That I attended deceased from 5-29 1940 to 6-9 1940

I last saw h[illegible] alive on 6-4 1940 Death is said to have occurred on the date stated above, at 8 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of medulla	5-29-40
Other contributory causes of importance: Hypertension	1938 27

Was an operation performed? _____ Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) H. Shear M. D.

(Address) W.B.&H.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 69995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1140

F 69995

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 315 S. Monroe St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Beach.

3 (b) If veteran, name war —
3 (c) Social Security Account No. 215-09-0140

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married.

6 (b) Name of husband or wife Ada H. Beach
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Dec 22nd 1895

8. AGE: Years	Months	Days	If less than one day
44	5	13	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Pen-Lewis Glass Co

FATHER
12. Name Edgar T. Beach
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Letha L. Lowry
15. Birthplace Md

16 (a) Informant Charles Beach
(b) Address 1825 Frederick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 127 S. Paul St

19 (a) (Town) (Registrar) (b) Huntington Williams M.D. (Registrar)

JUN 8 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1940, at 9:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1940, to June 5 1940 and that I last saw him alive on June 5 1940.

Immediate cause of death	Duration
(Operation attempted Laboratory) Post-operative Hemorrhage.	
Due to Lung abscess (Pyogenic)	
Due to Chronic Empyema.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation Lung abscess, chronic Empyema.
Of autopsy Same.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. B. Stevens M. D.
Address University Hospital Date signed 6/3/40.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 69996
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2802 Harford Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) St. and No. 1539 N Carrollton
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EMIL KRAUSE

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Anna B Krause
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 24, 1871

8. AGE: Years	Months	Days	If less than one day
68	7 6	9	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation House Painter
11. Industry or business self

FATHER
12. Name Emanuel Krause
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Calvin S. Krause
(b) Address same address

17 (a) Burial (b) Date thereof June 6/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Lutheran
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Eutaw St

JUN 6 – 1940
(Date received by registrar) (b) Huntington Williams, M.D.
Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1940, at 8 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said ? find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration —
Due to
Due to
Other Conditions no
(Include pregnancy within 3 months of death)
Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 6-3-40

Exact age is especially important. Physicians: please write the causes of death clearly and legibly.

F 69997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 69997

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Sinia Hospital
(b) Street address — Monument & Rutland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State — Md (b) County
(c) City or town — Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. — 3421 Holmes Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — 20 years

3 (a) FULL NAME — Israel Molitz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife — Late Rebecca

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1870

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace — Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business — None

FATHER
12. Name — Milton Molitz
13. Birthplace — Russia

MOTHER
14. Maiden Name — Annie ?
15. Birthplace — Russia

16 (a) Informant — Mrs Isidor Adler
(b) Address — 3902 Cottage Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6, 1940 (month) (day) (year)
(c) Cemetery or crematory — Hebrew Friendship
Location — East Baltimore St

18 (a) Funeral director — Sol Levinson & Bros
(b) Address — 1124 1126 W. North Ave

19 (a) (Date received by registrar) — Washington Williams, M.D. Registrar

JUN 6 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH — June 6th 1940, at 1:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11th 1940, to June 6th 1940, and that I last saw him alive on June 6th 1940.

Immediate cause of death — Bronchopneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature — Elliott Michelson M. D.
Address — Sinai Hospital Date signed 6-6-40

69998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

546 F 69998 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3916 Liberty Heights Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month (May 2 - June 3 - 40)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3916 Liberty Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME Dina Goldsmith

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband ~~or wife~~ Philip Goldsmith

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 15 - 1880

8. AGE: Years 60 | Months 3 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation At home

11. Industry or business —

FATHER
12. Name Israel Firdlander
13. Birthplace Russia

MOTHER
14. Maiden Name Hannah Scherr
15. Birthplace Russia

16 (a) Informant Mrs. Rose Zirtz
(b) Address 3916 Liberty Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philadelphia Rd. + Hamilton Ave

18 (a) Funeral director Jack Davis Inc.
(b) Address 1439 E. Baltimore St.

19 Filed June 6 1940 (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1940, at 10 a.m. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1940, to June 5 1940, and that I last saw h[illegible] alive on June 5 1940.

Immediate cause of death	Duration
Carcinoma of large intestine, Splenic flexure	
Due to	
Due to	
Other Conditions: Metastasis (Include pregnancy within 3 months of death)	

Major findings:
Of operations Cancerous mass at Splenic flexure
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. Kadin M. D.
Address 2306 Eutaw Place Date signed 6-5-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

69999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

69999

93-D

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 Lemmon St) St. 19-4 (Ward)

Length of residence in city or town where death occurred 87 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mrs. Elizabeth Eline

(a) Residence: No. 1719 Lemmon St., ____ Ward.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Widowed

6. DATE OF BIRTH (month, day, year): 1858

7. AGE: Years 82; Months ____; Days ____; If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME ____

14. BIRTHPLACE (city or town) (State or country) ____

MOTHER

15. MAIDEN NAME: Elizabeth Hillner

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mrs J Glaser

(Address) 711 Rosedale st

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Cem Date: June 7th 1940

19. UNDERTAKER: A. Jones

(Address) 111 E. Eilson st.

20. FILED JUN 6 1940, 19____

Huntington Williams M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 2 1940 to June 4 1940

I last saw h.. alive on June 3 1940 Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Coryliis Vas Colon Disease (Senile) Cholecystostomy (acute)	June 6 Yrs
Other contributory causes of importance:	

Was an operation performed? Yes — Date of ____

For what disease or injury? ____

What test confirmed diagnosis? Surgical — Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify ____

(Signed) Elliot W. Johnson

(Address) 3432 Frederick Ave M. D.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

70000

HEALTH DEPARTMENT—CITY OF BALTIMORE

70000

CERTIFICATE OF DEATH

√92-B F70060

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3103 Ravenwood Ave St. 6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Antoinette Anna Curran

If U. S. Veteran specify WAR

(a) Residence: No. 3103 Ravenwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced (or) WIFE of Thomas Curran

6. DATE OF BIRTH (month, day, year) July 11-1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	10 11	23 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME — Jamrazy

14. BIRTHPLACE (city or town) (State or country) German Poland before WORLD WAR I

MOTHER

15. MAIDEN NAME — Reinert —

16. BIRTHPLACE (city or town) (State or country) German Poland before WORLD WAR I

17. INFORMANT Family (Address) 3103 Ravenswood Av.

18. BURIAL, CREMATION, OR REMOVAL Place Mem. Gdns. Date June 8 — 1940

19. UNDERTAKER John A. Morgan (Address) 3001 E. Balto. St.

20. JUN 6 — 1940 Huntington Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 4, 1940.

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1940, to June 4, 1940.

I last saw her alive on June - 4, 1940 Death is said to have occurred on the date stated above, at 11 20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis - Insufficiency	11 years
Aortic Stenosis - Insufficiency	
Chr. Myocarditis	
Pulmonary Edema.	
Other contributory causes of importance: Rheumatic Fever -	Youth.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify. —

(Signed) Ind. E. Kahn, M. D.

(Address) 4200 Sheldon Avenue

VS 2

CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 70001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 70001

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3407 Liberty Heights Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3407 Liberty Heights Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Fannie M. Brown

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife John T. Brown
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 27-1863

8. AGE: Years	Months	Days	If less than one day
76	10	7	..... hr. ..... min.

9. Birthplace Washington D C
(town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Samuel Boston
13. Birthplace Washington D C

MOTHER
14. Maiden Name Unknown
15. Birthplace Virginia

16 (a) Informant Mrs J R Burbridge
(b) Address 3407 Liberty Heights

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6-1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Prince George County, Md.

18 (a) Funeral director J J Speckman & Sons
(b) Address North & Paca Sts

19 JUN 6 - 1940 Harrington Williams
(Date received by local registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1940, to June 4 1940, and that I last saw h[illegible] alive on June 4 1940.

Immediate cause of death	Duration
Cardiac Asthenia -	2 da
Due to Hypertension - Arteriosclerosis Diabetes.	10 yrs
Due to Cerebral Hemorrhage	3 days
Other Conditions Ocular sclerosis.	5 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature E M Townsend M. D.
Address 806 Fulton Ave Date signed June 5/40

PLEASE WRITE PLAINLY; with ink. Physicians: please write the causes of death clearly and give correct age as especially important.

VS 1

F 70002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130

F 70002 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3700 Edgewood Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3700 Edgewood Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15th

3 (a) FULL NAME William John Wallace.

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 4 1880

8. AGE: Years 60 | Months 0 | Days 0 | If less than one day: hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: Retired
11. Industry or business: Dry Goods Merchant

FATHER
12. Name: George A. Wallace
13. Birthplace: Md.

MOTHER
14. Maiden Name: Boland
15. Birthplace: Md.

16 (a) Informant: Mrs Mary E Wallace
(b) Address: 3700 Edgewood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 7 1940 (month) (day) (year)
(c) Cemetery or crematory: Westlawn
Location: Baltimore Md

18 (a) Funeral director: Wilson J Tucker & Son
(b) Address: North & Linden Aves. Huntington Williams M.D.

19 (a) Date received by Registrar: JUN 8 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1940, at 10.23 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 3rd 1940 to June 4 1940, and that I last saw him alive on June 4 1940

Immediate cause of death: Acute Nephritis. (Uraemic Coma)
Due to: Chronic arterial Sclerosis & Hypertension
Due to:
Other Conditions: —

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

Duration
other yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jas. H Pullis M.D.
Address 1939 Edmondson Ave Date signed 6-5-40

PLEASE WRITE PLAINLY. Items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23 correct age is especially important. Physicians: please write the cause of death clearly

F 70003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70003

Registered No. 93-D

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3143 Glendale Ave
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 63-6-15

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County ✓
(c) City or town Baltimore md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3143 Glendale Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME William Kimball Fuller

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 216-05-0197

4. Sex male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Gladys Kyle Fuller

6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) Nov 19-1876

8. AGE: Years 63 | Months 6 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Supervisor - Packing

11. Industry or business Drug

FATHER
12. Name Louis A. Fuller
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Laura Sagues
15. Birthplace Howard Co. Md

16 (a) Informant Mrs Gladys P. Fuller
(b) Address 3143 Glendale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7-1940 (month) (day) (year)

(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director John F. Dushman Funeral Home
(b) Address North Ave

19 (a) ____ (Date rec'd by registrar) (b) ____ Registrar

JUN 8 - 1940

PLEASE WRITE ... correct age is especially important. Physicians: please write the causes of death ...

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1940, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1940, to May 4 1940, and that I last saw him alive on May 3 1940.

Immediate cause of death: Acute Cardiac dilatation — Duration 15 min

Due to Myocardial degeneration.

Due to

Other Conditions Coronary Sclerosis. ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Duggan Wells M.D.

Address Medical Arts Bldg Date signed 6/5/40

F 70004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-W

F 70004 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 703 N. Carrollton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME EDWARD REDDICK

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-2795

4. Sex m | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14, 1896

8. AGE: Years 43 | Months 9 | Days 14 | If less than one day hr. min.

9. Birthplace Dunnar N.C. (Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business

FATHER 12. Name Jackson Reddick
13. Birthplace Clement N.C.

MOTHER 14. Maiden Name Martha Spruzell
15. Birthplace Clement N.C.

16 (a) Informant Catherine Johns
(b) Address 730 N. Carrollton Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof June 6, 1940 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location

18 (a) Funeral director Mr Peter R. Williams
(b) Address 322 N. Schroeder St.
JUN 6 - 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1940, at 6:20 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came
to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Asst Medical Examiner.
Date signed 6-3-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Write the causes of death clearly and legibly. correct age is especially important. Physicians: please write

VS 6

70005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 89-B F 70005 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna. (b) County
(c) City or town York
(If outside city or town limits, write RURAL and give town)
(d) Street No. 520 S Duke St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Schneider

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mrs. Rose
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-9-92

8. AGE: Years 48 | Months | Days | If less than one day hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation Clerk
11. Industry or business Post office

FATHER
12. Name Bruno Schneider
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Bokli
15. Birthplace Pa.

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10 - 1940 (month) (day) (year)
(c) Cemetery or crematory Spring Garden Township York Co
Location Penna.

18 (a) Funeral director Henry Stanley Lau Inc
(b) Address 1301 E. Eager St.

19 (a) Filed by registrar (b) Huntington Williamsport

VS 10

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6, 1940, at 1:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-5-1940, to 6-6-1940, and that I last saw him alive on 6-6-1940.

Immediate cause of death: Chronic mastoiditis & acute exacerbation & convulsions — Duration: 3 wks
Due to Chronic otitis media, rt — 4 mos
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Epidural abscess, rt middle fossa

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William S. Miller, M. D.
Address University Hosp. Date signed 6-6-40

PLEASE WRITE PLAINLY, with ink or indelible pencil, and without abbreviations. Please write the cause of death correctly, as it is especially important. Physicians: please w

F 70006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D Registered F 70006

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3628, Hickory Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3628 Hickory Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William H. Fitez

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-3536

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Minnie B Fitez

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12- 1876

8. AGE: Years 63 | Months 6 | Days 22 | If less than one day hr. min.

9. Birthplace Carroll Co. Md. (Town, county and state)

10. Usual Occupation Street Car Conductor

11. Industry or business Retired 3 years

FATHER
12. Name John D. Fitez
13. Birthplace Maryland

MOTHER
14. Maiden Name Amanda Whitmore
15. Birthplace Maryland

16 (a) Informant Mrs Minnie B Fitez
(b) Address 3628 Hickory Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7-1940 (month) (day) (year)
(c) Cemetery or crematory Pine Creek
Location Carroll Co. Md

18 (a) Funeral director Foray F Burgee
(b) Address 3431 Falls Road

19 (c) JUN 6 - 1940 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4- 1940, at 5-37 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1937 to June 4 1940. and that I last saw h/m alive on June 4 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 4 days

Due to Arteriosclerosis — 6 years

Due to Hypertension

Other Conditions Chronic Myocarditis — 6 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Victor Goodling M.D. M. D.
Address 1524 N. Patterson Park Ave Date signed 6/7/40

PLEASE WRITE PLAINLY. Physicians: please write the correct age in especially important.

VS 2

70007 Conaway 22-B F 70007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1134 Whatcoat St (If rural give location)
16
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Raymond Conaway

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2 | 7 | 1934

8. AGE: Years	Months	Days	If less than one day
6	3	27	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Ernest Conaway
13. Birthplace

MOTHER 14. Maiden Name Gladys
15. Birthplace

16 (a) Informant Records —
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Cedar Hill

18 (a) Funeral director Wm Brooks
(b) Address 1463 N. Caroll St

19 (a) (Signature of registrar) (b) Date received

VS Form

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1940 at 2:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 19 , to 6-4 1940, and that I last saw him alive on 6-4 1940.

	Duration
Immediate cause of death POST-OPERATIVE COLLAPSE	2 hrs
Due to INTESTINAL OBSTRUCTION	2 days
Due to INTUSSUSCEPTION	2 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations INTOSSUSCEPTION & GANGRENE OF BOWEL
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert E. Abrams, M.D.
Address Johns Hopkins Hosp Date signed 6-4-40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death correctly. Correct age is especially important.

F 70008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

85

F 70008 Registered No.

PLEASE WRITE PLAINLY with ink or indelible pencil. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2122 Cliftwood Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 40-8-3

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2122 Cliftwood Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Leroy Archer.

3 (b) If veteran, name war: no.

3 (c) Social Security Account No. no.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1. 1899.

8. AGE: Years 40 | Months 8 | Days 3 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business Fort Mc. Henry

FATHER 12. Name William E. Archer.

13. Birthplace Va.

MOTHER 14. Maiden Name Amelia Cooper

15. Birthplace Balto. Md.

16 (a) Informant Caroline W. Archer

(b) Address 2122 Cliftwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7. 1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto City

18 (a) Funeral director Mr. Mrs. John M. Templeton

(b) Address 801 W. Lafayette, St.

19 (a) JUN 6 1940 (Date rec'd by registrar) (b) Huntingtown Williamsville

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1940, at 5:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1939 to 6/4 1940 and that I last saw [illegible] alive on 19

Immediate cause of death Epilepsy — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Kent Golley M. D.

Address 3763 Harford Ave. Date signed 6/5/40

F 70009

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 70009 ✓ 94-W Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly. Be sure that the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3403 Glenmore Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucy Catherine Adolph (Adolph)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	married

6 (b) Name of husband or wife George H. Adolph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18 1877

8. AGE: Years	Months	Days	If less than one day
63	2	16	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER 12. Name Benjamin Earhart
13. Birthplace Germany

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant George H. Adolph
(b) Address 3403 Glenmore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location

18 (a) Funeral director Leonard J. Tuck
(b) Address 2300 Harford Rd.

19 JUN 6 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/5/40 19 , at 7.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1 19 40 to 6/5 19 40; and that I last saw h alive on 6/5 19 40

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 3763 Hartford Date signed 6/9/40

Adeline McClatterd

HEALTH DEPARTMENT—CITY OF BALTIMORE

70010

70010

CERTIFICATE OF DEATH

Registered No. 43a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 N Bethel St. 6-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Adeline McClatterd

If U. S. Veteran specify WAR

(a) Residence: No. 425 N Bethel St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: F

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Henry McClatterd

6. DATE OF BIRTH (month, day, year): Aug 1895

7. AGE: Years 44 | Months 10 | Days — | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Silas Dean

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Nancy James

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: William Dean

(Address): 140 Eagle St

18. BURIAL, CREMATION, OR REMOVAL

Place: McElderry Cem. Date: June 6, 1940

19. UNDERTAKER: Potter & McElderry

(Address): 1516 McElderry St

20. FILED: JUN 6 - 1940 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 2, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 1 1940 to June 2, 1940

I last saw her alive on June 2 1940 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Acute Cerebral Apoplexy	June 1 1940

Other contributory causes of importance:

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) George L. Allen M. D.

(Address) 1516 McElderry St

information should be carefully and completely given, so that it may be properly classified. State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 70011

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 70011 ✓

159

Registered No. 33380

PLEASE WRITE PLAINLY. WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: University Hospital
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 3304 Fairview Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 0 years

3 (a) FULL NAME Baby Boy Haskins

3 (b) If veteran, name war — | 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	—

6 (b) Name of husband or wife May-25-1940
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
0	0	11 hr.	40 min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Charles Lynwood Haskins
13. Birthplace Ocean City, Md

MOTHER
14. Maiden Name Margaret Griffith Ford
15. Birthplace Atlanta, Ga.

16 (a) Informant Mother
(b) Address 3304 Fairview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June-6-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. MOWEN SUC.) 100 W. NORTH AVENUE

JUN 6 - 1940 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1940, to June 5 1940, and that I last saw him alive on June 5 1940.

Immediate cause of death Pemphigus — Duration

Due to —

Due to —

Other Conditions Prematurity

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Dorman Jr., M. D.
Address University Hospital Date signed 6/5/40

VS 3

F 70012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 63-3

F 70012 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin Sq.
(c) Hospital or institution: Franklin Sq.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 months 14
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County Balto Co.
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1802 Bolton (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Erma May Cross Stokall

3 (b) If veteran, name war: 0
3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Samuel G. Stokall
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 12 1877

8. AGE: Years 62 | Months 6 | Days 13 | If less than one day: hr. min.

9. Birthplace Balto Co Md. (Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business City of Baltimore

FATHER
12. Name Valentine Cross.
13. Birthplace Balto Co Md

MOTHER
14. Maiden Name Susan McCullick
15. Birthplace Balto Co Md

16 (a) Informant Mr Vincent Cross (Cousin)
(b) Address 113 Williamson St.

17 (a) Burial Rites (Burial, cremation, or removal) (b) Date thereof June 8/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge.
Location Pikesville Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (M. F. WOODES, SUC.) 108 W. FOURTH AVENUE

19 (a) JUN 6 1940 (b) Registrar
(Date Notice Received)

Health Dept of Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8/ 1940, at 9.30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1939, to June 8 1940, and that I last saw h[illegible] alive on June 8 1940.

Immediate cause of death: Pulmonic Conditions - Pneumonia — Duration: Days 4

Due to

Due to

Other Conditions Hypertrophy of Prostate — 15 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wyatt E. Grampler. M. D.
Address 1013 Eutaw Street. Date signed June 8 1940

PLEASE WRITE PLAINLY. Please see that your answers are complete and correct age is especially important. Physicians: please write the causes of death clearly and fully.

70013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-2

F 70013

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1717 E. Lafayette ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 91 yrs 11 mo 8 da

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1717 E Lafayette ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hamiel R. Whitney

3 (b) If veteran, name war: Civil War

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	Widower

6 (b) Name of husband or wife Grace B. Whitney

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28 1848

8. AGE: Years	Months	Days	If less than one day
91	11	8	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER — 12. Name Hamiel Whitney

13. Birthplace Not known

MOTHER — 14. Maiden Name Georgianna Starkey

15. Birthplace Not known

16 (a) Informant Mrs Brown

(b) Address 1717 E. Lafayette ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8 40 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location North ave & Rose st

18 (a) Funeral director Henry Lutz

(b) Address 1203 N. Broadway

19 (a) Date received JUN 6 1940 (b) Registrar [signature] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1940, at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from September 1937 to June 5 1940, and that I last saw him alive on June 5 1940.

Immediate cause of death: Uremia

Chronic nephritis — Duration: 2 days

Due to: Arteriosclerosis — years

Due to: — years

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?

(e) Means of injury —

23. Signature Henry M. Hermann M. D.

Address 20 E. Preston St Date signed June 6/1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

56148 - MB

F 70014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 70014

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 906 Stricker St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Butler (Mother - Olivia)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/1/40

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Butler
13. Birthplace Maryland

MOTHER
14. Maiden Name Olivia Hill
15. Birthplace Maryland

16 (a) Informant Records - B.C.H.
(b) Address

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6-5-40 (month) (day) (year)
(c) Cemetery or crematory Crematory BCH
Location

18 (a) Funeral director
(b) Address

19. JUN 6 - 1940 (Date rec'd by registrar) (Huntington Williams, M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/3/40 19 , at 11:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-1-40 19 , to 6-3-40 19 , and that I last saw her alive on 6-3-40 19 .

Immediate cause of death: Prematurity
Intestinal Atresia (congenital)
Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: >days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert H. Lenz, M.D.
Address Baltimore, Md. Date signed 6-4-40

PLEASE WRITE PLAINLY. Physicians: please write the cause of death in such a way that the correct age is especially important.

VS 3

70015

349958

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

81-a

F 70015 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Savage
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Doris Matthews

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-1-40

8. AGE: Years | Months: 2 | Days: 2 wks | If less than one day hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wilbur Matthews
13. Birthplace Maryland.

MOTHER
14. Maiden Name Doris Moore
15. Birthplace Maryland.

16 (a) Informant Rhoda.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6 9 40 (month) (day) (year)
(c) Cemetery or crematory COLESVILLE.
Location NEAR, SAVAGE.

18 (a) Funeral director RIDGLEY SELBY
(b) Address LAUREL, MD.

19 (a) JUN 6 1940 (b) [signature] M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5, 1940, at 7 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1940, to June 5 1940, and that I last saw her alive on June 5 1940.

Immediate cause of death: Pneumonia Type II
Meningitis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 20 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry R. Doelberg
Address Johns Hopkins Hosp. Date signed 6-7-40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death in terms which will indicate correct age is especially important.

F 70016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 ✓

Registered No. 70016

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3335 Ravenswood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3335 Ravenswood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marie A Eldridge

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Albert W

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 29 1897

8. AGE: Years 42 43 | Months 38 | Days 76 | If less than one day hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation Housework at home

11. Industry or business

FATHER
12. Name John Ruppert
13. Birthplace Balto

MOTHER
14. Maiden Name Margaret Curley
15. Birthplace Balto

16 (a) Informant Mr Albert W Eldridge
(b) Address 3335 Ravenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8 - 40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave

18 (a) Funeral director William M Marsek
(b) Address 716 Light St

19 (a) JUN 6 - 1940 (Date rec'd by registrar) (b) Huntington Thomas, M.D. Registrar

VS 8

PLEASE WRITE the causes of death clearly and legibly. Physicians: please write correct age in especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1940, at 10:22 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-27- 1940, to 6-5- 1940, and that I last saw her alive on 6-5- 1940

Immediate cause of death: Carcinoma of right breast with metastases — Duration: May 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation Carcinoma of right breast
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fulton L. Lang M. D.
Address 2117 Belair Rd Date signed 6-6-40

F 70017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 70017

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2308 Ashland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2308 Ashland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME John Doubek

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-26-1879

8. AGE: Years	Months	Days	If less than one day
60 6/12	11	22	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name James Doubek
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Josephine Benedikt
15. Birthplace Czechoslovakia

16 (a) Informant Mrs Bevans (Sister)
(b) Address 2308 Ashland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Charles E. Schimunek
(b) Address 2603 E Madison St

19 (a) [illegible] (b) Huntington Williamsville, N.Y.

JUN 6 - 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1940 at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 17 1937 to June 4 1940 and that I last saw him alive on June 4 1940.

Immediate cause of death
Cardio-renal vascular disease with hypertension — Duration 3 yrs +
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence? —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature Vincent V. Dooka M. D.
Address 845 N. Patterson Pk Date signed 6/6/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Give the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

F 70018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a

Registered No. F 70018

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 304 North Green st
(c) Hospital or institution:
U. S. A. University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 304 N. Green st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Adams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
42			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 6 - 1940

18 (a) Funeral director Commissioner of Health
(b) Address For H. A. Moore Huntington Williams, M.D.

19 JUN 6 - 1940 (b) Registrar 5674

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1940, at 7 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W H Vandersall M.D.
Medical Examiner.
Date signed 5/27/40

PLEASE WRITE PLAINLY. With unfamiliar names, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 70019

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

158 ✓ Registered No. F 70019

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1815 Vine Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1815 Vine St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joyce Goode

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	

6 (b) Name of husband or wife Elizabeth Goode

6 (c) If alive, give age 16 years

7. Birth date of deceased (mo., day, yr.) Nov (?) 1939

8. AGE: Years	Months	Days	If less than one day
	76		hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace —

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Sarah Moore
(b) Address 1815 Vine Street

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL

18 (a) Funeral director Per H. A. Moore
(b) Address

19 JUN 6 - 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

JUN 6 - 1940 Commissioner of Health

5675

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-24- 1940, at 9:15 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy / Inquest thereon and from the evidence obtained by said Autopsy / Inquest find that said deceased came to her death on the day stated above.

Immediate cause of death Pneumonia

Due to Aspiration Feeding

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Andersen M.D.
Date signed 5-24-40 Medical Examiner.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

'70020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a ✓

Registered No. 'F 70020

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4606 Elsrode Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4606 Elsrode ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Cunningham

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4 1858

8. AGE: Years 81 | Months 11 | Days 1 | If less than one day hr. min.

9. Birthplace Scotland
(Town, county, and state)

10. Usual Occupation at home
11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant Mrs Nancy Mikler
(b) Address 4606 Elsrode Ave

17 (a) Burial (b) Date thereof 6-7-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Govans Presbyterian
Location

18 (a) Funeral director Leonard F. Keck
(b) Address 5305 Harford Rd.
(c) JUN 6 1940 Huntington Williams

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1940, to June 5 1940, and that I last saw h[illegible] alive on June 4 1940

Immediate cause of death: Congestive Heart Failure

Due to

Due to

Other Conditions Auricular Fibrillation
Coronary Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas Freund M. D.
Address 4706 Harford Rd Date signed 6-6-40

PLEASE WRITE PLAINLY. Physicians: please write the cause of death clearly and supply correct age is especially important.

F 70021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 70021

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Give correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3110 Virginia Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3110 Virginia Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Vincent J. O'Hare

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 215-09-4191

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1886

8. AGE: Years 53 | Months 5 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore, City (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Ship Yard

FATHER 12. Name Michael J. O'Hare

13. Birthplace Richmond Va.

MOTHER 14. Maiden Name Eliz. Mariachen

15. Birthplace Baltimore

16 (a) Informant Mrs. Lillian A. Renner

(b) Address 3110 Virginia Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/40 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Balto. City.

18 (a) Funeral director C. Vernon Lemmon

(b) Address 4611 Park Heights Ave

19 (Date rec'd by registrar) JUN 6 - 1940 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1940, at 1 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1940, to June 4 1940, and that I last saw him alive on June 3 1940.

Immediate cause of death Coronary embolism — Duration 9 days.

Due to

Due to

Other Conditions Chronic Nephritis Diabetes (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Fred L. DeBarbieri M. D.

Address 4723 Park Heights Ave Date signed June 5, 1940.

F 70022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 70022

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 404 N Gilmor St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass (b) County
(c) City or town Boston (If outside city or town limits, write RURAL and give town)
(d) Street No. 40 Northfield Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Victoria Turner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10 1890

8. AGE: Years 50 | Months 1 | Days 24 | If less than one day hr. min.

9. Birthplace St Mary Co Maryland (Town, county, and state)

10. Usual Occupation Church Worker

11. Industry or business

FATHER
12. Name Maggy Turner
13. Birthplace St mary Co maryland

MOTHER
14. Maiden Name Yankrus
15. Birthplace St mary Co maryland

16 (a) Informant Shedrack Turner
(b) Address 404 N Gilmor Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8. 1940 (month) (day) (year)

(c) Cemetery or crematory St Luck
Location St mary Co Maryland

18 (a) Funeral director Joseph A. Lovely
(b) Address 404 N Mount St

19 JUN 6 - 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1940. 3:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1940. to June 4 1940. and that I last saw h[illegible] alive on June 3 1940.

[illegible] Hypostatic Pneumonia
Edema - Larynx

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Spell out full correct age in especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F LB 70023 50247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F. 70023

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 hr. 10 Min 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street 1720 Cairo Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Oliar Henderson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	married

6 (b) Name of husband or wife Frank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4, 1890

8. AGE: Years	Months	Days	If less than one day
49	6	1	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Jesse Wooden (d)
13. Birthplace Ky.

MOTHER
14. Maiden Name Mary Ramey (d)
15. Birthplace Va.

16 (a) Informant B. C. H. records
(b) Address

17 (a) Burial (b) Date thereof 6-10-1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Westpark
18 (a) Funeral director Noah A. Lively
(b) Address 1921 N. Howard Street
19 (a) JUN 6 - 1940 Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1940, at 11 05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1940, to June 5 1940, and that I last saw her alive on June 5 1940.

Immediate cause of death Cerebral thrombosis — Duration 2 days

Due to

Due to

Other Conditions Hypertensive cardio-vascular disease — arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Baltimore City Hospitals Date signed 5/6/40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correct age is especially important.

VS 8

B79257

B 70024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B

Registered No. B 70024

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mon - 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Eggpt (If outside city or town limits, write RURAL and give town)
(d) Street No. 915 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarence H. Orndorff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-27-75

8. AGE: Years	Months	Days	If less than one day
65	4	9 11	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name J.T. Orndorff
13. Birthplace Md

MOTHER 14. Maiden Name Martha Gilbert
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-40 (month) (day) (year)
(c) Cemetery or crematory Friders Cemetery
Location near Westminster Md

18 (a) Funeral director John R. Byers
(b) Address Westminster Md

JUN 8 1940 (Huntington Williams, M.D.)
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1940 at 1.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1940 to June 6 1940 and that I last saw h alive on June 6 1940.

Immediate cause of death: Peritonitis generalized — Duration: 7 days
Due to: Bowel undetermined — over 1 mo.
Due to:
Other Conditions Extensive carcinoma bladder & bilateral pyonephrosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma bladder
Of autopsy Pyonephrosis & Peritonitis

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James H. Semans M. D.
Address Johns Hopkins Hospital Date signed

PLEASE WRITE PLAINLY. Please see that the cause of death is correct. age is especially important. Physicians: please write the cause of death clearly.

70025 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 70025

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 S. Clinton St. 26-11 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Addie J Gurney

If U. S. Veteran specify WAR _____

(a) Residence: No. 615 S. Clinton St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): _____

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Raymond Gurney

6. DATE OF BIRTH (month, day, year): Aug 28 1860

7. AGE: Years 79 | Months 9 | Days 5 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: _____

10. Date deceased last worked at this occupation (month and year): _____

11. Total time (years) spent in this occupation: _____

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Conway

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Raymond Gurney

(Address) 615 S. Clinton St

18. BURIAL, CREMATION, OR REMOVAL

Place Pachuanac Cem. Date June 7, 1940

19. UNDERTAKER: Dudley Dysart

(Address) 1015 Fulton St.

20. FILED JUN 7 - 1940 Hunting Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1937 to June 4, 1940

I last saw h[illegible] alive on June 3, 1940. Death is said to have occurred on the date stated above, at 11:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Bronchial Pneumonia	6 da 1940
Other contributory causes of importance:	
Chr. Myocarditis	1-15-37

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) N. J Davidson, M. D.

(Address) 3228 Eastern ave

This CAUSE OF DEATH in plain terms, so that it may be properly state CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 70026

70026

CERTIFICATE OF DEATH

√ 83-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers of America Hospital Ward) 16-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME John C. Story

(a) Residence: No. 1023 N. Fulton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louise G. Story

6. DATE OF BIRTH (month, day, year) Mar 23rd 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plumbing

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Louisville Ky.

FATHER

13. NAME John Wesley Story

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Harriett (Unknown)

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Howard G. Dismey

(Address) 1023 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 6/8 1940

19. UNDERTAKER William Cook

(Address) 127 St Paul St

20. FILED ..... 19.. ..... Registrar.

JUN 7 - 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1940 to June 6, 1940

I last saw him alive on June 6, 1940 Death is said to have occurred on the date stated above, at 9 am pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage - stroke	5-31-40

Other contributory causes of importance:

Arteriosclerosis

Hypertension

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Willard Applefeld M. D.

(Address) 416 W Preston St

Asst of Athenea

INFORMATION ... State CAUSE OF DEATH in plain terms, so that it may be properly ... OCCUPATION is very important. See instructions on back of certificate.

F 70027

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 70027 Registered No.

PLEASE WRITE PLAINLY. Use ink. Do not abbreviate. Answer all questions. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2531 Robb st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2531 Robb st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mamie R. Prouty
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Caleb J. C. Prouty
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 2 - 1872
8. AGE: Years 68 | Months 4 | Days 3 | If less than one day hr. min.
9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation — None
11. Industry or business —

FATHER
12. Name John W. Auld
13. Birthplace Va.

MOTHER
14. Maiden Name Victoria Griffin
15. Birthplace Va.

16 (a) Informant Mabel Prouty
(b) Address 2531 Robb st.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 8 40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md.
18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans st
19 (a) JUN 7 1940 (Date rec'd by registrar) (b) [illegible] Wm. H. Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1940, at 11:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1937 to June 5 1940 and that I last saw her alive on June 5 1940.

Immediate cause of death: cardiovascular renal disease with hypertension — Duration: 10 years
Due to
Due to
Other Conditions generalized arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Randal Smith, Jr.
Address 1614 St Paul St. Date signed 6/6/40

70028 56069--FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 70028 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1631 Jefferson St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gracie Harris

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Alexander

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-18-1884

8. AGE: Years	Months	Days	If less than one day
56	2	18	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Domestic Work
11. Industry or business

FATHER
12. Name Reubin Sparks
13. Birthplace Va.

MOTHER
14. Maiden Name Frances Robinson
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10 1940 (month) (day) (year)
(c) Cemetery or crematory Gloucester Co
Location Virginia

18 (a) Funeral director Robt. Williams
(b) Address 15 15 Mc Elderry St

19 (a) June 7 1940 (Date received by registrar) (b) [signature] Registrar

JUN 7 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1940, at 7.20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-29 1940, to 6-6 1940, and that I last saw her alive on 6-6 1940.

Immediate cause of death	Duration
Cardiac Decompensation	?
Due to Hypertensive C.V. Disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp. Date signed

PLEASE WRITE PLAINLY. Please write the cause of death clearly and legibly. Correct age is especially important. Physicians: please write

70029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70029

Registered No. 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4.
(e) Length of stay in Baltimore (yrs., mos., or days) 73

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 916 Plum alley (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Ellen Ruddock

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE:	Years	Months	Days	If less than one day
	79			hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name Steven Ruddock
13. Birthplace Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant John Spencer
(b) Address 930 Plum Alley

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-7-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave

19 (a) JUN 7 1940 (Date rec'd by Registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-6- 1940, at 6:10 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition + Autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquisition + Autopsy (Autopsy or Inquiry) find that said deceased came to... death on the day stated above.

Immediate cause of death Coronary Occlusion — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.

Date signed 6-6-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill in all blanks. Be sure and answer each question. If none, write none, or insert "unknown" where you cannot obtain correct answer. Do not use abbreviations or ditto marks. Be particular and exact in filling out the causes of death clearly and legibly. Special attention is especially important. Physicians: please write the

VS 6

F 70030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89-a

F 70030

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division
(c) Hospital or institution Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 50 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1126 Stockton St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Charles E. English

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race cd

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/6/39

8. AGE: Years 1 | Months 3 | Days 29 | If less than one day hr. min.

9. Birthplace Columbia S. C.
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name James English
13. Birthplace S. C.

MOTHER
14. Maiden Name Viola Anderson
15. Birthplace S. C.

16 (a) Informant James English
(b) Address 1103 Gilmor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 7 40 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Thos. E. Kelso

(b) Address 1303 Pleasant

19 (a) JUN 7 1940 (b) Huntington Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-5-1940, at 1.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-17-1940, to 6-5-1940 and that I last saw h alive on 6-5-1940

Immediate cause of death (a) Lob Bronchitis — Duration 3 months

Due to

Due to

Other Conditions Otitis Media Bilateral.
(Include pregnancy within 3 months of death)

Major findings:
Of operations \

Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature C. F. Maloney M. D.
Address Provident Hospital Date signed 6/6/40

PHYSICIAN
Underline the cause to which death should be charged statistically.

PLEASE WRITE PLAINLY. Information must be complete and correct age is especially important. Physicians: please write

VS 3

F 70031 24837--MD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70031 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2yr.10mo 27da
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Duppins

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Victoria
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-12-1868

8. AGE: Years	Months	Days	If less than one day
71	7	22	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Ned
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thos. E. Kelson
(b) Address 1303 Pressstman St

19 (a) (Date rec'd by registrar) Awaiting for Physicians Sig. (Registrar)

JUN 7 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4-1940, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-7-1937 to 6-4-1940 and that I last saw h[illegible] alive on 6-4-1940.

Immediate cause of death	Duration
Bronchopneumonia	4 days
Cerebral thrombosis	6 "
Due to Gen. arteriosclerosis	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Morag Lebstein M. D.
Address Balto City Hosp. Date signed 6-7-40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and give correct age is especially important.

F 70032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-A 70032 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland
(c) Hospital or institution:
Sinai (Aged Home)
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 59

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 Emmanuel St (If rural give location)
(e) If foreign born, how long in U. S. A.? 59 years

3 (a) FULL NAME Noah Brauman

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife Abraham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Horse Work
11. Industry or Business

FATHER
12. Name Jacob Block
13. Birthplace Poland

MOTHER
14. Maiden Name Mary
15. Birthplace Poland

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-40 (month) (day) (year)
(c) Cemetery or crematory Southern Star
Location Southern Ave

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E Balto St

19 (a) (Date rec'd by registrar) Municipal Off. Williams, M.D.

JUN 7 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1940, at 8:42 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1 1940, to 6/5 1940, and that I last saw her alive on June 5 1940.

Immediate cause of death
Ca of Esophagus
Due to
Due to
Other Conditions Diabetes Arteriosclerotic C. V. D.
(Include pregnancy within three months)
Major findings:
Of operations Ca of esophagus
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Brauman
Address Sinai Hosp. Date signed 6/6/40 M.D.

F 70033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70033

163-M Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Garage behind 3804
(c) Hospital or institution: Belle Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3804 Belle Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Maurice [illegible] Weinstein

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Dora

6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 33 | Months | Days | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation C. P. A.

11. Industry or business Book Keeping

FATHER
12. Name David Weinstoff
13. Birthplace Russia

MOTHER
14. Maiden Name Goldie Grobor
15. Birthplace Russia

16 (a) Informant Mr Rubenstein
(b) Address Boston in Jan

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/40 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Geman Hill Rd.

18 (a) Funeral director Jack Levis Inc
(b) Address 1439 E Baltimore St

19 (a) Date received JUN 7 1940 (b) Registrar's registration No. [illegible]
(By registrar) Registrar

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Please write the causes of death clearly and legibly. Correct age is especially important. Physicians: please

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1940, at during night

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Carbon Monoxide poisoning

Duration

Due to Rheumatic endocarditis Aortic valve with insufficiency

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 6/5/40
(c) Where did injury occur? Garage behind 3804 Belle Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Chevrolet Coupe - exhaust

23. Signature W. H. Vandegrift M.D.
Medical Examiner.

Date signed 6/6/40

F 70034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B F 70034 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals 27-14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 177 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4304 Evenschaple Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nettie Tennette (50904)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22, 1887

8. AGE: Years	Months	Days	If less than one day
53	2	15	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name John Mitchel (D)
13. Birthplace Va.

MOTHER
14. Maiden Name Nettie Martin
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof June 8, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Hampden

18 (a) Funeral director Chenowith & Donovan
(b) Address 3615-17 Eastern Ave.

19 (a) JUN 7 1940 (b) Huntington Pittsburgh Pa.
(Registrar's signature)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6, 1940, at 4:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 11, 1939 to June 6, 1940 and that I last saw her alive on June 6, 1940.

Immediate cause of death
Tuberculosis of the Lungs
Diabetes mellitus
Duration Jan 1938 July 1937

Due to

Due to

Other Conditions
Tuberculosis of the Kidneys
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature
M. D.
Address Balto. City Hospitals Date signed 6-6-40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

70035 70035

CERTIFICATE OF DEATH

94a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W. Balt. Gen'l Hosp St. 13-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Georgia Mays

If U. S. Veteran specify WAR

(a) Residence: No. 700 Berry St. (Usual place of abode) St., Ward. S.S. No. 214-03-7946 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mr. Thomas Vance

6. DATE OF BIRTH (month, day, year): Aug 20 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 61	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housemaid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Katzenberger & Bro.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: George W. Mays.

14. BIRTHPLACE (city or town) (State or country): md

MOTHER

15. MAIDEN NAME: Emily Armacost

16. BIRTHPLACE (city or town) (State or country): md

17. INFORMANT: Katherine Adelsperger (Address) 700 Berry St.

18. BURIAL, CREMATION, OR REMOVAL: Forest, Balto Co Md Date June 7, 1940

19. UNDERTAKER: Ehrmantraut & Donovan (Address) 365-A Pennsylvania Ave.

20. FILED JUN 7 - 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-9, 1940

22. I HEREBY CERTIFY, That I attended deceased from 6-9, 1940 to 6-9, 1940

I last saw h[illegible] alive on 6-9, 1940 Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Infarction	2-1-40
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) H. Shead M. D.

(Address) [illegible]

INFORMATION should be given in plain terms, so that it may be properly classified. State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

70036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. F 70036

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2432 Loretto
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 0 - 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2432 Loretto Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herman Trimper

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 212-10-6716

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife: Mary A Trimper

6 (c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.) Mar 14 - 1887

8. AGE: Years	Months	Days	If less than one day
53	2	21	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Baker

11. Industry or business

FATHER
12. Name Conrad G Trimper
13. Birthplace Germany -

MOTHER
14. Maiden Name Mary Hamilton
15. Birthplace Germany -

16 (a) Informant Mary A Trimper
(b) Address 2432 Loretto Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7th 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location

18 (a) Funeral director Charles P Towell
(b) Address 2427 Edmondson Ave -

(a) JUN 7 1940 (b) Registrar

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5th 1940, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1940, to June 5th 1940, and that I last saw h him alive on May 4 1940.

Immediate cause of death: Coronary thrombosis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Kennard Gosse, M. D.
Address 3101 W. Balto. St. Date signed 6/6/40

70037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3-B

F 70037

Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. Give age in years, months, days if under one year, hours if under one day. Do not abbreviate. Omit words "about" and "probably." Be sure that cause of death is stated so that it can be understood by the lay reader. Do not state mode of dying, such as "collapse," "shock," "heart failure," etc., but the cause of these conditions. Deaths from violence must be fully explained. Operations should be mentioned only when performed for some other than the fatal disease. Write plainly in ink. Do not use pencil. Do not fold this certificate. Use no abbreviations. Be sure to answer every question. If there is no entry, write "None" or "Unknown" as the case may be. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1012 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME J Howard Baldwin (25828)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18, 1882

8. AGE: Years 58 | Months 1 | Days 18 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Franklin Baldwin

13. Birthplace Md.

MOTHER 14. Maiden Name Eliz. Reynolds

15. Birthplace Md.

16 (a) Informant Hospital Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof JUNE 7 1940 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Brooklyn

18 (a) Funeral director William M Marech

(b) Address 715 Light St

19 (a) [illegible] (Date received by registrar) (b) Huntington Williams MD

VS 3 40

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5, 1940 at 2:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 28, 1937 to June 5, 1940, and that I last saw h im alive on June 5, 1940.

Immediate cause of death: Tuberculosis of the Lungs — Duration: Dec 1926

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.

Address Balto. City Hospitals Date signed 6-5-40

70038
379316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

127-a

✓ F 70038 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2705 ashland ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Ashburn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-29-71

8. AGE: Years 68 | Months 6 | Days 7 | If less than one day hr. min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name Robert Robertson
13. Birthplace VA

MOTHER
14. Maiden Name Lucy Talley
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Va

18 (a) Funeral director E. C. Elmore
(b) Address Filbert & Fremont

19 (a) JUN 7 1940 (b) Hunter for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1940, at 9.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940 to June 6 1940, and that I last saw h.e.r alive on June 6 1940.

Immediate cause of death	Duration
? overwhelming infection	
? p.o. pneumonia	
Due to	
Due to	con
Other Conditions obstructive Jaundice (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John H. Ridley M. D.
Address J. H. Hosp. Date signed 6/6/40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correct age is especially important.

70039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-04 F 70039

PLEASE WRITE PLAINLY. Physicians: please, write the cause of death clearly and give correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1302 Dellwood ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 11 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1302 Dellwood ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15-8

3 (a) FULL NAME Walter A. M. Warner

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-0260

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Laura V. Warner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1914

8. AGE: Years	Months	Days	If less than one day
26	0	2	hr. min.

9. Birthplace Baltimore County, Md. (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business Fuel Oil

FATHER
12. Name Charles Warner
13. Birthplace Baltimore County, Md.

MOTHER
14. Maiden Name Martha Wilhelm
15. Birthplace Baltimore County, Md.

16 (a) Informant Laura V. Warner
(b) Address 1302 Dellwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8, 1940 (month) (day) (year)
(c) Cemetery or crematory Pine Grove
Location Rayville, Baltimore County

18 (a) Funeral director E. Leroy Stoffler, Inc.
(b) Address 125 E. North Ave.

19 (a) JUN 7 (Date rec'd by registrar) (b) Lucy G. Williams M.D. Registrar

VS 3 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4th 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-31 1940, to 6-4- 1940, and that I last saw h[illegible] alive on 6-4-40 1940.

Immediate cause of death Uremia

Due to Pyonephrosis - Pyelitis Abscess Kidney

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lawrence J. Shumaneta M. D.
Address 3711 Falls Rd Date signed 6-5-40

F 70040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 70040 Registered No.

PLEASE WRITE PLAINLY with pen and ink. Physicians: please write the causes of death clearly and report correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1827 Aiken Street

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1827 Aiken Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna J. Tonge

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: William B. Tonge

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1864

8. AGE: Years 75 | Months 8 | Days 13 | If less than one day hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER

12. Name Unknown

13. Birthplace Unknown

MOTHER

14. Maiden Name Eva —

15. Birthplace Unknown

16 (a) Informant Mrs Hoke

(b) Address 1827 Aiken Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10 1940 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Baltimore, Md.

18 (a) Funeral director E. Leroy Stiffler, Inc.

(b) Address 1258 E. North Ave.

JUN 7 - 1940 (Date rec'd by registrar)

(b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JUN 5 - 1940 19 , at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from APR 5 - 1940 JUN 5 - 1940 and that I last saw h[illegible] alive on JUN 5 - 1940

Immediate cause of death UREMIA — Duration 2 days

Due to CHRONIC NEPHRITIS — 6 yrs

Due to CHRONIC MYOCARDITIS

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide None

(b) Date of occurrence X X XX

(c) Where did injury occur? X X XX (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? X X XX While at work? X XX

(Specify type of place)

(e) Means of injury X X XX

23. Signature Elliott Duker M.D.

Address 928 E. North Ave. Date signed JUN 7 -

70041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 70041

PLEASE WRITE PLAINLY, WITH UNFADING INK. Spelling of full name and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3214 Keswick Road
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3214 Keswick Road (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME William Jeffries

3 (b) If veteran, name war: no (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mollie Jeffries
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 13-1875

8. AGE: Years 65 | Months 1 | Days 24/23 | If less than one day: hr. min.

9. Birthplace Baltimore Co. Md (Town, county, and state)

10. Usual Occupation Janitor of School

11. Industry or business

FATHER
12. Name William Jeffries
13. Birthplace Md.

MOTHER
14. Maiden Name Cross
15. Birthplace unknown

16 (a) Informant Mollie Jeffries
(b) Address 3214 Keswick Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8-40 (month) (day) (year)
(c) Cemetery or crematory Lesshups
Location Baltimore Co

18 (a) Funeral director Leland H. Seitz
(b) Address 4361 [illegible]

19 JUN 7-1940 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1940, at 12:55 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940 to June 6 1940 and that I last saw him alive on June 5 1940

Immediate cause of death: Acute Cardiac dilatation — Duration 2 days
Due to: Chronic myocardits a
Due to: hypotension.
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. N. Fallon
Address H. N. Fallon Date signed 6/6/40

VS 3

70042 DB 56106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70042 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days 1 mth.
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 113 N. Clinton st
(If rural give location)
(e) If foreign born, how long in U. S. A.? 89 yrs. years

3 (a) FULL NAME Julius Schlimmer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1876

8. AGE: Years	Months	Days	If less than one day
64	0	6	hr. min.

9. Birthplace Hungary (Town, county, and state)
10. Usual Occupation Baker
11. Industry or business unemployed

FATHER
12. Name Carl
13. Birthplace Hungary

MOTHER
14. Maiden Name Julia Amen
15. Birthplace Hungary

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director J. J. Moran
(b) Address 3000 E. Baltimore

19 (a) (Date received by registrar) (Signature of Registrar) Hunter for Williams M.D.

JUN 7 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-7- 1940, at 2:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-27- 1940, to 6-7- 1940 and that I last saw h[illegible] alive on 6-7- 1940.

Immediate cause of death: Syphilitic [illegible] aneurism [illegible] Duration 9 wks 6 wks
Due to: Pulmonary tuberculosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 6-7-40

PLEASE WRITE PLAINLY. Fill all blanks. Be sure to give the causes of death clearly and correct age is especially important. Physicians: please write the

F 70043

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193-P

Registered No. F 70043

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3824 Beech Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 76 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3824 Beech Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? ------- years

3 (a) FULL NAME Helen F. King

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Joseph S. King
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) June 29, 1863

8. AGE: Years	Months	Days	If less than one day
76	11	6	-- hr. -- min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business -----

FATHER
12. Name James A. Boyle
13. Birthplace Maryland

MOTHER
14. Maiden Name Julia Hooper
15. Birthplace Maryland

16 (a) Informant Miss Helen L. King
(b) Address 3824 Beech Avenue

17 (a) Burial (b) Date thereof 6/8/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Frederick Road & Augusta Ave

18 (a) Funeral director H. W. Myers & Son
(b) Address 805 N. Calvert Street

19 (a) JUN 7 - 1940 (b) [illegible] Registrar.
(Date Rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1940, at 9:47 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-25 1940, to 6-5 1940, and that I last saw h[illegible] alive on 6-5 1940.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular disease	?
Auricular fibrella tin	?
Due to Pulmonary embolism	10 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Nelson Cain M. D.
Address 1014 St Paul St Date signed 6-7-40

PLEASE WRITE PLAINLY. Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

F 70044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a Registered No. F 70044

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mikens + Caton Ave
(c) Hospital or institution:
St. Agnes' Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 73 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 705 N. Calvert St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Thomas J. McDonald

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Clothilda Mitchell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/31/1866

8. AGE: Years: 73 | Months: 5 | Days: 4 | If less than one day: ___ hr. ___ min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John McDonald
13. Birthplace ----- Ireland

MOTHER
14. Maiden Name Ellen McKitrick
15. Birthplace ---- Ireland

16 (a) Informant Mrs. Clothilda M. McDonald
(b) Address 705 N. Calvert St.

17 (a) Burial (b) Date thereof 6/8/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Frederick & Augusta Aves.

18 (a) Funeral director H W Meaney Son
(b) Address 805 North Calvert Street

19 JUN 7 1940 (b) Huntington Williams M.D.
(Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1940, at 7A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940, to June 5 1940, and that I last saw him alive on June 5 1940.

Immediate cause of death: Cardiac Failure
Acute Dilatation, Chronic Myocarditis
Endocarditis.
Due to Senility

Due to

Other Conditions Prolonged Coma

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. H. C. Mitchell
Address 215 E. Madison Ave Date signed 6/5/40

PLEASE WRITE PLAINLY, WITH ONE LETTER IN EACH SQUARE. Be sure to write the causes of death clearly and correct age is especially important. Physicians: please write the causes of death clearly and correct age is especially important.

VS 3

70045

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 159

Registered No. 70045

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Brooklyn Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 hr 30 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Brooklyn Balto 26
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 1/2 14
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Infant Spriggs

3 (b) If veteran, name war: -
3 (c) Social Security Account No.: -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Infant.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-29-40

8. AGE: Years	Months	Days	If less than one day
			11 hr. 30 min.

9. Birthplace Brooklyn Hospital (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name James Spriggs
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Harris
15. Birthplace Maryland

16 (a) Informant Sarah Spriggs
(b) Address Brooklyn Md 26

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 7 - 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JUN 7 - 1940 (Date received by registrar) Huntington Williams, M.D. Registrar
387

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-29- 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-27 1940 to 5-29 1940, and that I last saw him alive on 5-29 1940.

Immediate cause of death: Premature Congenital Atelectasis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Baltz M. D.
Address Brooklyn Md Date signed 6-3-40

PLEASE WRITE THE ANSWERS TO QUESTIONS CAREFULLY. Physicians: please write correct age is especially important.

F 70046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 70046

Registered Number

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 607 Claymont Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 607 Claymont Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Marie A. Powers

3 (b) If veteran, name war ---
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Wht.	Married

6 (b) Name of husband or wife William E. Powers
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) June 5, 1875

8. AGE: Years	Months	Days	If less than one day
65	--	1	____ hr. ____ min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation ---
11. Industry or business

FATHER
12. Name John H. Meyer
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Anna Brill
15. Birthplace Baltimore Md.

16 (a) Informant Wm. E. Powers
(b) Address 607 Claymont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8, 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

19 Filed ... 1940 (Signature) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/6/39 1940, to 6/6 1940, and that I last saw h[illegible] alive on 6/6 1940

Immediate cause of death Cerebral Hemorrhage — Duration ____

Due to ____

Due to ____

Other Conditions ____ (Include pregnancy within 3 months of death)

Major findings: Of operations ____

Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature H. S. Williams M.D.
Address 6/7/40 Date 6/8/40

F 70047

LR 49826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183-B

F 70047 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Give full name of deceased. Do not use initials alone. Give correct age in years. If unknown, state approximate age. Physicians: please write the causes of death clearly and legibly. Answer all questions, and especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mths 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 413 S. High St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anthony Sternsdorf (Stern[illegible])

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	unknown

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871 ?

8. AGE: Years	Months	Days	If less than one day
69 ?	?	?	hr. min.

9. Birthplace unknown (Town, county, and state)

10. Usual Occupation unknown

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 7 - 1940
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) JUN 7 - 1940 (Date of registry) Huntington Williams, M.D. Registrar
5678

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1940, at 10 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 3 1939, to May 30 1940, and that I last saw h[illegible] alive on May 30 1940.

Immediate cause of death	Duration
Cerebral thrombosis	unknown
Due to	
Due to	
Other Conditions Generalized arteriosclerosis	unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp. Date signed 6-9-40 M. D.

70048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

F 70048
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made in permanent ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Found floating in harbor
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) No. 624 N. Milton ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

7-

3 (a) FULL NAME Frank Vey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Catherine W. Vey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29 - 1860

8. AGE: Years	Months	Days	If less than one day
78	4	76	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Tailor Unemployed
11. Industry or business

FATHER
12. Name Ferdinand Vey
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Walter
15. Birthplace Germany

16 (a) Informant Theresa Johnson
(b) Address 624 N. Milton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8-40 (month) (day) (year)
(c) Cemetery or crematory Balto. Cemetery
Location North Ave. & Gay St.

18 (a) Funeral director John A. Miller
Address 2354 Jefferson St.

19 (a) JUN 7 - 1940 (Date rec'd by registrar) (b) Hunter's Point, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 5 - 1940, at 8:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy & Inquest find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Probably Accidental
(b) Date of occurrence 6 - 4 - 40 26-06
(c) Where did injury occur? Balto. Patapsco River (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Harbor (Specify type of place) While at work? Employed on
(e) Means of injury Found floating in harbor foot

23. Signature Howard J. Malamis M.D. Medical Examiner.
Date signed 6-5-40

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70049 CERTIFICATE OF DEATH 131-a F 70049

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 W Pappleton St. Ward 18)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Mary F Wedge Lee

If U. S. Veteran specify WAR .....

(a) Residence: No. 108 W. Pappleton St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col.	Widow

6a. If married, widowed, or divorced (or) WIFE of Daniel W Wedge Sr

6. DATE OF BIRTH (month, day, year) March 17, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Anthony Carter

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Harriet Jones

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT W W H Wedge

(Address) 108 W Pappleton

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 10, 1940

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St

20. FILED JUN 7 - 1940 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-6, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1940 to June 6, 1940

that I saw h... alive on 6-6, 1940 Death is said to have occurred on the date stated above, at 3.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hypertension Cardio Renal Disease	

Other contributory causes of importance: .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M Emerson M. D.

(Address) 803 W Fremont Ave

information should be carefully supplied, so that it may be properly classified, state CAUSE OF DEATH in plain terms, so that it may be properly classified, and OCCUPATION is very important. See instructions on back of certificate.

F 70050

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√87-E F 70050

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1757 Homestead St. 9-7 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Idel. Bock

If U. S. Veteran specify WAR .....

(a) Residence: No. 1759 Homestead St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) June. 24. 1906.

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
13.	11	1139.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Bock

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Belle. Hazaz

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT William Bock
(Address) 1759. Homestead St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 8 1940

19. UNDERTAKER Kendall & Heagel
(Address) 1405 Gilmor St.

20. FILED JUN 7 – 1940 Registrar.
Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5. 1940

22. I HEREBY CERTIFY, That I attended deceased from June 3. 1940 to June 5 1940

I last saw h.. alive on June 3 1940. Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Little's Disease	1940 June 3rd

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Victor Goldberg M. D.

(Address) 1544 N. Patterson Park Ave

Information should be given by someone who knows, supplemented, so that it may be properly classified. State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 70051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1940 F 70051

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or "unknown" or "none" inserted where necessary. Do not leave blanks. Be sure to give the correct ago in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 518 Arlington Ave, Govans (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John J. Donovan

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-9914

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife Rudiell Donovan
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Aug 21-1880

8. AGE: Years 59 | Months 9 | Days 16 | If less than one day hr. min.

9. Birthplace Haverhill Mass (Town, county and state)

10. Usual Occupation Checker Balto Transit Co

11. Industry or business

FATHER 12. Name Timothy Donovan
13. Birthplace Ireland

MOTHER 14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Eleanor R. Donovan
(b) Address 1114 N. Intaw St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/9/40 (month) (day) (year)
(c) Cemetery or crematory Haverhill Mass
Location

18 (a) Funeral director Chas F. Grace & Son Inc.
(b) Address 1100 W. Mt. Royal Ave.

19 (a) JUN 7-1940 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1940 at 5:00 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration 2 min

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McGuirk M.D. (Medical Examiner)
Date signed 6/7/40 Investigator

VS 6

GINA CASCINO

F 70052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

Registered No. F 70052

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2319 N. Monroe Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Gina Cascino

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife Joseph Cascino
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 28 1897

8. AGE: Years	Months	Days	If less than one day
43	-	6	____ hr. ____ min.

9. Birthplace Italy (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Matteo Perticone
13. Birthplace Italy

MOTHER
14. Maiden Name Giuseppina Pareri
15. Birthplace Italy

16 (a) Informant Husband
(b) Address 2319 N. Monroe

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Frank V. Pipitone
(b) Address 2918 E. Baltimore St

19 (a) JUN 5 1940 (Date received by Registrar) (b) Herbert Williams, M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1940, at 9.30 p. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1940, to June 4 1940, and that I last saw her alive on June 4 1940.

Immediate cause of death: Acute toxic hepatitis — Duration: 1 day
Due to: Acute hydrops of gall-bladder & cholelithiasis — 7 days
Due to: ____
Other Conditions: Intramuscular Iron
(Include pregnancy within 3 months of death)
Major findings: Of operation: Acute hydrops of gall bladder & cholelithiasis & hepatitis
Of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23) Signature Edwin F. Ruzicka, M. D.
Address University Hospital Date signed June 4, 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 70053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-C Registered No. F 70053

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as far as practicable. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 503 W Pratt St
(c) Hospital or institution: Taken to University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 503 W. Pratt St. (If rural give location)
(e) If foreign born, how long in U. S. A.? dont know years

3 (a) FULL NAME Theodore Madis

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-1868

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
40	—	—	hr. min.

9. Birthplace Greece (Town, county, and state)
10. Usual Occupation Bartender
11. Industry or business Restaurant

FATHER
12. Name dont know
13. Birthplace

MOTHER
14. Maiden Name dont know
15. Birthplace

16 (a) Informant Harry G. Pappas
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location near Baltimore Md.

18 (a) Funeral director John R. Byers
(b) Address Westminster, Md

19 JUN 7 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1940, at 6:00 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	10 min
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: —
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William D Kelfried M.D. Medical Examiner
Date signed 6/5/40 Investigate

F 70054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 70054

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use "None" or "Unknown" where necessary. If there is no physician in attendance, the undersigned will report the case to the Coroner. Physicians: please write the causes of death clearly and legibly. Give the exact cause of death, not the mode of dying, such as heart failure, asthenia, etc. Do not use abbreviations or symbols. Indefinite or unsatisfactory answers will be returned for correction. Omissions will delay the issuance of the burial permit. Please report at once any case you have not seen during life. Please answer all questions if possible. Write in the space provided for each item. Do not write in margins. Be sure that the cause of death is entered in such terms as to show clearly the disease primarily causing death, and the secondary conditions, if any, which gave rise to the primary cause. Be sure that the age is entered in every case. If the exact age is not known, it must be approximated. Be sure that the length of residence is entered in every case. Be sure that the length of residence is entered in every case.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 634 S. Oldham St (If rural give location)
(e) If foreign born, how long in U. S. A.? 8 months years

3 (a) FULL NAME Despina Galanos

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife William Galanos
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) 1911

8. AGE: Years	Months	Days	If less than one day
29	—	—	hr. min.

9. Birthplace Greece (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Mike Nekolakis
13. Birthplace Greece

MOTHER
14. Maiden Name Constanow
15. Birthplace

16 (a) Informant William Galanos
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Near Baltimore Md

18 (a) Funeral director John R. Byers
(b) Address Westminster Md.

19 (a) JUN 7 – 1940 (Date rec'd by registrar) Huntington Williams M.D. (b) Address

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-5 1940, at 6:55 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-31 1940 to 6-5 1940 and that I last saw h.e.r. alive on 6-5 1940

Immediate cause of death	Duration
Peritonitis	
Due to Acute Pelvic Inflammatory Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death) ovr

Major findings: Of operations Bilateral salpingitis Retroversion of uterus
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard J. Sakatand M. D.
Address St Jos. Hosp. Date signed 6-5-40

VS 3

F 70055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

Registered No. F 70055

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) Hospital or institution: Home for Aged Sis. Church
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara Wheat

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1860

8. AGE: Years 80 | Months - | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation:
11. Industry or business:

FATHER — 12. Name John Wheat
13. Birthplace Kent Co Md

MOTHER — 14. Maiden Name Elizabeth Comstock
15. Birthplace Baltimore Md

16 (a) Informant Etta Cuddy
(b) Address 2211 Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto Md

18 (a) Funeral director William Cook
(b) 1218 St. Paul St

19 (a) JUN 8 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered; write the words "none," "unknown," or the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1940, at 5:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1940 to June 7 1940, and that I last saw h[illegible] alive on 6/7 1940.

Immediate cause of death: Chr. myocarditis — Duration

Due to:
Due to: Chr nephritis
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. E. Stanmore M.D.
Address 700 N. Fulton Ave Date signed 6/13/40

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70056 / 131-W — Registered No. F 70056

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 502 Robert st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 502 Robert st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles W Braxton

3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Vangie Braxton
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 6-16-1873

8. AGE: Years	Months	Days	If less than one day
66	11	20	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name James Braxton
13. Birthplace Va

MOTHER
14. Maiden Name Margret ?
15. Birthplace unknown

16 (a) Informant Vangie Braxton.
(b) Address 502 Robert st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 9 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location West Port Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania

19 (a) (b) Huntington Williams M.D.
Registrar

JUN 8 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 — 6 — 1940, at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1940, to June 6 1940, and that I last saw him alive on June 6 1940.

Immediate cause of death Nephritis (Chronic)

Duration: 2 months

Due to —

Due to —

Other Conditions Endocarditis & Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James C Carson M. D.
Address 1493 Madison Ave Date signed 6-7-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Do not write the causes of death clearly and legibly. correct age is especially important. Physicians: please write

70057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

F 70057

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 101 S Potomac St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 85 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balti
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 101 S Potomac St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna M Schmidt

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife August J Schmidt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 25 1855

8. AGE: Years	Months	Days	If less than one day
85	2	11	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name John H Kreimer
13. Birthplace Germany

MOTHER
14. Maiden Name Dont know
15. Birthplace Germany

16 (a) Informant Geo J C Schmidt
(b) Address 101 S Potomac St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9/1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Baltimore
(d) Funeral director John Ulrich
(e) Address 2006 Allison St

19 (a) 1940 (Date received by registrar) (b) Huntington Hilleary M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1940, at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1st 1940, to June 6 1940, and that I last saw her alive on June 6 1940.

Immediate cause of death	Duration
Valvular Heart Disease	2 yrs
Due to Cardiac Failure	2 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert L Kirk M. D.
Address 3126 Gardenia Ave Date signed June 7 1940

PLEASE-WRITE PLAINLY, with unfading ink. Fill in all blanks. Be sure and give the causes of death clearly and regularly. Be sure and correct age is especially important. Physicians: please write the

M. D. H. 1268-9

F 70058 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 70058

1103

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 632-E-28th St. 4th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Willie V. Jolly

(a) Residence: No. 632 E 28th St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/27/1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge, Md

FATHER

13. NAME Henry Harris

14. BIRTHPLACE (city or town) (State or country) Cambridge, Md.

MOTHER

15. MAIDEN NAME Virginia Harris

16. BIRTHPLACE (city or town) (State or country) Cambridge, Md

17. INFORMANT Willie M. Cuhr
(Address) 2101 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL
Place Arbutus Memorial Date June 8, 1940

19. UNDERTAKER Archibald C. Maddis
(Address) 2101 McCulloh St.

20. FILED JUN 8 - 1940 1940 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-6- 1940

22. I HEREBY CERTIFY, That I attended deceased from 5/15 1940 to 6-6- 1940
I last saw her alive on 6/6 1940 Death is said to have occurred on the date stated above, at 4:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	22 days
& Pleurisy	22 days
Chronic	
Other contributory causes of importance:	
Pleurisy	

Name of operation ... Date of ...
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Jas R Blake M.D.
(Address) 1327 N. Central

N. B.—Information should be carefully supplied. Any misstatement of information should be corrected by the undersigned. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 2

F 70059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D

Registered No. F 70059

PLEASE WRITE PLAINLY, with unfading ink. Use no abbreviations. Give full name of deceased. Do not use initials. Be sure to answer every question. Where information is unknown or not applicable, write the word "unknown" or "not applicable" so as to show that no question has been overlooked. Be sure to give the correct age in each case. Physicians: please write the causes of death clearly and legibly. Cause of death must be certified to the best knowledge and belief of the physician. Do not certify to conditions which you have not observed. Do not certify to the cause of death which you have not attended. Do not certify to the cause of death which you have not investigated. Do not certify to the cause of death which you have not examined. Do not certify to the cause of death which you have not treated. Do not certify to the cause of death which you have not prescribed for. Do not certify to the cause of death which you have not operated on. Do not certify to the cause of death which you have not performed an autopsy on. Do not certify to the cause of death which you have not signed the death certificate for. Do not certify to the cause of death which you have not filed the death certificate for. Do not certify to the cause of death which you have not registered the death for. Do not certify to the cause of death which you have not issued the burial permit for. Do not certify to the cause of death which you have not issued the cremation permit for. Do not certify to the cause of death which you have not issued the removal permit for. Do not certify to the cause of death which you have not issued the transportation permit for. Do not certify to the cause of death which you have not issued the disinterment permit for. Do not certify to the cause of death which you have not issued the reinterment permit for. Do not certify to the cause of death which you have not issued the entombment permit for. Do not certify to the cause of death which you have not issued the scattering permit for. Do not certify to the cause of death which you have not issued the interment permit for. Do not certify to the cause of death which you have not issued the burial-transit permit for. Do not certify to the cause of death which you have not issued the cremation-transit permit for. Do not certify to the cause of death which you have not issued the removal-transit permit for. Do not certify to the cause of death which you have not issued the transportation-transit permit for. Do not certify to the cause of death which you have not issued the disinterment-transit permit for. Do not certify to the cause of death which you have not issued the reinterment-transit permit for. Do not certify to the cause of death which you have not issued the entombment-transit permit for. Do not certify to the cause of death which you have not issued the scattering-transit permit for. Do not certify to the cause of death which you have not issued the interment-transit permit for.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3514 Noble Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3514 Noble Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Bernard Morgereth

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-6957

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sadie Virginia Morgereth
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) July 6th, 1884

8. AGE: Years	Months	Days	If less than one day
55	11		hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

MOTHER | FATHER
12. Name Henry Joseph Morgereth
13. Birthplace Baltimore, Maryland
14. Maiden Name Elizabeth Benson
15. Birthplace Baltimore Maryland

16 (a) Informant Sadie V. Morgereth
(b) Address 3514 Noble Street

17 (a) (Burial, cremation, or removal) (b) Date thereof June 10th, 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Boulevard

18 (a) Funeral director Frederick D. Miller, Inc.
(b) Address 3019 E. Monument Street

19 (a) FILED JUN 8 - 1940 (b) Huntington Williams, M.D. Registrar

UC (Date received by Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-6-1940 at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-15 1940 to 6-6 1940, and that I last saw him alive on 6-6 1940.

Immediate cause of death: Coronary thrombosis

Due to: Luetic aortitis.

Due to: Lues.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John J. Gould M. D.
Address 1471 Eastern Date signed 6-7-40.

F 70060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 70060

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 56 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 328 20½ St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Brown (54617)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7, 1923

8. AGE: Years	Months	Days	If less than one day
17	2	29 30	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER
12. Name Joseph Brown
13. Birthplace Ga.

MOTHER
14. Maiden Name Rosie ? (D)
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A. A. Co

18 (a) Funeral director Rayner Sanders
(b) Address 1415 E Preston St

19 (a) JUN 8 - 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6, 1940, at 1:47 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 11, 1940 to June 6, 1940, and that I last saw him alive on June 6, 1940

Immediate cause of death	Duration
Tuberculosis of the lungs	Feb 1940
Miliary Tuberculosis	Feb 1940
Due to Tuberculosis the lymph glands	Feb 1940
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify)
(e) Means of injury

23. Signature M. D.
Address Balto. City Hospitals Date signed 6-6-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

Tibbs

F 70061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 70064

PLEASE-WRITE PLAINLY, WITH UNFADING INK. Entry must be made on this certificate. Do not use abbreviations. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 222 N. Bradford St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 222 N. Bradford St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Bell Tibbs

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race Col

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Albert Tibbs

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 30 1884

8. AGE: Years 56 Months 3 Days 6 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name John M. Cooper MD

13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Albert Tibbs

(b) Address 222 N. Bradford St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/1940 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Baltimore

Funeral director Rayner Sanders

(b) Address 1412 E. Preston St

19 (a) 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1940, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1940, to June 6 1940, and that I last saw h[illegible] alive on June 6 1940.

Immediate cause of death Cerebral Hemorrhage (apoplexy.) — Duration 2 hr.

Due to Hypertension — 6 mos.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D.

Address 824 E 23 St Date signed 6/7/40

VS 3

F 70062 55784 - RB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 70062 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 564 Wilson Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harvey Dixon

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Blanche
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 15, 1896

8. AGE: Years	Months	Days	If less than one day
44	2	21	hr. min.

9. Birthplace Unknown (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business Unknown

FATHER
12. Name Moses
13. Birthplace Virginia

MOTHER
14. Maiden Name Catherine Whatty(?)
15. Birthplace Virginia

16 (a) Informant Records - BCH
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10-1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary, Location Cedar Hill.

18 (a) Funeral director J. Brooks.
(b) Address 1463 N. Carey St

19 (Date received by registrar) Washington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-5 1940 at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-19 1940, to 6-5 1940, and that I last saw him alive on 6-5 1940.

Immediate cause of death: Carcinoma Stomach with metastasis — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Ker Woodmansey M. D.
Address Balto. City Hosp. Date signed 6-6-40

PLEASE WRITE PLAINLY, with ink. Make no erasures or corrections. Answer every question. Where none, write none. Where unknown, write unknown. Where the question is not applicable, write N.A. Physicians: please write the causes of death clearly and legibly. Cause of death is especially important.

70063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a Registered No. F 70063

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 407 New Howard Hotel (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Solomon A. Schwab

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14 1856

8. AGE: Years 83 | Months 7 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Auctioneer

11. Industry or business

FATHER
12. Name Abraham Schwab
13. Birthplace Germany

MOTHER
14. Maiden Name Sarah —
15. Birthplace Germany

16 (a) Informant Mrs. S. Wyman
(b) Address 1906 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/40 (month) (day) (year)
(c) Cemetery or crematory Chevra Shalom
Location Baltimore, Md.

18 (a) Funeral director Baird Sondheim & Co.
(b) Address 1902 Eutaw Place

19 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 1940

JUN 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1940, at 1:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1940 to June 7 1940 and that I last saw him alive on June 7 1940.

Immediate cause of death: Acute Coronary Thrombosis — Duration: 2

Due to

Due to

Other Conditions: Circulatory failure, Marked arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph E. Muse Jr. M. D.
Address University Hosp. Date signed 6-7-40

PLEASE WRITE correct. Age is especially important. Physicians: please write the causes of death clearly and legibly.

70064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 F 70064 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1247 Hull St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1247 Hull St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Florence Okrasinski

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 17 - 1919

8. AGE: Years	Months	Days	If less than one day
20	90	19	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation House work
11. Industry or business at Home

FATHER
12. Name Martin Okrasinski
13. Birthplace Poland

MOTHER
14. Maiden Name Josephine Price
15. Birthplace Wis

16 (a) Informant Martin Okrasinski
(b) Address 1247 Hull St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10-40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1930 Eastern Ave.

19 Filed 6-8-1940 (Date rec'd by registrar) Thurlington Williams, M.D. Registrar

6-8-40

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/6/40 19 at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/6/1940 to Date 40, and that I last saw h alive on 6/6/1940

Immediate cause of death: Diabetic Acidosis — Duration

Due to Diabetes Mellitus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas J. Mitchell, M.D.
Address Sinai Hospital Date signed 6/7/40

P... WRITE PLAINLY, WITH UNFADING INK. ... is especially important. Physicians: please write the causes of death clearly and legibly.

F 70065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1223

Registered No. F 70065

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Jos. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Joppa, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 419 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A Krell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Lebar Krell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/27/76

8. AGE: Years	Months	Days	If less than one day
63	11	11	hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER
12. Name unknown
13. Birthplace Ireland

MOTHER
14. Maiden Name unknown
15. Birthplace Ireland

16 (a) Informant Joseph Krell
(b) Address Joppa Md

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-11-1940 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore

18 (a) Funeral director Howard C Mahan
(b) Address Aberdeen Md

19 (c) JUN 8 1940 Huntington Williamsport Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1940, at 5 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1940, to June 8 1940, and that I last saw him alive on June 8 1940

Immediate cause of death	Duration
Bilateral pneumonia	
Due to	
Partial intestinal obstruction	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O. R. Eman M. D.
Address St. Josephs Hosp. Date signed 6-8-40.

70066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

F 70066 Registered No.

1. PLACE OF DEATH: University Hospital
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene St
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1802 Stemmers Run Road (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Charles E Payne

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-3421

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Lallie Payne

6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) July 13 - 1890

8. AGE: Years 49 | Months 10 | Days 23 | If less than one day: hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business Gas & Elec Co.

MOTHER / FATHER

12. Name Owen E Payne

13. Birthplace Va.

14. Maiden Name Blanche Ford

15. Birthplace Md

16 (a) Informant Lallie Payne

(b) Address 1807 Spencer

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) 6 (day) 9 (year) 40

(c) Cemetery or crematory Westview Mem Park

Location Edmondson Ave

18 (a) Funeral director Edw Toulson

(b) Address 2309 Grand Island

19 JUN 8 - 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 6 1940, at 7:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-3 1940, to 6-6 1940, and that I last saw him alive on 6-6 1940.

Immediate cause of death Peritonitis

Duration 4 d.

Due to Ruptured perforated appendix

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation Perforated appendix with generalized peritonitis
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ramsay B. Howes M. D.

Address University Hosp Date signed 6-6-40

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Exact correct age is especially important.

70067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a F 70067

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1147 Cleveland St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Spicer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	New Born

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1940

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Vernon D. Spicer
13. Birthplace Cambridge, Md.

MOTHER
14. Maiden Name Evelyn PARKER
15. Birthplace Balto. Md.

16 (a) Informant Vernon Spicer
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7, 1940 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave.

18 (a) Funeral director H. Howard Strong
(b) Address 715 Lightfoot St.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 8 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8, 1940, at 4:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 7, 1940 to June 8, 1940, and that I last saw her alive on June 8, 1940.

Immediate cause of death	Duration
intracranial hemorrhage	
Due to	
Due to	over
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hospital Date signed 6 | 8 | 40 M. D.

Please write this carefully and legibly. Physicians: please write correct age is especially important.

F 70068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 70068 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland.
(b) Street address University Hosp.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 634 W. North ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Whigam

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Carolyn Richmond
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) March 2 1868

8. AGE: Years	Months	Days	If less than one day
72	2	28	hr. min.

9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name John Whigam
13. Birthplace Ireland.

MOTHER
14. Maiden Name Lippert
15. Birthplace Ohio

16 (a) Informant Francis W Nicols
(b) Address 4526 Kissmick rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10-40 (month) (day) (year)
(c) Cemetery or crematory Euclid Cemetery
Location Cleveland, Ohio.

18 (a) Funeral director John. B Mitchell
(b) Address [illegible] Huntington Mitchell, M.D.

19 JUN 8 — 1940 (b) (Registered by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1940, at 5 7 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1940 to June 7 1940 and that I last saw him alive on June 7 1940.

Immediate cause of death	Duration
Arterio-sclerotic C.V. Disease	10 years
Cardiac hypertrophy	"
Pleural effusion, bilat.	1 week
Pulmonary infarction Rt.	5 days
Due to	
Other Conditions Diabetes Mellitus	2.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. O. Thomas Jr
Address University Hosp. Date signed 6/8/40 M. D.

VS 8

PLEASE WRITE PLAINLY. Fill in all blanks with the best information obtainable. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

70069 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

F 70069

131-2

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1629 MOSHER STREET. St. 16-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58. yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME EDWARD GIBBS.

If U. S. Veteran specify WAR .....

(a) Residence: No. 1629 MOSHER STREET. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	COLORED	WIDOWER.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) AUG 21 1881.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	10	16.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Robert Gibbs

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Louisa Anderson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT SIMON WEBSTER.

(Address) 1629 MOSHER STREET.

18. BURIAL, CREMATION, OR REMOVAL

Place Burial Mt. Calvary Cem. Date June 10 1940

19. UNDERTAKER Wm. R. G. Elliott & Daughter

(Address) 2407 Gay [illegible] Huntington Williams, M.D.

20. JUN 8 - 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 7 1940

22. I HEREBY CERTIFY, That I attended deceased from FEBRUARY 22 1940 to JUNE 7 1940. 19....

I last saw h. alive on JUNE 7 1940. 19.... Death is said to have occurred on the date stated above, at 11.45. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CHR MYOCARDITIS	FEBRUARY 22 1940
CHR INTERSTITIAL NEPTHRITIS	1940.

Other contributory causes of importance:

ARTERIOR SCLEROSIS	1940.
ECZEMA BODY	1940.

Was an operation performed? NONE Date of NONE.

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? CLINICAL Was there an autopsy? NO.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO. If so, supply

(Signed) Chas. A. Claudius.

JUNE 7 (Address) 3013 SAINT PAUL STREET

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V8 3

F 70070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83 E 70070

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 George St. 17-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Gilbert E Phillips

If U. S. Veteran specify WAR

(a) Residence: No. 618 George St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): April 20, 1873

7. AGE: Years 67 | Months 1 | Days 16 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Gilbert W. Phillips

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Diana Hudson

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Gilbert Phillips

(Address) 618 George St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Date: 6-10-40

19. UNDERTAKER: Mrs Frances A. Hemsley

(Address) 571 W. Baltimore St.

20. JUN 8 — 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-6-40

22. I HEREBY CERTIFY, That I attended deceased from ... to June 6 40

I last saw him alive on June 6 1940 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 days
Contributory Arthritis	6 mos

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) ... M. D.

(Address) ...

State CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

70071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 ✓

Registered No. F 70071

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Be sure to write the causes of death clearly and legibly. Be sure that the age is correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2454 W. Baltimore St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2454 W. Baltimore St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. George W. Thomas

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Alvina C. Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/4/1868

8. AGE: Years	Months	Days	If less than one day
71	9	2	--- hr. --- min.

9. Birthplace Baltimore, Maryland
(Town, county and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name George W. Thomas
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Elizabeth J. Stewart
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. Thomas Emrhein
(b) Address 2454 W. Baltimore Street

17 (a) Burial (b) Date thereof 6/8/1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn Maryland

18 (a) Funeral director J. B. Stubbs & Son
(b) Address 130 Eutaw Place

19 (a) JUN 8 - 1940 (Date rec'd by registrar) Herrington Wilson, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6, 1940, 19, at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21, 1940 to June 6, 1940, and that I last saw him alive on June 5, 1940.

Immediate cause of death: (a) Diabetes Mellitus — Duration: Ten years
Due to: —
Due to:
Other Conditions: Prostate Surgical — Duration: Good
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature H. L. Rectanus M.D.
Address 3201 St. Paul Street Date signed 6/7/40

Dr. H. L. Rectanus, 3201,

F 70072

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-C Registered No. F 70072

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made in permanent ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver St.
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1616 Westwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Paul Stevens

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married?

6 (b) Name of husband or wife: Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1893

8. AGE: Years	Months	Days	If less than one day: hr.	min.
47	0	7		

9. Birthplace St. Mary's Co. Md. (town, county, and state)
10. Usual Occupation Pullman Porter
11. Industry or business Penna R. R.

FATHER
12. Name Lee Stevens
13. Birthplace St. Mary's Co. Md.

MOTHER
14. Maiden Name Lottie Eddylen
15. Birthplace St. Mary's Co. Md.

16 (a) Informant Lottie Stevens
(b) Address 1616 Westwood Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Cathedral
Location Balto Md
18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave
19 (a) JUN 8 - 1940 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7th 1940, at 5 P.M
21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1940, to June 7 1940, and that I last saw h.i.m. alive on June 7 1940.

Immediate cause of death	Duration
Central Nervous System Lues	
Due to	
Due to	
Other Conditions Uremia (N.P.N 104 mgm %) (Include pregnancy within 3 months of death)	1 day
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Fellmeson M. D.
Address St. Joseph's Hosp Date signed 6-7-40

F 70073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 70073

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered, or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 535 W Lawrence

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 535 W Lawrence St (If rural give location)

14

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jannie Sevenfoot

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	married

6 (b) Name of husband or wife James J Sevenfoot

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug-17-1879

8. AGE: Years	Months	Days	If less than one day
60	9	19	hr. min.

9. Birthplace Essex Co. Va.
(Town, county, and state)

10. Usual Occupation Dressmaker

11. Industry or business

FATHER

12. Name Richard Dillard

13. Birthplace Essex Co Va

MOTHER

14. Maiden Name Ellen

15. Birthplace Essex Co Va

16 (a) Informant Patricia Stevenson

(b) Address 2017 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion Cem

Location Balto Md.

18 (a) Funeral director Mrs. Gy. F. Howland

(b) Address 1631 Druid Hill Ave

19 JUN 8 — 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1940 at 11:6 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1 1938 to 6/5 1940

and that I last saw h alive on 6/4 1940

Immediate cause of death	Duration
(a) Chronic myocarditis	
Due to (b) Arteriosclerosis	
Due to (c) Senile degeneration	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature David Saunders

Address 1711 W Lee Date signed 6/8/40

VS 8

F 70074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

Registered No. F 70074

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1127 Park ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clifton Bowe

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-12-4798

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife Maggie Bowe
6 (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) Aug 10 1912

8. AGE:	Years	Months	Days	If less than one day
27	28	9	26	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Garage man
11. Industry or business Auto

FATHER
12. Name Paul Rattl Bowe
13. Birthplace N. C

MOTHER
14. Maiden Name Martha Jarrs
15. Birthplace Va

16 (a) Informant Lucile Parker
(b) Address 810 S Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10 40 (month) (day) (year)
(c) Cemetery or crematory Fortress Va
Location
18 (a) Funeral director Daniel L Brown Son
(b) Address 1084 Monroe St
19 (a) JUN 8 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-6-1940 at 1 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Hypostasis	
Bullet wound of Spinal Cord	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence May 21 - 1940
(c) Where did injury occur? 1127 Park ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Bullet wound of Spinal Cord
23. Signature Howard J. Wheeden M.D. Medical Examiner
Date signed 6-6-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use "None" or "Unknown" where necessary. Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

F 70075

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70075

CERTIFICATE OF DEATH.

94a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1601 St. Stephens ST., 15-6 WARD)

2-FULL NAME Guy B. Cornell

(a) RESIDENCE NO. 1601 St. Stephens ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline V. Cornell

6 DATE OF BIRTH (month, day, and year) June 17 1899

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	11	19	20

8 OCCUPATION OF DECEASED Brakeman and

(a) Trade, profession or particular kind of work Conductor

(b) General nature of industry, business, or establishment in which employed (or employer) W. Md. R.R.

(c) Name of employer Soc. Sec. No 705-10-8436

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER Not Known

11 BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

12 MAIDEN NAME OF MOTHER Frances J. Noel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs Pauline V. Cornell

(Address) 1601 St. Stephens St.

15 JUN 8 1940 19 Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6th 1940

17

I HEREBY CERTIFY, That I attended deceased from Nov. 1937 to Apr 1st 1940,

that I last saw h alive on Apr 1st 1940,

and that death occurred, on the date stated above, at 6:30 P m.

The CAUSE OF DEATH* was as follows:

Coronary Occlusion

Hospital under active treatment of Dr S K Wallace - Lutes - out of town pt Visited

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical -

(Signed) M. D.

, 19 (Address) 3045 Wisconsin A

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	June 10 1940
20 UNDERTAKER G. Howard Strong	ADDRESS 715 Light St

N. B.—WRITE mation should be carefully supplied. AGE should be stated EXACTLY. Ditto marks must not be used. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PANOWICZ

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70076

CERTIFICATE OF DEATH

93-D F 70076

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1104 S. Kenwood Ave St., 1-4 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth 30 yrs. mos. da.

2. FULL NAME Josef Panowicz

If U. S. Veteran specify WAR

(a) Residence: No. 1164 S. Kenwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josefa

6. DATE OF BIRTH (month, day, year) Feb 8 1863

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
77	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME William Panowicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Josefa Panowicz
(Address) 1104 S. Kenwood ave

18. BURIAL, CREMATION, OR REMOVAL
(Name) St Stanislaus Cem (Date) June 10 1940

19. UNDERTAKER Stephen J. Fealkowski
(Address) 1000 S. Kenwood Ave Huntingdon Millard, Md.

20. JUN 8 - 1940 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-5-40, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/30/40, 19 to 6/5/40, 19

I last saw he alive on 6/5/40, 19 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	1/1/40
Other contributory causes of importance: Emphysema	3 yrs

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F. J. Herzwang, M. D.

(Address) 1710 E 33rd

VS 5

INFORMATION SHOULD BE CAREFULLY ANSWERED, so that it may be properly classified. State CAUSE OF DEATH in plain terms, so that it may be properly classified. See Instructions on back of certificate. OCCUPATION is very important.

9010 - MB

70077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B

F 70077

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs., 3 mos., 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 129 Albemarle St.
(If rural give location)
(e) If foreign born, how long in U. S. A.) 54 yrs. years

B

3 (a) FULL NAME John Yankle

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? , 1886

8. AGE: Years	Months	Days	If less than one day
54	?	?	hr. min.

9. Birthplace Lithuania
(Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Mick Yankle
13. Birthplace Lithuania

MOTHER
14. Maiden Name Anna ?
15. Birthplace Lithuania

16 (a) Informant Records - B.C.H.
(b) Address

17 (a) Burial (b) Date thereof June 11, 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Butler, Md.

18 (a) Funeral director Sanderford & Frost
(b) Address Reisterstown, Md.

19 (a) (b)
(Date received by registrar) Registrar

JUN 9 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-8- 1940, at 9:58 M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-13- 1933, to 6-8- 1940.
and that I last saw h[illegible] alive on 6-8- 1940.

Principle cause of death: Cerebral Thrombosis — Duration 24 hrs.
Due to: Generalized Arteriosclerosis — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp. Date signed 6-8-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70078

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 70078 Registered No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 3 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 113 S. Broadway
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Virginia Cottman

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
31			hr. min.

9. Birthplace Marion Station Md
(Town, county, and State)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Garfield Cotton
13. Birthplace Worcester Co, Md

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Garfield Cotton
(b) Address Marion Sta

17 (a) Mt Pisgah (b) Date thereof June 10/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Summerset, Md

18 (a) Funeral director George W Silkworth
(b) Address Marion Sta Md

19 (a) JUN 9 - 1940 (b) [illegible] Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-6-1940, at 9 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Gun shot wounds of back	
Due to	
Due to	
Other Conditions Bullet wounds of back chest, abdomen - hand	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 6-6-40
(c) Where did injury occur? Fairmount Ave - Spring St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury bullet wounds - mutual

23. Signature Howard J. Sweeden M.D.
Medical Examiner.
Date signed 6-7-40

F 70079

F 70079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 548-W

PLEASE WRITE PLAINLY, WITH UNFADING INK. ENDORSEMENTS ON BACK. Physicians: please write the causes of death clearly and legibly. Suspect age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2345 Sidney Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2345 Sidney Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Isabella Smith

3 (b) If veteran, name war –

3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Charles A. Smith, Sr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1869

8. AGE: Years	Months	Days	If less than one day
70	11	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Mr. William Wheeler
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. John Smith
(b) Address 916 W. Barre St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10, 1940 (month) (day) (year)
(c) Cemetery or crematory London Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director E. W. Sommerman
(b) Address 1005 W. Baltimore St.

19 (a) Date received JUN 10 1940 (b) Registrar Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1940, at 5 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1940, to June 7 1940 and that I last saw h alive on June 7 1940.

Immediate cause of death Carcinoma of cervix — Duration 1 year.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Schonfeld M. D.
Address 2114 Wilkens Ave. Date signed

F 70080

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 97

F 70080 Registered No.

PLEASE WRITE PLAINLY with unfading ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fulton & Catan ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26d
(e) Length of stay in Baltimore (yrs., mos., or days) 80yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4600 Patterson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Theresa Coolahan

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25th 1857

8. AGE: Years	Months	Days	If less than one day
83	1	13	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name John Coolahan
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Havey
15. Birthplace Ireland

16 (a) Informant Edward C. Coolahan
(b) Sacred Heart Home - Hyattsville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 127 E. Paul St

19 (a) Registered number (b) Signature of local registrar

JUN 9 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1940, at 10:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-15 1940 to 6-8-1940, and that I last saw h[illegible] alive on 6-8 1940.

Immediate cause of death	Duration
Arteriosclerosis, generalized.	
Due to	
Due to	
Other Conditions Hypostatic Pneumonia (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles V. Servis M. D.
Address St Agnes Hosp. Date signed 6-9-40

70081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B ~~70081~~ 70081

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Give the causes of death clearly and legibly. Please see that the correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2334 N Monroe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2334 N Monroe St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

15

3 (a) FULL NAME Dorothy Virginia Fowler

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Martin Fowler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 3. 1919

8. AGE: Years	Months	Days	If less than one day
20	10	4	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edward Kenk
13. Birthplace Ohio

MOTHER
14. Maiden Name Lula Norgaard
15. Birthplace Md

16 (a) Informant Martin F Fowler
(b) Address 2334 N Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/40 (month) (day) (year)
(c) Cemetery Parkwood
Location Parkville Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

6/10 — 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1940, at 6a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939, to June 1940, and that I last saw h[illegible] alive on June 7 1940.

Immediate cause of death	Duration
Cerebral Hemorrage	15 min.
Due to Mitral stenosis	1 year
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edith Mortimer Jr Md
Address 2706 St Paul St Date signed 6/7/40

VS 8

F 70082

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a

F 70082 Registered No.

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Give the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1110 Somerset st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
Street No. 1110 Somerset st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mabel E. Covey

3 (b) If veteran, name war: WW
3 (c) Social Security Account No. NONE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Cornelius Covey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept 19 1859

8. AGE: Years 80 | Months 8 | Days 20 | If less than one day: hr. min.

9. Birthplace: Harpers Ferry, W. Va.
(Town, county and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: George [illegible] Tacey
13. Birthplace: England

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Mrs Bertha E Covey
(b) Address: Dept Aud. Courts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/40 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Woodlawn Md

18 (a) Funeral director: Milburn Co
(b) Address: 1217 E Fayette St

19 JUN 9 1940 (Registrar's stamp) (b) Huntington, West Virginia

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1940, at 9:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1940, to June 7 1940, and that I last saw her alive on June 7 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration: May 28/40

Due to: Arterial Hypertension — 4 yrs

Due to: Cardio-Vascular-renal — 4 yrs

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature: John F. Krumm M. D.
Address: 722 N. Kenwood Ave Date signed: June 8/40

20083
379658

BALTIMORE CITY HEALTH DEPARTMENT X 13-D F 20083
CERTIFICATE OF DEATH ✓ Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Prince George's
(c) City or town Bowie
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES BASIM

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: MARY
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 61 | Months | Days | If less than one day: hr. min.

9. Birthplace: MD (Town, county, and state)

10. Usual Occupation: CARPENTER

11. Industry or business

FATHER
12. Name: LEVI BASIM
13. Birthplace: PA

MOTHER
14. Maiden Name: ELLEN ?
15. Birthplace: PA

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/12/40 (month) (day) (year)
(c) Cemetery or crematory: Old Kennedy
Location: Near Bowie Md

18 (a) Funeral director: M Gladney & Son
(b) Address: Bowie Md

19 (a) (Date rec'd by registrar) JUN 9 1940 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: JUNE 9 1940 at 1:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 8 1940 to JUNE 9 1940 and that I last saw him alive on JUNE 9 1940

Immediate cause of death: Pulmonary Tbc, bilateral — Duration: ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: [signature]
Address: J Hopkins Hosp Date signed 6-9-40 M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

HEALTH DEPARTMENT—CITY OF BALTIMORE

70084 CERTIFICATE OF DEATH V 152 F 70084

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balt. Gen. Hosp. St. 23rd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. 9 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Marcella E. Hubbard

If U. S. Veteran specify WAR

(a) Residence: No. 1426 Hanover St., M Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Student

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 29, 1927

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Albert H. Hubbard

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Lillian H. Bass

16. BIRTHPLACE (city or town) (State or country) Norfolk Va.

17. INFORMANT Albert H. Hubbard
(Address) 1426 Hanover St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date June 11 1940

19. UNDERTAKER C. Howard Evans
(Address) 1400-02 N. Charles St

20. FILED JUN 9 - 1940 19 Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-8, 1940

22. I HEREBY CERTIFY, That I attended deceased from 6-7-40, 1940 to 6-8, 1940

I last saw h[illegible] alive on 6-8, 1940 Death is said to have occurred on the date stated above, at 7 00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	6-7-40
Cellulitis of right cheek	6-7-40

Other contributory causes of importance:

Pustule on right cheek

Was an operation performed? Yes Date of 6-7-40

For what disease or injury? Cellulitis

Name of operation Incision & Drainage

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jerome P. Urbanke Jr. M. D.

(Address) South Balt. Gen. Hosp.

Information should be carefully supplied. Exact statement of it may be properly classified. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

70085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ Registered No. F 70085

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1269 Battery Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 64

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1269 Battery Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Anna Maude Jory

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife James M. Jory

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) March 28, 1871

8. AGE: Years 69 | Months 2 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name William E. Gilbert
13. Birthplace Va.

MOTHER
14. Maiden Name Augusta English
15. Birthplace Va.

16 (a) Informant James M. Jory
(b) Address 1269 Battery Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10, 1940 (month) (day) (year)

(c) Cemetery or crematory Gnt of Love
Location Balto. Md.

18 (a) Funeral director A. Howard Evans
(b) Address 1400-02 N. Charles St

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

JUN 6 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1940, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1940 to June 7 1940 and that I last saw her alive on June 1940

Immediate cause of death: Acute Cardiac Dilatation — Duration: over

Due to .....

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature S. A. Barranco, M.D.
Address 436 E. Fort Ave Date signed 6/8/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to write the causes of death clearly and legibly. Be sure that all items are correct and complete. Every question is especially important. Physicians: please write your name and address plainly.

F 70086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 70086

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2924 Glenmore Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2924 Glenmore Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2725

3 (a) FULL NAME Sula J. Lentz

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Samuel Lentz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 21 1870

8. AGE: Years	Months	Days	If less than one day
70	3	16	hr. min.

9. Birthplace York Pa (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John L. Hyder

13. Birthplace York Pa

MOTHER 14. Maiden Name Anna F. Kiffmeyer

15. Birthplace York Pa

16 (a) Informant Mr. Elwood Hyder

(b) Address 2924 Glenmore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10 40 (month) (day) (year)

(c) Cemetery or crematory Greenmount Cem. Balto

Location York Pa.

18 (a) Funeral director J. Heyman & Son

(b) Address 32 S. Broadway

(a) (Date received by registrar) JUN 9 - 1940 (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1940, at 7 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. M. Vandegrift M.D. Medical Examiner.

Date signed 6-7-40

M. D. F. 1208-3

F 70087

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70087

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2311 Eleanor Ave St. 15-4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Merryman Coale

(a) Residence: No. 2311 Eleanor Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank W. Coale

6. DATE OF BIRTH (month, day, year): Feb 26, 1857

7. AGE: Years 83 Months 0 Days 12 13 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Co.

FATHER

13. NAME: Harvey Merryman
14. BIRTHPLACE (city or town) (State or country): Balto Co -

MOTHER

15. MAIDEN NAME: Eliza Scott
16. BIRTHPLACE (city or town) (State or country): Balto, Co -

17. INFORMANT: Joseph W. Coale
(Address): 3305 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: June 10 1940

19. UNDERTAKER: John A. Mitchell Sons
(Address): 900 Eutaw Place

FILED: JUN 9 - 1940 By Huntington Williams M.D.

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/8, 1940

22. I HEREBY CERTIFY, That I attended deceased from February 1933 to June 8 1940
I last saw her alive on June 7 1940 Death is said to have occurred on the date stated above, at 12 noon P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Generalized Arterio-Sclerosis -	2/33
II Myocardial Degeneration	2/33
III Hypertension 2nd ary to Arteriosclerosis	2/33
Other contributory causes of importance: Exanition	1/40

Name of operation none Date of

What test confirmed diagnosis Phys Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robert B. Mitchell Jr. M. D.
(Address) 6077 N. Charles St
Baltimore, Md.

F 70088

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 70088

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 34

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2350 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? 34 years

3 (a) FULL NAME Charles B. Newman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna Newman
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Nov. 25 1891

8. AGE: Years	Months	Days	If less than one day
48	6 5	1613	..... hr. ..... min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Insurance agent
11. Industry or business

FATHER
12. Name Harry L. Newman
13. Birthplace Russia

MOTHER
14. Maiden Name Yetta Frukes
15. Birthplace Russia

16 (a) Informant Anna Newman (wife)
(b) Address 2350 Eutaw Place

17. Burial (Burial, cremation, or removal) (b) Date thereof 6/9/40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Shapiro Addn

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balt St

19 (a) ..... (Date received by registrar) (b) ..... Registrar

JUN 9 1940

Entered 1940 Hunter for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 8 - 1940, at 3-40 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations 4
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide /
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Moreden M.D. Medical Examiner.
Date signed 6-9-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, as correct age is especially important. Physicians—please write the causes of death clearly and legibly.

F 70089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70089 94-a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians—please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2631 Loyola Northway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 38

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto — (If outside city or town limits, write RURAL and give town)
(d) Street No. 2631 Loyola Northway (If rural give location)
(e) If foreign born, how long in U. S. A.? 38 years

15-53

3 (a) FULL NAME Benjamin Kramer

3 (b) If veteran, name war World War

3 (c) Social Security Account No. 2

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Sarah Kramer

6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 40 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Post office Clerk

11. Industry or business

FATHER 12. Name Abraham Kramer

13. Birthplace Russia

MOTHER 14. Maiden Name Dora Kramer

15. Birthplace Russia

16 (a) Informant Wife

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/9/40 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Mill Rd

Location H. of M. Sick Relief

18 (a) Funeral director Jack Lewis Frey

(b) Address 1439 E. Baltimore St

17 (c) Filed JUN 9 1940 (b) Registrar Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1940, at 2:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration: 15 Min

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William D. Kelbert M.D. Medical Examiner

Date signed 6/9/40

F 70090

F 70090 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

134a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 Myrtle Ave St. 14-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. — mos. — da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Daniel L. Wickes

If U. S. Veteran specify WAR

(a) Residence: No. 1625 Myrtle Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary E. Wickes

6. DATE OF BIRTH (month, day, year) Oct. 18, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Island Md.

FATHER

13. NAME Charles Wicks

14. BIRTHPLACE (city or town) (State or country) Kent Island

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Kent Island.

17. INFORMANT Andrew Wickes

(Address) 1730 N Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Memorial Pk. Date June 9, 1940

19. UNDERTAKER Charles G. Cooper

(Address) 1700 W. Calhoun St.

20. FILED JUN 9 - 1940 Huntington Williams, M.R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 1938, to June 6, 1940

I last saw h alive on June 5—, 1940 Death is said to have occurred on the date stated above, at 2:44 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5/24/40
Pyelonephritis	7

Other contributory causes of importance:

Myocardial degeneration
Nitrogen Lipuria

Was an operation performed? No Date of

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) E. Walter Shearington M. D.

(Address) 251 N Carey St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

70091 9

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 70091
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 132 W. Cross St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 71 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 132 W. Cross St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helena Love

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband ~~or wife~~: Charles C. Love
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5- 1869

8. AGE: Years 71 | Months 4 | Days 2 | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Home Duties
11. Industry or business

FATHER
12. Name Henry Ruehl
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Beenhaude
15. Birthplace Germany

16 (a) Informant Mrs. Charles C. Love
(b) Address 132 W. Cross St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10-1940 (month) (day) (year)
(c) Cemetery or crematory Wolfen Cem.
Location Baltimore

18 (a) Funeral director Mamie Cook Syfer
(b) Address 1600 W. North Ave

19. JUN 9 - 1940 (Date rec'd by registrar) (b) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1940, at 2-40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1940 to June 7 1940 and that I last saw her alive on June 6 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 day
Due to: Arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. R. Campbell M.D.
Address 1644 Harlem Date signed 6/8/40

F 70092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70092 Registered No. 467

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd St. & Guilford Ave.

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 42 days

(e) Length of stay in Baltimore (yrs., mos., or days) 42 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Michigan (b) County

(c) City or town Detroit (If outside city or town limits, write RURAL and give town)

(d) Street No. 8340 E. Jefferson Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Lou (Willis) E. Buhl

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Willis E. Buhl

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 28 1875

8. AGE: Years 64 | Months 8 9 | Days 16 17 | If less than one day hr. min.

9. Birthplace Illinois (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER 12. Name Florenz Ziegfeld

FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name Rosalie Dettez

MOTHER 15. Birthplace France

16 (a) Informant

(b) Address Hosp. Record.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 9 1940 (month) (day) (year)

(c) Cemetery or crematory

Location Detroit Mich.

18 (a) Funeral director Henry H. Jenkins Son Co.

(b) Address McCulloh & Orchard Sts

19 JUN 9 1940 (b) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1940, at 1 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 27 1940 to June 9 1940, and that I last saw h[illegible] alive on June 9 1940.

Immediate cause of death: Cardiac Failure — Duration: 2 days

Due to: Carcinoma of rectum & cervix — 2 months

Due to: Emphysema — 2 months

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations: Cancer (recto-vaginal fistula); Emphysema

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Robert C. Crawford

Address Union Memorial Hospital Date signed 6/9/40

F 70093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a

F 70093 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town near Fallston Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Hall

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	colored	married

6 (b) Name of husband or wife Abbie Hall
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Feb — 1865

8. AGE: Years	Months	Days	If less than one day hr.	min.
55	4			

9. Birthplace Madonna Harford Co Md (Town, county, and state)
10. Usual Occupation Farm Laborer
11. Industry or business

FATHER
12. Name Wm a Hall
13. Birthplace Harford Co Md

MOTHER
14. Maiden Name Aberdeen Jewer
15. Birthplace Harford Co Md

16 (a) Informant Abbie Hall
(b) Address Fallston Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12 (month) (day) (year)
(c) Cemetery or crematory Fairview
Location Forest Hill

18 (a) Funeral director E E Kurtz & Son
(b) Address Jarrettsville Md

19 (a) (Date rec'd by registrar) JUN 9 1940 (b) Registrar of Vital Statistics

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1940, at 2:00 A.M
21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1940, to June 9 1940; and that I last saw him alive on June 9 1940.

Immediate cause of death	Duration
Bilateral atelectasis with possible left lower lobar pneumonia	
Due to Developing as a post-operative complication	
Due to Laparotomy for perforating peptic ulcer.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Exudate on stomach regional ileitis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L B Stevens
Address University Hospital Date signed 6/9/40

F 70094

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

F 70094

Registered No. 56338 SD

PLEASE WRITE PLAINLY with unfading ink. Do not use pencil. Be sure and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Day
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1825 Lower Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Gray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3, 1893

8. AGE: Years	Months	Days	If less than one day
46	10	4	hr. min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Peter
13. Birthplace Lithuania

MOTHER
14. Maiden Name Bronchia ?
15. Birthplace Lithuania

16 (a) Informant Records - Mrs Scott
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 10 40 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Cemetery
Location Washington Blvd

18 (a) Funeral director E. William Kuchamba
(b) Address 703 N. Henry St.

JUN 9 - 1940 (Date rec'd by Registrar) (Signature of Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-7- 1940, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-6- 1940 to 6-7- 1940 and that I last saw h[illegible] alive on 6-7- 1940

Immediate cause of death Lobar pneumonia — Duration 3 days.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed

F 70095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119-a Registered No. F 70095

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if convenient. Do not abbreviate. Give full name of cemetery, not simply "Home" or "Church." Write out fully the cause of death, and do not use indefinite or unknown. Do not state mode of dying, such as "Heart Failure," "Asthenia," "Uremia," "Cardiac Arrest," "Respiratory Failure," or "Old Age" without stating the primary cause of death which gave rise to these conditions. Operations should be stated only when performed for the disease causing death. Accidental injuries must be fully described. Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1021 Vine St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Baby Boy Spencer

3 (b) If veteran, name war: —
3 (c) Social Security Account No.: —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	—

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-21-40 5/13/40

8. AGE: Years	Months	Days	If less than one day
		17	24 hr. min.

9. Birthplace 1021 Vine St. Baltimore, Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Clarence
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Johnson
15. Birthplace Maryland

16 (a) Informant
(b) Address

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 10 1940
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) JUN 10 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar 5680

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-7-40 19 , at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-23 1940 to 6-7 1940, and that I last saw him alive on 6-2 1940

Immediate cause of death	Duration
(a) Sclerema	1 day
Due to (b) Parenteral diarrhea	17 days
Due to (c) Ruptured umbilicus	17 days
Other Conditions: Dehydration; malnutrition	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James M. Lassiter M. D.
Address University Hosp. Date signed 6-7-40

F 70096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940 D

F 70096 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1337 Richardson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

24

3 (a) FULL NAME Peter Sledz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Helen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) not known

8. AGE: Years 62 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Ship Docks

FATHER
12. Name Mike Sledz
13. Birthplace Poland

MOTHER
14. Maiden Name Josephine Zawalski
15. Birthplace Poland

16 (a) Informant Mary Grodzicki
(b) Address 1628 E. Clement

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 461 S. Chester St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams Ave.

JUN 10 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1940, at 3:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1940, to June 8 1940, and that I last saw him alive on June 8 1940.

Immediate cause of death Pulmonary Embolus — Duration: Minutes

Due to Mid-Thigh Amputation

Due to Arterio sclerotic C.V.D.

Other Conditions Dry Gangrene, Left foot & Leg.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Lamme Jr.

Address Mercy Hospital Date signed 6/8/40

3 70097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 152

F 70097

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3703 Forest Park Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cecilia Prince

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1877

8. AGE: Years	Months	Days	If less than one day
63	?	?	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation
11. Industry or business None

FATHER
12. Name Conrad Prince
13. Birthplace Baltimore

MOTHER
14. Maiden Name Caroline Smith
15. Birthplace Germany

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof June 11 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director William J. Zuckers & Sons
(b) Address North & Pennsylvania Aves

JUN 10 1940
(Date rec'd by registrar) (b) Registrar

VS 3 -

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1940, at 3:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-4 1940, to 6-9 1940, and that I last saw her alive on 6-9 1940.

Immediate cause of death	Duration
Myocardial Failure	1 wk
Due to Toxemia (Uremia)	5 days
Due to Cellulitis of Legs (Bilateral)	
Other Conditions Arthritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John M. Scott M. D.
Address Md. Gen. Hosp. Date signed 6-9-40

PLEASE WRITE PLAINLY, WITH INK OR INDELIBLE PENCIL. Use no abbreviations. Be careful to write the causes of death clearly and legibly. Space is especially important. Physicians: please write your office address.

F 70098

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 70098 Registered No. 164-e

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2550 Woodbrook ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carroll Scott Price

3 (b) If veteran, name war None

3 (c) Social Security Account No. 217-01-3836

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Price

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31 - 1883

8. AGE: Years 56 | Months 10 | Days 7 | If less than one day: hr. min.

9. Birthplace Baltimore Co., Md. (Town, county, and state)

10. Usual Occupation Butcher

11. Industry or business

FATHER
12. Name John Price
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie R Lee
15. Birthplace Maryland

16 (a) Informant Mrs Lind record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Rivers Cemetery
Location Westminster Md

18 (a) Funeral director William J Tuckner & Sons
(b) Address Pitch & Pennsylvania Ave

JUN 10 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-6- 1940, at 11:35 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Investigation Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said Investigation, Inquiry find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

	Duration
Immediate cause of death: Pistol shot of Lung	
Due to: Intra-thoracic Hemorrhage	
Due to: Psycho. Neurosis	
Other Conditions: Paraplegia - bilateral	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 6-6-40
(c) Where did injury occur? above residence (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Bed-room home While at work? (Specify type of place)
(e) Means of injury Rifle gun shot

23. Signature Howard J. Madison M.D. Medical Examiner.
Date signed 6-6-40

70099

HEALTH DEPARTMENT—CITY OF BALTIMORE

70099

CERTIFICATE OF DEATH

54-a

1. PLACE OF DEATH West Baltimore General Hospital — Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____ St. 520 Ward 7)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Charles Beacht — If U. S. Veteran specify WAR _____

(a) Residence: No. 2524 W. Franklin St. St., _____ Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Phoebe M. Beacht

6. DATE OF BIRTH (month, day, year): Sept. 5, 1900

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
39	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Police Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B & O. R. R.

10. Date deceased last worked at this occupation (month and year): _____

11. Total time (years) spent in this occupation: _____

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Edward J. Beacht

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: ~~Miller~~ Nellie Miller

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Phoebe M. Beacht

(Address) 2524 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date June 12, 1940

19. UNDERTAKER: Ebenezer Sonovan

(Address) 3615-17 Edmondson Ave

JUN 10 1940

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-9-, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1940 to June 9, 1940

I last saw him alive on June 8, 1940 Death is said to have occurred on the date stated above, at 12:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis - left cerebral hemisphere	
	over
Other contributory causes of importance:	

Was an operation performed? yes Date of 5/27/40

For what disease or injury? Brain tumor

Name of operation Craniotomy

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) H. Sheer M. D.

(Address) [illegible]

Information should be carefully supplied. Avoid use of terms like "Asthenia," "Senility," "Old Age," "Heart Failure," "Kidney Trouble," "Uremia," "Cancer," "Tumor," unless these are the only terms that can be used. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S.S. 216-05-9916

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70100 — CERTIFICATE OF DEATH — F 70100

V 83-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 645 Portland St. W. Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Veronika (Phihipecky) Phillips — If U. S. Veteran specify WAR

(a) Residence: No. 645 Portland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed or divorced: HUSBAND of (or) WIFE of Ignatus Phillips

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lith.

FATHER

13. NAME Frances Zaukaus

14. BIRTHPLACE (city or town) (State or country) Lith.

MOTHER

15. MAIDEN NAME Katherine P.

16. BIRTHPLACE (city or town) (State or country) Lith

17. INFORMANT Eurpryzina Galkauskas

(Address) 645 Portland St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 11, 1940

19. UNDERTAKER Joseph Kalinskas Inc.

(Address) 1132 Washington Blvd

FILED JUN 10 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1940 to June 8, 1940

I last saw her alive on June, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1939
Cerebral Hemorrhage	5-1940
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward F. Milan, M. D.

(Address) 682 Washington Blvd

Information should be carefully supplied. AGE should be given for every person. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 10 1940

GG

F 70101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B Registered No.

F 70101

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 807 W 35th St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs 13

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)

(d) Street No. 807 W 35th St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank C. Beebe.

3 (b) If veteran, name war ✓

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Laura M. Beebe.

6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) July 17, 1872

8. AGE: Years	Months	Days	If less than one day
67	10	20	hr. min.

9. Birthplace Ohio. (Town, county, and state)

10. Usual Occupation Retired.

11. Industry or business machinist.

FATHER 12. Name John W. Beebe.

13. Birthplace Ohio.

MOTHER 14. Maiden Name Sarah Webster.

15. Birthplace Ohio.

16 (a) Informant Laura M. Beebe.

(b) Address 807 W. 35th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet.

Location Frederick Road.

18 (a) Funeral director Chenoweth & Donovan

(b) Address 3615-17 Christian Ave.

JUN 10 1940 (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7, 1940, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1, 1940, to June 7 1940, and that I last saw him alive on June 6, 1940.

Immediate cause of death Coronary Infarction — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Jules Gilbert

Address 848 W. 36th St. Date signed 6-8-40 (M. D.)

F 70102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 70102 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3802 Glenguyle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
Street No. 3802 Glenguyle Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adelaide Clay.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married.

6 (b) Name of husband or wife John S. Clay.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 25, 1898

8. AGE: Years	Months	Days	If less than one day
41 42	5	12	hrs. min.

9. Birthplace Maryland.
(Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name David M. Patterson.
13. Birthplace N.J.

MOTHER
14. Maiden Name Anna T. Murphy.
15. Birthplace N.Y.

16 (a) Informant Edward Brennan.
(b) Address 3518 Spaulding Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Maryland Ave. & Pond

18 (a) Funeral director Ehrenfeld & Sonman
(b) Address 3615-17 E. Baltimore Ave.

19 (a) (b)
Registrar
JUN 10 1940
Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/7/1940, at 5:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/1 1939 to 6/7 1940 and that I last saw h[illegible] alive on 6/7/1940.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertensive cardio vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Battaglia M.D.
Address 5829 Belair Rd Date signed 6/10/40

F 70103

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

F 70103

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 W. 38 St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3-9

3 (a) FULL NAME Francis Keys

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-03-9452

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Theta Keys
6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) Dec 18, 1906

8. AGE: Years	Months	Days	If less than one day
33	5	20	hr. min.

9. Birthplace Maryland (town, county, and state)
10. Usual Occupation Electric Welder
11. Industry or business B & O. R. R.

FATHER
12. Name James W. Keys.
13. Birthplace md.

MOTHER
14. Maiden Name Florence Stambaugh.
15. Birthplace md.

16 (a) Informant Thetta K. Keys.
(b) Address 1015 W. 38th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11, 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Poplar
Location Balto Co. Md.

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Eastern Ave.

JUN 10 1940
(Date rec'd by registrar) (b) Registrar

Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-8- 1940, at 11 45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry found that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions [redacted]

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Malden M.D.
Medical Examiner.
Date signed 6-8-40

F 70104

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193-D Registered No.

F 70104

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1716 Homestead St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1716 Homestead St
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

97

3 (a) FULL NAME Louis M. Simpson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Cora S.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11-1855

8. AGE: Years	Months	Days	If less than one day
84	10	25	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Retired Clerk
11. Industry or business P. R. R.

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Cora S. Simpson
(b) Address 1716 Homestead St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9 '40 (month) (day) (year)
(c) Cemetery or crematory Balto. Gen
Location

18 (a) Funeral director Edward J. Finch
(b) Address 5305 Harford Rd

(a) (Signature of local registrar) (b) [illegible] Registrar
(Address of local registrar)

JUN 10 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1940 to June 6 1940, and that I last saw h[illegible] alive on June 6 1940.

Immediate cause of death	Duration
Myocardial Degeneration	6 mo
Due to	
Due to	
Other Conditions Insufficient	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] Hergman M. D.
Address 1410 E 33rd St Date signed 6/9/40

F 70105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

140-B

F 70105 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 508 Bruce St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

17 3

3 (a) FULL NAME Edna Harris

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Separated

6 (b) Name of husband or wife Williams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1914

8. AGE: Years	Months	Days	If less than one day
25	11	26	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Columbia Jones

13. Birthplace Md.

MOTHER 14. Maiden Name Mary Boler

15. Birthplace Balto

16 (a) Informant B. C. H. Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof June 10 1940 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cemetery

Location

18 (a) Funeral director Mrs Katie R Williams

(b) Address 322 N Schroeder St

JUN 10 1940

(Registrar) Huntington Williams

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1940 at 1½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or inquiry)
obtained by said Autopsy, find that said deceased came to her death on the day stated above.

Immediate cause of death Incomplete abortion
retained placenta

Due to Puerperal infection

Due to (Septicemia (organism not determined)

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm H Vandersluis M.D. Medical Examiner.

Date signed 6/8/40

F 70106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43-D

F 70106 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St
(c) Hospital or institution: Jewish Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 Mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 807 Park Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 36 years

3 (a) FULL NAME Isaac Eggnatz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Sadie Eggnatz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 61 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Ladies Tailor's Furrier

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Sadie Eggnatz
(b) Address 807 Park Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Phila. Rd.

18 (a) Funeral director Jack Levine Inc
(b) Address 1439 E. Balto. St

19 (a) [illegible] (b) [illegible] Washington Boulevard Baltimore, Md. Registrar

JUN 10 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1940 at 6:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1940, to June 9 1940, and that I last saw deceased alive on June 9 1940.

Immediate cause of death Cardiac failure

Due to chronic myocarditis

Due to arterio sclerosis

Other Conditions Senile emphysema, Benign Prostatic hypertrophy

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard M. Grumbacher Jr. M. D.
Address Jewish Hospital Date signed 6/9/40

38074 F 70107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-B

Registered No. F 70107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 224 S. Madeira St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth C. Cox

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Louis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-16-82

8. AGE: Years	Months	Days	If less than one day
57 57	7	23	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Hammer
13. Birthplace Md.

MOTHER
14. Maiden Name M. Willis
15. Birthplace Md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 13 40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Martin H. E. Doppel
(b) Address 37 S. Carey St.

19 (a) (Date rec'd by registrar) JUN 10 1940 (b) Huntington Ave. Washington, D.C.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1940 at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 31 1940 to June 9 1940, and that I last saw her alive on June 9 1940.

Immediate cause of death: Brain Tumor (metastasis)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Infiltrating brain tumor
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Kenneth Pacrell M. D.
Address Johns Hopkins Date signed 6-9-40

F 70108

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 70108 / 13-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 618 Light St., Balto. Md.
(If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Paul James MOORE

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. Unknown

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Laura Bell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9, 1893

8. AGE: Years - 47 | Months 1 | Days 28 29 | If less than one day hr. min.

9. Birthplace Lisbon, Ohio (Town, county, and state)

10. Usual Occupation CCC Camp

11. Industry or business

FATHER
12. Name Aliance George R. Moore,
13. Birthplace Aliance, Ohio

MOTHER
14. Maiden Name Catherine Fife
15. Birthplace Letoni, Ohio

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11 - 40 (month) (day) (year)
(c) Cemetery or crematory National
Location Balto

18 (a) Funeral director Sost Stevenson
(b) Address 3001 Kentucky

JUN 10 1940 (Date received by Registrar) (b) Huntington Williams M.D. (Signature of Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8, 1940 19 , at 1:30AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 17, 1940, to June 8, 1940 and that I last saw him alive on June 8, 1940.

	Duration
Immediate cause of death Toxemia	± 10 days
Due to Tuberculous Pneumonia	± 1 day
Due to Chr. Pulmonary Tuberculosis	P 8 mo
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert R. Smith M.D.
Address U.S.Marine Hospital Date signed 6/8/40 M. D.
Baltimore, Maryland.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 70109

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Bell Gen Hospital Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Julia C. Perkins

(a) Residence: No. 4 Keswick Rd St., N Ward. Apple Avenue Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Perkins

6. DATE OF BIRTH (month, day, year) Sept 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Joseph Fijalski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Marie Frontczo

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Perkins

(Address) 3409 Kenyon Ave

18. BURIAL, CREMATION, OR REMOVAL Maryland Pk June 12-40

19. UNDERTAKER Jos. J. Speer & Son

(Address) 300 E Lanvale

JUN 10 1940 Registrar.

Huntingdon Pennsylvania

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-8 1940

22. I HEREBY CERTIFY, That I attended deceased from 5-31 1940 to 6-8 1940

I last saw h[illegible]/alive on 6-8 1940 Death is said to have occurred on the date stated above, at 11[illegible] P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	5-31-40
Pulmonary Embolus	6-7-40
and thrombosis	
Localized Peritonitis	6-2-40

Other contributory causes of importance

Was an operation performed? Yes Date of 6-1-40

For what disease or injury? Acute Appendicitis

Name of operation Appendectomy

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John P. Urlaub Jr. M. D.

(Address) Seattle Bell Gen Hosp

V63

information should be carefully supplied. AGE should be given EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

56126 - 8a

70110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 6-18-E 70110

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2929 Frederick Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Dailey

Certificate to be approved by Med. Examiner ✓

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife: Florence

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1874

8. AGE: Years 65 | Months 2 | Days 29 23 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business Unemployed

FATHER
12. Name William Dailey
13. Birthplace Maryland

MOTHER
14. Maiden Name Christina Carl
15. Birthplace Maryland

16 (a) Informant Records - Balto. City Hosps.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11-1940 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore, Md.

18 (a) Funeral director George F. Schwab
(b) Address 2101 Frederick ave.

19 (a) JUN 10 1940 Registrar of Vital Statistics

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-8 1940, at 11 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-2 1940, to 6-8 1940, and that I last saw h[illegible] alive on 6-8 1940

Immediate cause of death: Bronchopneumonia and uremia — Duration: four days

Due to: Fracture right femur — 6 days

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 6-2-40
(c) Where did injury occur? Baltimore, Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Fell down steps

23. Signature L. K. Woodward Jr. M. D.
Address Balto. City Hosp. Date signed 6-8-40

H. G. Mallon M.D. Chief Med. Ex. per amb. [illegible]

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

70111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-e

F 70111

Registered No.

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 910 S. Potomac St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edna Clark

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: F

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 5 1919

8. AGE: Years 20 | Months 6 | Days 43 | If less than one day: hr. min.

9. Birthplace ROANOKE VA.
(Town, county, and state)

10. Usual Occupation HOUSE WORK

11. Industry or business AT HOME

FATHER
12. Name WILLIAM N. CLARK
13. Birthplace BALTIMORE MD.

MOTHER
14. Maiden Name CHRISTINA KAHLERT
15. Birthplace BALTIMORE MD.

16 (a) Informant WILLIAM N. CLARK FATHER
(b) Address 910 S. POTOMAC ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 11/40 (month) (day) (year)
(c) Cemetery or crematory MT. CARMEL
Location ODONNELL ST.

18 (a) Funeral director Lilly & Leiter INC.
(b) Address 403 S. WOLFE ST.

19 (a) JUN 10 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1940, at 3 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Fracture of skull,	
Due to: Fracture of R. femur. Intra-cranial injury - laceration	
Due to: of brain & cerebral concussion	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6/7/40 - 10:50 P.M.
(c) Where did injury occur? Fort Ave + Key Highway (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Passenger - Autocar struck obstacle

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 6/18/40

F 70112 Daye F 70112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-6 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 146 W. Hamley St.
(c) Hospital or institution Jones Station Res.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Mary Haye.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 146 W. Hamley St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Haye.
3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex F. | 5. Color or race Colored. | 6 (a) Single, married, widowed, or divorced Henry Haye.
6 (b) Name of husband or wife Henry Haye.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown —

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Arundle Co. Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Henry Haye —
13. Birthplace Arundle Co. Md.

MOTHER 14. Maiden Name Mary Hawkins
15. Birthplace Md.

16 (a) Informant Marion Haye.
(b) Address 146 W. Hamley St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 6 10 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Balto. Md.
Location Arundle Co. Md.

18 (a) Funeral director Walter B. Pugh
(b) Address 139 W. Hamley St.

JUN 10 1940
(Date rec'd by registrar)
(Huntington Williams M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1940 at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1940 to June 7 1940. and that I last saw h— alive on June 6 1940.

Immediate cause of death
Hypostatic Congestion
Due to Pneumonia

Duration 1 Mo. 3 Days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B. N. Valeter M.D.
Address 177 W. Pratt St. Date signed 6/10/40

VS 8

F 70113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70113 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2134 W Fayette
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2134 W Fayette
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank M Eckle

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-3892

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Corinne C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23 1884

8. AGE: Years 55 | Months 11 | Days 15/16 If less than one day hr. min.

9. Birthplace Balt Md (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER 12. Name Adam F Eckle
13. Birthplace Md

MOTHER 14. Maiden Name Margaret M Fahey
15. Birthplace Maryland

16 (a) Informant Mrs F M Eckle
(b) Address 2134 W Fayette

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-40 (month) (day) (year)

(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director Geo A Fahey
(b) Address Fruitland & Fayette

JUN 10 1940 (Date received by Registrar)

(b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1940, at 7A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1940 to June 8 1940 and that I last saw h[illegible] alive on June 7 1940.

Immediate cause of death: Acute Cardiac dilatation — Duration 2 days

Due to: Chronic myocarditis — Duration 2 yrs.

Due to: hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Dalas M.D.
Address 47 N. Fulton Date signed 6/10/40

F 7011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D F 70114

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6707 Eversall Ave (Street or Ward) 7-5

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME James Hammon Woolery

If U. S. Veteran specify WAR ...

(a) Residence: No. 6707 Eversall Ave St., ... Ward. 55 Sec 1 215-10-0637

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Deceased Ella M. Woolery

6. DATE OF BIRTH (month, day, year) Aug 7 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pearce Copper Works

10. Date deceased last worked at this occupation (month and year) May 1940

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Westminster Md Md

FATHER

13. NAME Clarence Woolery

14. BIRTHPLACE (city or town) (State or country) Westminster Md.

MOTHER

15. MAIDEN NAME — Shriver

16. BIRTHPLACE (city or town) (State or country) Westminster Md

17. INFORMANT Mrs. Catherine Grace Bode

(Address) 6707 Eversall ave

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Mt Olivet Date 6/11 40

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

20. JUN 10 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1940

22. I HEREBY CERTIFY, That I attended deceased from August, 1939 to June 8, 1940

I last saw him alive on June 3, 1940 Death is said to have occurred on the date stated above, at 8:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Arteriosclerotic Cardiovascular Disease	

Was an operation performed? No Date of ...

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Harry M Robinson Jr. M. D.

(Address) 744 N. Hilton St

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS CERTIFICATE MUST BE FILLED OUT COMPLETELY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 70116

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-W F 70115 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2014 Ridgefield Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2014 Ridgefield Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida E. De Haven

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	Widow

6 (b) Name of husband or wife Samuel De Haven
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 10th 1867

8. AGE: Years	Months	Days	If less than one day
72	8	29	hr. min.

9. Birthplace Washington D.C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name John E. Clark
13. Birthplace Scotland

MOTHER 14. Maiden Name Emma (Unknown)
15. Birthplace

16 (a) Informant Mrs. A Rider
(b) Address 2111 Herbert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto Co

18 (a) Funeral director Williams Coady
(b) Address 1217 St. Paul St. Baltimore, Md.

JUN 10 1940 (Local registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1940 at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner
Date signed 6/10/40

VS 6

F 70116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 70116 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 582 w Pimlico Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2408 Francis St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Davis

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-5846

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Scottsville Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Pleasant Davis

13. Birthplace Va.

MOTHER 14. Maiden Name Mildred Monroe

15. Birthplace Va.

16 (a) Informant Edna Davis (wife)

(b) Address 2408 Francis St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11-1940 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Hollowdell, Cedar Hill

18 (a) Funeral director Chas Brooks

(b) Address 1463 N. Carey St

19 (a) JUN 10 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1940 at 12:05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said I (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to Valve with insufficiency & stenosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm Lyle Gayle M.D.
Medical Examiner.

Date signed 6/7/40

70117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F

Registered No. F 70117

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2914 E. Baltimore St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va (b) County Nicholas
(c) City or town Richwood
(If outside city or town limits, write RURAL and give town)
(d) Street No. 61
(If rural give location)
(e) If foreign born, how long in U. S. A.? 33 years

3 (a) FULL NAME PETE KARAGEORGE

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Pearl Mondreas
6 (c) If alive, give age 41 years
7. Birth date of deceased (mo., day, yr.) (1877) 1899
8. AGE: Years 63 | Months | Days | If less than one day: hr. min.
9. Birthplace Turkey (Town, county, and state)
10. Usual Occupation Restaurant Owner
11. Industry or business

FATHER
12. Name William Karageorge
13. Birthplace Turkey

MOTHER
14. Maiden Name dont know
15. Birthplace

16 (a) Informant Mrs Pearl Karageorge
(b) Address Richwood W. Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location near Baltimore Md

18 (a) Funeral director John R. Byers
(b) Address Westminster Md

19 (a) Received by registrar JUN 10 1940
(b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1940, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/6/40 to 6/8/40 and that I last saw h alive on 19

Immediate cause of death: Carcinoma Liver — Duration: 6 mo
Due to
Due to
Other Conditions none
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Huntington M.D.
Address 2913 E. Baltimore St Date signed 6/8/40

70118 ✓F 70118

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Obtain correct age if especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 916 PENNA. AVE.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
Street No. 916 PENNA - AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME JOHN D STEVENS.

3 (b) If veteran, name war: —

3 (c) Social Security Account No. 219-05-7590

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	COL	SINGLE

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 4 - 20 - 1890

8. AGE: Years	Months	Days	If less than one day
50	1	19 17	hr. min.

9. Birthplace BALTIMORE (Town, county, and state)
10. Usual Occupation EMBALMER
11. Industry or business

FATHER
12. Name JOHN L STEVENS
13. Birthplace MD.

MOTHER
14. Maiden Name ANNA REBBECA STEVENS
15. Birthplace ST-MARYS COUNTY - MD.

16 (a) Informant ARTHUR L STEVENS.
(b) Address BOX-41- ROUTE-12. RASPBURG MD

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6 - 12 - 40. (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location BALTIMORE. MD.

18 (a) Funeral director William A Jackson
(b) Address 916. Penna ave.

19 (a) Filed JUN 10 1940 (b) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1940. at 9.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1940, to June 7 1940, and that I last saw h alive on 19 .

Immediate cause of death Acute Cardiac Dilatation

Due to Myocarditis

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: No history prior to May 18

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J B Stewart M. D.
Address 3 E Penna Ave Date signed June 8

F 70119 FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137-4 Registered No. F 70119

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11yr. 9mo. 13das.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
21-1
(d) Street No. 903 Russell St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stephen Slaine

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-26-1865

8. AGE: Years	Months	Days	If less than one day
74	5	8	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name Francis Slaine
13. Birthplace Balto.

MOTHER
14. Maiden Name Margaret Freeman
15. Birthplace Ireland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/40 (month) (day) (year)
(c) Cemetery or crematory Laurel Rest Cem.
Location Balto. County Md.

18 (a) Funeral director Chas. J. Tolley & Son
(b) Address 1318 E. Baltimore St.

19 (a) JUN 10 1940 (Registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4 1940, at 1:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-20 1940, to 6-4 1940, and that I last saw him alive on 6-4 1940.

Immediate cause of death: Arteria sclerosis, generalized — Duration

Due to

Due to

Other Conditions Benign prostatic hypertrophy ? Arteriosclerotic Gangrene foot
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stanley Reed Jr. M. D.
Address Balto City Hosp. Date signed 6-5-40

F 70120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 70120

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 332 Maunder Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Schultz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-30-40

8. AGE: Years | Months | Days | If less than one day 10 hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Charles Schultz
13. Birthplace Md

MOTHER
14. Maiden Name Florence Fisher
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL JUN 10 1940
Location

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JUN 10 1940 Huntington Williams M.D.
JUN 10 1940 5668

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1940, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1940, to May 28 1940, and that I last saw her alive on May 28 1940.

Immediate cause of death: Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry P. Goldberg M.D.
Address Johns Hopkins Hosp. Date signed 6-3-40

F 70121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a

F 70121 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4029 Belle ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Alvey
3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Infant.

6 (b) Name of husband or wife.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 6/3/40
8. AGE: Years | Months | Days | If less than one day hr. min.
1
9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Robert Perry Alvey
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Bertha Allen Atkinson
15. Birthplace Williamsport, Pa.

16 (a) Informant Mrs. Bertha Alvey
(b) Address 4029 Belle Ave

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6/4/40 (month) (day) (year)
(c) Cemetery or crematory
Location Md. Gen. Hosp.

18 (a) Funeral director
(b) Address

19 (c) JUN 10 1940 Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1940, at 3:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1940 to June 4 1940, and that I last saw him alive on June 4 1940.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Breech presentation

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Cerebral Hemorrhage
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Irwin P. Klemtsoupy
Address Md. Gen. Hosp. Date signed 6/7/40

F 70122

Finney

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

Registered No. F 70122

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene St
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 1/2 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 110 E Dorsett. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Finney Jr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/15/40

8. AGE: Years	Months	Days	If less than one day
	2	15 24	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Robert Finney, Sr.
13. Birthplace Maryland

MOTHER
14. Maiden Name Margie Thornton
15. Birthplace Virginia

16 (a) Informant Mother
(b) Address 110 E Dorsett St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery [redacted] JUN 10 1940.
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore.
(b) Address

19 (a) JUN 10 1940 Huntington Williams, M.D. Registrar

5684

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-9 1940, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-21 1940, to 6-9 1940, and that I last saw h[illegible] alive on 6-9 1940.

Immediate cause of death Dehydration & malnutrition — Duration 19 days

Due to Diarrhea - cause not known

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Ramon McLaughlin M. D.
Address University Date signed 6-9-40

F 70123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49-M Registered No. 70123

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3808 Foster Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3808 Foster ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Emma A. Ward

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife C. Morris Ward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 31, 1889

8. AGE: Years	Months	Days	If less than one day
51	4	9	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name August W. Busse
13. Birthplace Germany

MOTHER
14. Maiden Name Fredericka Moede
15. Birthplace Germany

16 (a) Informant C. Morris Ward
(b) Address 3808 Foster Ave.

17 (a) Burial (b) Date thereof 6/12/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

19 JUN 10 1940 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1940, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 11 1939, to June 9 1940, and that I last saw him alive on June 7 1940.

Immediate cause of death Pulmonary embolism etc

Due to Edema Carcinoma of Ovary — Duration 8 mos.

Due to

Other Conditions General metastasis

(Include pregnancy within 3 months of death)

Major findings:
Of operations Edema Carcinoma of ovary with general metastasis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Horace Turner M. D.
Address 316 med. arts Bldg. Date signed June 10/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

70124

CERTIFICATE OF DEATH

94a F 70124

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 N. Kenwood ave 4-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Joseph (Jozef) Klewacki

If U. S. Veteran specify WAR .....

(a) Residence: No. 600 N. Kenwood Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mak

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Prakseda

6. DATE OF BIRTH (month, day, year): Born Jan 6/74

7. AGE: Years: 66 | Months: 5 | Days: 3 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Michael Klewacki

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Mrs. Prakseda Klewacki

(Address) 600 N. Kenwood ave

18. BURIAL, CREMATION, OR REMOVAL: St. Stanislaus Cem. Date June 12, 1940

19. UNDERTAKER: Stephen J. Fialkowski Inc.

(Address) 1000 N. Kenwood Ave

20. JUN 10 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 9th, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1940 to June 9, 1940

I last saw him alive on June 9, 1940. Death is said to have occurred on the date stated above, at 4.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1940
Other contributory causes of importance: Terminal Bronchopneumonia	2 days

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Samuel B. Wolfe, M. D.

(Address) 1331 E. North Ave

A. B.—WHITE PAPER, WITH UNFADING INK. Information should be stated EXACTLY. PHYSICIANS should be careful to supply information. AGE should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1308-9

70125

HEALTH DEPARTMENT—CITY OF BALTIMORE

70125

CERTIFICATE OF DEATH

1. PLACE OF DEATH Convent of the Good Shepherd 13B

CITY OF BALTIMORE: (No. Mount & Hollins Sts. 19-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sister Mary of St. John of the Cross (Jeannette Blomquist)

(a) Residence: No. 624 S. (as above) St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 25, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
36	36	9	14/15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clair, Nebraska

FATHER

13. NAME Reinhold Blomquist

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Maria Teresa Kelly

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sisters of the Good Shepherd (Address) Mount & Hollins Sts.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date 6/11 19 39

19. UNDERTAKER John J. Fahey & Son (Address) 310 E. Eager St.

20. Filed JUN 10 1940 H. Livingston Miller, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9th, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1940, to June 9th, 1940, that I last saw h[illegible] alive on Jan 15th, 1940 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset Jan 1940

Other contributory causes of importance: Un

Name of operation Un — Date of

What test confirmed diagnosis? — Was there an autopsy? Un

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Un Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Un If so, specify

(Signed) [illegible] Coleman M. D.

(Address) 1301 E. Eager St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 70126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 70126

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1501 Thomas Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1501 Thomas Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** William Agnes Hardesty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	W	Widowed

6 (b) Name of husband or wife George W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 11, 1862

8. AGE: Years	Months	Days	If less than one day
78	3	27	hr. min.

9. Birthplace Calvert Co. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James W. Dixon
13. Birthplace Calvert Co.

MOTHER
14. Maiden Name Sarah Jane Harrison
15. Birthplace Calvert Co.

16 (a) Informant Robert M. Hardesty
(b) Address 1501 Thomas Ave.

17 (a) Burial (b) Date thereof 6 / 11 / 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Frederick Ave.

18 (a) Funeral director J. J. McCully
(b) Address 130 E. Fort Ave.

JUN 10 1940

(Signature of local registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-8-40 19 , at 8:17 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-5 1940, to 6-8-40 19 ,
and that I last saw her alive on 6-7 19 40.

Immediate cause of death Cerebral hemorrhage — Duration 3 days

Due to

Due to

Other Conditions generalized arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Raeman M. D.
Address 206 S. Johns St Date signed 6-10-40

BISBYER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 70127

Registered No. F 70127

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6. Sigmund A. St

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. ~~(yrs., mos., or days)~~ 9

(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 54 15

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3207 N. Rodgers ave

(If rural give location)

(e) If foreign born, how long in U. S. A.? 54 years

3 (a) FULL NAME Joseph Bisgyer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
75				

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation Ret Merchant

11. Industry or business

FATHER 12. Name Samuel Bisgyer

13. Birthplace Austria

MOTHER 14. Maiden Name Frondel

15. Birthplace Austria

16 (a) Informant Gustave Bisgyer

(b) Address 3207 N. Rodgers ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-40 (month) (day) (year)

(c) Cemetery or crematory Har Sinai Cem

Location ~~New Cut~~

18 (a) Funeral director Jack Louis Jos

(b) Address 1432 E. Baltimore St

19 (a) (b) Registrar

JUN 10 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/10 1940, at 5:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1 1940 to 6/10 1940 and that I last saw h/m alive on 6/10 1940

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions Arteriosclerosis Heart Disease

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W P Franklin M. D.

Address Sinai Hospital Date signed 6/10/40

(OVER)

F 70128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B

Registered No. F 70128

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3117 Baker St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3117 Baker St. (If rural give location)

1617

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Theresa K. Greenberg.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	White	Married.

6 (b) Name of husband or wife M George Greenberg

6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) July 19-68

8. AGE: Years	Months	Days	If less than one day
71	10	21	hr. min.

9. Birthplace Czeko-Slaviaka (Town, county, and state)

10. Usual Occupation --

11. Industry or business --

FATHER

12. Name Samuel Krauskopf

13. Birthplace Bohemia.

MOTHER

14. Maiden Name Fannie Schwartzkopf

15. Birthplace Bohemia.

16 (a) Informant Mrs Samuel D. Siegel

(b) Address 3117 Baker St

17 (a) (Burial, cremation, or removal) (b) Date thereof June 11-40 (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship Cem.

Location Walto & Conklin St

18 (a) Funeral director Jacobus Co

(b) Address 2432 Reisterstown Rd.

19 (a) JUN 10 1940 Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 10 - 1940, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/18 1939 to 6/8 1940, and that I last saw h[illegible] alive on 6/8 1940.

Immediate cause of death Carcinoma of uterus

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. L. Hornstein M. D.

Address 733 Eutaw St. Date signed 6/10/40

F 70129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 133-a F 70129

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) One Mon.

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Heathsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 13 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Lillian W. Rice

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Asa S. Rice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 14 1881

8. AGE: Years 59 | Months 4 | Days 29 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Home Duties

11. Industry or business

FATHER
12. Name Rev. Chas. S. Arnett
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Fannie Whitelock
15. Birthplace England

16 (a) Informant Charles R. Rice
(b) Address Sharps Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12 1940 (month) (day) (year)
(c) Cemetery or crematory Coan Church Va.
Location Va.

18 (a) Funeral director John O. Mitchell & Bros.
(b) Address 19 & Eutaw Place

19 (a) (Signature of local registrar) (b) Huntingtown, Md.

JUN 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/10 1940 at 3:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/10 1940 to 6/10 1940 and that I last saw him alive on 6/10 1940.

Immediate cause of death Uremia — Duration ?

Due to Left pyonephrosis

Due to

Other Conditions Absent Rt. kidney (Previous operation)
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John L. Glassman M.D.
Address Md. Gen. Hosp. Date signed 6/10/40

70130

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83-a

F 70130

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County

City or town Baltimore, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
614 Edgewood Street

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) - 2 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Penna County Trainor

City or town (If outside city or town limits, write RURAL NEAR and give town) Ward No.

Street No. 614 Edgewood St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Harvey Robinson

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Phoebe Robinson

6(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) July 11 1861

8. AGE: Years	Months	Days	If less than one day: hrs	min
78	11	—		

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation Retired storekeeper for

11. Industry or business P.R.R.

FATHER 12. Name George H. Robinson

13. Birthplace — Pa.

MOTHER 14. Maiden name Mary E. Pierce

15. Birthplace — Pa.

16. Informant L. Bradley Robinson

Address 614 Edgewood St. Balto. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 13 1940 (month) (day) (year)

Cemetery or crematory West Nottingham

Location Maryland

18. Funeral director J.E. Tyson

Address Rising Sun Md.

JUN 11 1940 (Date filed by registrar) 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1940 at 12 30 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from May 1940 to June 11 1940 and that I last saw him alive on June 10 1940

Immediate cause of death Cardiac Dilatation — DURATION of death ?

Due to Arteriosclerosis

Due to

Other conditions Cerebral Hemorrhage — 1 mo

(Include pregnancy within 3 months of death)

Major findings of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically

22. VIOLENCE. If death was due to external causes, fill in the following.

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE George H. Wood M.D. M. D. or other

Address 4000 Edmondson Ave. Date signed 6-11-40

70131

HEALTH DEPARTMENT—CITY OF BALTIMORE 70131

CERTIFICATE OF DEATH

✓ H6-F

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 S. Eden St. 3-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frank Barsznica

If U. S. Veteran, specify WAR

(a) Residence: No. 104 S. Eden St. (Usual place of abode) St. S. S. No. 213-05-9340 Ward

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Male — 4. Color or Race: White — 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Sophia Barsznica

6. DATE OF BIRTH (month, day, year): October 16 1879

7. AGE: Years 60 Yrs. — Months 8 7 — Days 2720. — If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Batts.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Transit Co Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Stanley

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Nelsonow

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Mary Good (Address) 104 S. Eden St.

18. BURIAL, CREMATION, OR REMOVAL: Place Sacred Heart of Jesus Date June 14 1940

19. UNDERTAKER: Wendell L. Riggal (Address) 1405 South St.

FILED JUN 11 1940

Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-7-40

22. I HEREBY CERTIFY, That I attended deceased from 6-4-40 to 6-7-40

I last saw h[illegible] alive on 6-7-40. Death is said to have occurred on the date stated above, at 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Primary Carcinoma	
Liver	
Metastasis	
and	
Acute Gastritis	
Duodenalis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 70132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 70132 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harrington Apts
(c) Hospital or institution: (Home)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Belmont
(If outside city or town limits, write RURAL and give town)
(d) Street No. Harrington Apts - 3908 W Rogers
(If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME Mary McComas

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Henry Clay McComas
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 7 1852

8. AGE: Years	Months	Days	If less than one day
88	0	2	— hr. — min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Oliver A. Parker
13. Birthplace Harford Co. Md.

MOTHER
14. Maiden Name Mary B. McGilton
15. Birthplace Harford Co. Md.

16 (a) Informant Mr. Henry C. McComas (son)
(b) Address 320 Stewart Home Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11-40 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

Funeral director Stewart Memorials
(b) Address 108 W Monroe

19 (a) (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

GRG

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1940, at 1.40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1939 to June 9 1940, and that I last saw her alive on June 8 1940.

Immediate cause of death	Duration
Carcinomatosis (cervical gland mediastinal glands, liver)	
Due to Carcinoma of breast (Left)	Dec. 1939
Due to	
Other Conditions Arteriosclerotic heart disease — hypertension (Include pregnancy within 3 months of death)	1919

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis P Hamburger M. D.
Address 1207 Eutaw Place Date signed June 10 1940

70133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70133
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 710 Highwood Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 710 Highwood Rd
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore Md
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lelia Richards Smith

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F
5. Color or race W.
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife William Francis
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 21 1865

8. AGE: Years 74 | Months 6 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Benj Franklin Reinhardt
13. Birthplace Pa Shippensburg.

MOTHER
14. Maiden Name Cora Irene Richards
15. Birthplace Baltimore.

16 (a) Informant Mr Leslie M Smith.
(b) Address 710 Highwood Drive

17 (a) Burial. (b) Date thereof 6-11-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location City.

18 (a) Funeral director Hyleston J Tyson & Son
(b) Address North & Pennsylvania Ave

19 (a) JUN 1 1940 (Date received by registrar) (b) Registrar, Health Dept.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1940, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6, 1940, to June 8, 1940, and that I last saw her alive on June 8, 1940;

Immediate cause of death Coronary Thrombosis. — Duration 3 days.
Due to ?
Due to —
Other Conditions Hypertension.
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Willis Guyton
Address 3963 Greenmount Ave Date signed 6/10/40.

70134 HEALTH DEPARTMENT—CITY OF BALTIMORE 70134

CERTIFICATE OF DEATH

92-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 309 N Carrollton Ave (Ward) 46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella J Henson

If U. S. Veteran specify WAR

(a) Residence: No. 309 N Carrollton St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Henson

6. DATE OF BIRTH (month, day, year) Jan 7 1886

7. AGE Years 54 | Months -5 | Days -1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (Years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm Purnell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Frances Boone

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Chas Henson (Address) 309 N Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date June 11, 19 40

19. UNDERTAKER Mrs Kate R. Williams (Address) 322 N Schroeder St

FILED JUN 11 1940 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) June 8 / 40

21. I HEREBY CERTIFY, That I attended deceased from June 5 40 to June 8 40

I last saw h alive on June 8 40 6.30 P.M. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	5/3/40
Arteriosclerosis	Childhood 1934

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jno Bordley M. D.

(Address) 319 N Carrollton Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 70135 1

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

63 a F 70135 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians—please write to the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3911 Barrington Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3911 Barrington Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

15 10

3 (a) FULL NAME IDA KLATZKY

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex FEMALE | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife MORRIS
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name NOT KNOWN
13. Birthplace RUSSIA

MOTHER
14. Maiden Name NOT KNOWN
15. Birthplace RUSSIA

16 (a) Informant MORRIS KLATZKY
(b) Address 3911 BARRINGTON RD

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-11-40 (month) (day) (year)
(c) Cemetery or crematory LORRAINE
Location WINDSOR MILL RD

18 (a) Funeral director Paul Feuss Inc.
(b) Address 1437 E. Baltimore ST.

JUN 11 1940 (Date received by Registrar) Harrington Williams M.D. Registrar

V8 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-10-40 19 , at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1931, to June 10 19 40, and that I last saw her alive on June 10, 19 40.

Immediate cause of death	Duration
Cerebral Hemorrhage.	12 days.
Due to Arteriosclerosis	10 yrs.
Due to Hypertension	10 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. H. Salter M. D.
Address 3703 Garrison Blvd Date signed 6/10/40

F 70136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131-B

F 70136

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Balt Gen'l Hosp (St. 5-13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Anna Bass

If U. S. Veteran specify WAR

(a) Residence: No. 4048 Pk. Heights Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin

6. DATE OF BIRTH (month, day, year) 8-14-1901

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
38 39		9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Lewis Chandler

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Weiner

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Brother

18. BURIAL, CREMATION, OR REMOVAL Burial - Woodlawn Cem. Date 6/11/40, 19

19. UNDERTAKER (Address) Jack Levin Inc 1439 E. Baltimore St

20. FILED JUN 11 1940, 19 Huntington Mitchell, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-10-40, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-9, 1940 to 6-10, 1940

I last saw her alive on 6-10, 1940 Death is said to have occurred on the date stated above, at 10½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerulo-tubular nephritis	2 yrs
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 70137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-30 70137 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 408 N. Central Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Vivian Brown

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married (Sep)

6 (b) Name of husband or wife Edward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1917

8. AGE: Years	Months	Days	If less than one day
22	1 11	3	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Tynes
13. Birthplace Va.

MOTHER
14. Maiden Name Ida Cofer
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location [illegible]

18 (a) Funeral director R. A. Goddin
(b) Address [illegible]

19 (a) [illegible] (Registrar) (b) [illegible] Registrar

JUN 11 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-7 1940, at 6:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-12 1940, to 6-7 1940, and that I last saw her alive on 6-7 1940.

Immediate cause of death Luetic spinal epidural granuloma with paraplegia — Duration about 1 year
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 6-8-40

F 70138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 70138 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1029 N. Carolina St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1029 N Carolina St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sadie Dixon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	Col.	Widow

6 (b) Name of husband or wife Edward Dixon

6 (c) If alive, give age years

7. Birth date of deceased (mo.) April 1 1885

8. AGE: Years	Months	Days	If less than one day
55	2	8 7	hr. min.

9. Birthplace Baltimore City Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER

12. Name John Thomas

13. Birthplace Baltimore Md

MOTHER

14. Maiden Name Lydia Johnson

15. Birthplace Balto Md

16 (a) Informant Mrs Lydia Migont

(b) Address 1029 N. Carolina St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 12 1940 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem Park

Location Balto Maryland

18 (a) Funeral director Mrs Ida Bailey

(b) Address 1421 Jefferson St

19 (a) (To be fill'd by registrar) (b) Filed Jun 11 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1940, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1940, to June 8 1940 and that I last saw alive on June 8 1940.

Immediate cause of death

Chronic Interstitial Nephritis

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:

Of operations No

Of autopsy No

Duration
Yrs
8
1940

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Geo J Schulz M.D.

Address 50 W Lafayette Ave

Mallory

F 70139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a

F 70139 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 230 W. Hamburg St
(c) Hospital or Institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr 6 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 230 W. Hamburg St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Rosana Mallory

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	We	Widow

6 (b) Name of husband or wife John Mallory
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
51	1	1	hr. min.

9. Birthplace Pennsylvania S. B. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Caspar Rodgers
13. Birthplace S. B.

MOTHER
14. Maiden Name not Known
15. Birthplace S. B.

16 (a) Informant Jos. Mallory
(b) Address 230 W. Hamburg St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A A Co Md

18 (a) Funeral director Daniel S. Brown Son
(b) Address 618 W Montgomery St

JUN 11 1940 (Date received by Registrar) Thurlington Dashiell, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1940, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1940, to June 7 1940, and that I last saw h[illegible] alive on June 7 1940.

Immediate cause of death — Duration

Cerebral Hemorrhage

Due to Cardiac

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O. H. Carroll M. D.
Address 91 W Warren Date signed 6/10/40

F 70140

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

Registered No. F 70140

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. No correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 315 S. Smallwood St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 315 S. Smallwood St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

20-13

3 (a) FULL NAME Franz L. May

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Amelia P. May

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 25, 1860

8. AGE: Years 80 | Months 4 | Days 14 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Blacksmith, Retired

11. Industry or business B. & O. R. R.

FATHER
12. Name Franz L. May
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs Emma Batz
(b) Address 2106 Ashton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/40. (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore

18 (a) Funeral director Frederick A. Dole
(b) Address 1200 W Lombard St

19 JUN 11 1940 (b) [illegible] Baltimore MD

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9th, 1940, at 12:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1940 to June 9 1940 and that I last saw h. alive on 6/9 1940

Immediate cause of death
Bronchopneumonia
Due to
Due to
Other Conditions acute cremia

Duration
5 days
1 day

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Miller M. D.
Address 2020 Wilkens Ave Date signed 6/9/40

VS 3

F 70141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 F 70141 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Do not age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1521 Presstman St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1521 Eak 15

3 (a) FULL NAME Farrell Louise Brown

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Married

6 (b) Name of husband or wife Lewis Brown

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 1 1921

8. AGE: Years	Months	Days	If less than one day
19	5	7	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Spencer Hall
13. Birthplace Md

MOTHER 14. Maiden Name Beatrice Wms
15. Birthplace Va.

16 (a) Informant P. J. Maloney
(b) Address above hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thomas E. Kelly
(b) Address 1303 Pressman St

19 (a) JUN 11 1940 (Date rec'd by registrar) (b) Huntington Philadelphia

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-8-1940 at 5:20 A. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy & Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Acute Nephritis	
Due to Uremia	
Due to Bi Chloride Mercury	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence May 29 - 40
(c) Where did injury occur? above residence (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Took 6 tablets of Bi Chl. Hg.

23. Signature Howard J. Wheeler M.D. Medical Examiner.
Date signed

70142 F 70142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3402 Lyndale Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 3402 Lyndale Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William W. Upp
3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE ENGAGED IN
4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Jennie Upp.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 28 - 1877
8. AGE: Years 62 | Months 11 | Days 10 | If less than one day hr. min.
9. Birthplace Columbia Pa. (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Balto Transit Co
FATHER 12. Name Charles W Upp.
13. Birthplace Pennsylvania
MOTHER 14. Maiden Name Mary E Parks.
15. Birthplace Pennsylvania
16 (a) Informant Mrs Jennie Upp.
(b) Address 3402 Lyndale Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-40 (month) (day) (year)
(c) Cemetery or crematory Parkwood.
Location
18 (a) Funeral director Wendell E Humphreys
(b) Address 1731 N. Broadway
19 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1940 at 12 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1935 to June 8 1940 and that I last saw him alive on June 8 1940.

Immediate cause of death: Hypertension Cardiovascular Arteriosclerosis — Duration: Duration
Due to: Cerebral Hemorrhage
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A H Kouns M. D.
Address 812 N Broadway Date signed 6-10-40.

6-13-40

F 70143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 70143 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct ... is especially important. Physicians: please write the causes of death clearly and legibly.

ENTRY RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 411 ANNABEL AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 ANNABEL AVE (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JACOB REINHARDT

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-14-1797

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	White	MARRIED

6 (b) Name of husband or wife LULA V. REINHARDT

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5 - 1877

8. AGE: Years	Months	Days	If less than one day
62	11	4	hr. min.

9. Birthplace BALTIMORE Md (Town, county, and state)

10. Usual Occupation LABORER FOR

11. Industry or business CONTRACTOR

FATHER
12. Name FREDERICK REINHARDT
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace ✓

16 (a) Informant LULA V. REINHARDT
(b) Address 411 ANNABEL AVE

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof JUNE 12 - 40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A. A. County Md

18 (a) Funeral director Robt. B. M. Walter
(b) Address Gatt & Fricker St

19 (a) JUN 11 1940 (Date received by registrar) (b) Huntington Williams Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 9 1940 at 8:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1939 to June 9 1940, and that I last saw him alive on June 8 1940.

Immediate cause of death
Coronary Hypertension Cardiac Degeneration disease
Due to Heart failure
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Rubin M. D.
Address 203 Calaper ave Date signed

70144

OK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

54686F 70144

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 16 Melrose Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Allen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible] 18, 1866

8. AGE: Years	Months	Days	If less than one day
73	7 8 9	20	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Thomas Johnson

13. Birthplace Md.

MOTHER

14. Maiden Name Mira

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof June 12, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location

(d) Funeral director Mrs Katie R Williams

(e) Address 322 E Lafayette Ave Baltimore, Md.

19 (a) JUN 14 1940 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1940, at 9:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 13 1940, to June 8 1940, and that I last saw her alive on June 8 1940.

Immediate cause of death Arteriosclerotic Heart Disease — Duration unknown

Due to

Due to

Other Conditions Abnormal temperature 4 days.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy not done.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp Date signed 6-14-40

F 70345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

195-BF-70145 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1422 Jefferson St.
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs,

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1422 Jefferson St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME James Shaw

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-9946

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Mable Shaw
6 (c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) Oct 18, 1914

8. AGE: Years	Months	Days	If less than one day
25	7	21	hr. — min.

9. Birthplace N. Carolina (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business

FATHER
12. Name George Shaw
13. Birthplace N.C.

MOTHER
14. Maiden Name Sylvia Rush
15. Birthplace N.C.

16 (a) Informant Mable Shaw
(b) Address 2227 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A.A. County Md.

18 (a) Funeral director Mrs R. A. Elliott & Daughter
(b) Address 1129 E. Caroline St

19 (a) Date received by Registrar JUN 11 1940 (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1940, at 1:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Asphyxiation Sodium Pentothal - intra	Unknown
Due to 0.7 gm. Hemophilioe-like blood	
Due to Aspiration	
Hemorrhage from throat	
Other Conditions Broncho-pneumonia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pulmonary atelectasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Sandegard M.D.
Medical Examiner.
Date signed 6/10/40

F 70146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

F 70146 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1034 Hillman St.
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
Street No. 1034 Hillman St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth C. Burrier

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: John R. Burrier
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 15, 1858

8. AGE: Years	Months	Days	If less than one day
82	1	24	hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: House work
11. Industry or business: at Home

FATHER
12. Name: Lewis Noonan
13. Birthplace: Baltimore Md

MOTHER
14. Maiden Name: Margaret Kelly
15. Birthplace: Baltimore Md

16 (a) Informant: Mrs. Mary Jenny Wright
(b) Address: 1034 Hillman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12, 1940 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Road

18 (a) Funeral director: Elmer W. Conklin
(b) Address: 624 E. Eager St.
(c) Baltimore, Washington, Williamsport, Md.

JUN 11 1940 (Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9th, 1940, at 3 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1940 to June 9 1940, and that I last saw h- alive on June 8 1940.

Immediate cause of death	Duration
Bronchial Pneumonia	May 18
Due to Arterio-Sclerosis	
Due to	
Other Conditions Broken Fracture right Femur (Include pregnancy within 3 months of death)	May 13,

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide — Acc
(b) Date of occurrence 5/13/40
(c) Where did injury occur? 1034 Hillman St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? (Specify type of place)
(e) Means of injury Slipping on floor

23. Signature H. J. Wiedeman M. D.
Address 1304 S. Clinton Date signed 6/10/40
Howard J. Wiedeman M. D. (over)

F 70147

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70147

CERTIFICATE OF DEATH

V 107

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 S. Greene St. 22-2 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mary Luba Dorsey

If U. S. Veteran specify WAR _____

(a) Residence: No. 605 S. Greene St. Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 30 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	57		7/0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Francis C. Dorsey

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Johnson

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Clarence H. Dorsey

(Address) 615 S. Greene St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date June 12 1940

19. UNDERTAKER James A. Stamps

(Address) 142 Hoffman St.

20. FILED JUN 11 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1939 to June 9 1940

I last saw her alive on June 8 1940 Death is said to have occurred on the date stated above, at 3:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	May 1, 1940
Arteriosclerosis	about Dec 1939

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) John W. Grimes M. D.

(Address) 615 S. Greene St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be answered and no information should be carefully supplied. AGE should be stated EXACTLY.—PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

70148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a Registered No. 70148

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 402 N. Hilton St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jenette Speaks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife George W. Speaks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6, 1862

8. AGE: Years 78 | Months 5 | Days 3 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John T. Walker
13. Birthplace Balto Md

MOTHER
14. Maiden Name Elizabeth McCracken
15. Birthplace Balto Md

16 (a) Informant Rev. George W. Speaks (Jr)
(b) Address 5 Dr Annabel Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill C.A. Co.
Location Md.

18 (a) Funeral director C. Richard Fleming
(b) Address 1426 Light St.

19 (Date received by registrar) JUN 11 1940 Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1940, at 3.30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Intertrochanteric fracture, right femur.
Due to: Coronary occlusion
Due to: Lobular pneumonia.

Duration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 5/27/40 402 N Hilton St
(c) Where did injury occur? Steps in front of home
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury fall on steps

23. Signature Wm. Caplesruft M.D.
Medical Examiner.
Date signed 6/10/40

56283-FD

F 70149

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159 ✓ Registered No. F 70149

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2hr.50min.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 719 W. Saratoga St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Brown

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-5-40

8. AGE: Years	Months	Days	If less than one day
0	0	1	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Abraham Brown
13. Birthplace S.C.

MOTHER
14. Maiden Name Daisy Herring
15. Birthplace N.C.

16 (a) Informant B.C.H. records
(b) Address

17 (a) Cremation (b) Date thereof 6/8/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cremetory
Location Balto City Hosp.

18 (a) Funeral director
(b) Address

19 JUN 11 1940 Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/5/40 19 , at 2.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/5/40 19 to 6/5/40 19 , and that I last saw her alive on 6/5/40 19 .

Immediate cause of death Prematurity (25 weeks) — Duration 1 day

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas. L. Linn M.D.
Address Balto City Hosp. Date signed 6-7-40

20150 BALTIMORE CITY HEALTH DEPARTMENT Registered No. E 20150

CERTIFICATE OF DEATH 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 79½ yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3411 Taylor Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Isabell Mazar

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
fem	W	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/26/1860

8. AGE: Years	Months	Days	If less than one day
80	5	14	hr. min.

9. Birthplace California (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name W. H. Hank
13. Birthplace Ireland

MOTHER
14. Maiden Name Ann Anderson
15. Birthplace Ireland

16 (a) Informant Mrs. Jenny Mazar
(b) Address 3411 Taylor Ave - Baltimore Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave.

18 (a) Funeral director Lansdale Funeral Home
(b) Address 7401 Belair Road

19 (a) (Date rec'd by registrar) (b) [illegible]

JUN 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-10-40 19 . at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/5/40 19 , to 6/10/40 19 , and that I last saw h c alive on 6/9/40 19 .

Immediate cause of death Bronchopneumonia — Duration 12 dy

Due to

Other Conditions Arteriosclerosis generalized
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. A. McFadden M. D.
Address Church Home & Infirmary Date signed 6/10/40

F 70151

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 70151 ✓ 772 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 15 E. Franklin St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 15 E Franklin St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fred Cairns

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 275-05-7329

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret A

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb 17, 1887

8. AGE: Years: 53 | Months: 3 | Days: 23 | If less than one day: hr. min.

9. Birthplace: Penna
(Town, county, and state)

10. Usual Occupation: Clerk
11. Industry or business: Metro; Finance Co

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown

16 (a) Informant: Margaret A. Cairns
(b) Address: 1727 E Oliver St

17 (a) Burial (b) Date thereof June 12/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Balto, Md

18 (a) Funeral director: William Lamdin
(b) Address: 1217 St Paul St

19 (a) Harrington Williams M.D.
(Signature of registrar) Registrar

JUN 11 1940
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1940 at 5a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said I find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: Acute Alcoholism — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. B. Vandeventer M.D.
Medical Examiner.
Date signed 6/10/40

F 70152

BALTIMORE CITY HEALTH DEPARTMENT 46-G F 70152

CERTIFICATE OF DEATH

Registered No. 24943 SD

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3120 Stafford Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George McGraw

3 (b) If veteran, name war no

3 (c) Social Security Account No. 265-09-0134

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1890

8. AGE: Years	Months	Days	If less than one day
49	8	24	hr. min.

9. Birthplace Scotland (Town, county, and state)
10. Usual Occupation Plaster
11. Industry or business Unemployed

FATHER
12. Name George McGraw
13. Birthplace Scotland

MOTHER
14. Maiden Name Isabel Nesbit
15. Birthplace Scotland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md.

18 (a) Funeral director Williams Cook
(b) Address 1217 E. Pearl St

19 (a) (Signature of registrar) (b) Huntington Williams, M.D. Registrar

JUN 11 1940
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-10 1940, at 10:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-22 1940, to 6-10 1940, and that I last saw him alive on 6-10 1940.

Immediate cause of death: Carcinoma Pancreas — Duration: 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. K. Woodward Jr. M. D.
Address Balto City Hosp. Date signed 6-10-40

F 70153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-D

F 70153 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 645 W. Fayette St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Hurtt

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
No	None	M	Wh	Widowed

6 (b) Name of ~~husband or~~ wife Lola Phelps Hurtt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18th 1875

8. AGE: Years	Months	Days	If less than one day hr.	min.
65	1	21		

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Telegraph Operator

FATHER
12. Name Robert W. Hurtt
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Charlotte Nickel
15. Birthplace Cecil Co. Md.

16 (a) Informant Walter T. Hurtt
(b) Address 1160 W. Hamburg St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/12/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Huntington Williams, M.D. (Signature of registrar) Registrar
(b) Date received by registrar JUN 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1940 at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said .. (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Infarct, st thalamus — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Bruns Hurtt M.D. Medical Examiner.
Date signed 6/10/40

F 70154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No.

F 70154

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3915 Edmondson Avenue
(c) Hospital or institution: -------
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3915 Edmondson Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.?

3 (a) FULL NAME JOSEPH T. MOONEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Catherine T. Mooney
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1865

8. AGE: Years	Months	Days	If less than one day
72	5	14	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired P. O. Official
11. Industry or business

FATHER
12. Name James Mooney
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Walsh
15. Birthplace Ireland

16 (a) Informant Catherine T. Mooney
(b) Address 3915 Edmondson Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location

18 (a) Funeral director Black & Evans Funeral Home
(b) Address 116 W. Mt. Royal ave

19 (a) (Date rec'd by registrar) (b) [illegible] Registrar

JUN 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1940 at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1939 to June 9 1940 and that I last saw him alive on June 19 1940.

Immediate cause of death Cardiac Insufficiency — Duration 3 days
Due to Chronic Fibroid Tuberculosis Pulmonary — 2
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature George P. Mooney
Address 4000 Edmondson Ave Date signed 6-10-40 M. D.

F 70155

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a F 70155 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4301 Roland Avenue
(c) Hospital or institution: Kirkleigh Villa
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 4301 Roland Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? --- years

3 (a) FULL NAME FRANCES W. SWEITZER

3 (b) If veteran, name war	3 (c) Social Security Account No.
----	-----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife ---
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, 1842

8. AGE: Years	Months	Days	If less than one day
97	10	26	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER 12. Name John Sweitzer
13. Birthplace Germany

MOTHER 14. Maiden Name Mary Ann Fuchs
15. Birthplace Germany

16 (a) Informant Mrs. Howard F. Brehm
(b) Address 2102 Elsinor Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Chas. H. Grundtson Inc
(b) Address 118 W. Mt. Royal Ave.

19 (a) [illegible] (Date rec'd by Registrar) [illegible] Registrar

JUN 14 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1940, at A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1938, to June 10 1940, and that I last saw her alive on June 9 1940.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arteriosclerosis	10 yrs
Due to	
Other Conditions General Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature John C. Drendan M. D.
Address 1047 W. Madison St. Date signed 6/11/40

70156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

JUN 11 1940

122-A Registered No. F 70156

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimorecity Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 827 N. Caroline Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Carrie Marshall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1890 ?

8. AGE: Years 50 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laundry Work

11. Industry or business

FATHER
12. Name John Settles (d)
13. Birthplace Va.

MOTHER
14. Maiden Name Harriett Beamer (d)
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6/13/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County, Md.

18 (a) Funeral director Joseph D. Locke
(b) Address 1930 E. Centralave

19 (a) JUN 11 1940 (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-10 1940, at 9:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-5 1940, to 6-10 1940, and that I last saw her alive on 6-10 1940.

Immediate cause of death: Intestinal obstruction — Duration: 1 week

Due to: Post operative adhesions and hernia — Duration: ?

Due to: ..... — Duration: .....

Other Conditions: .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations: same
Of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature L. Kubo M. D.
Address Balto city Hosp. Date signed 6-10-40

70157

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a

Registered No. E 70157

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3004 Evergreen Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balt. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3004 Evergreen Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherina (Katie) M. Franz Heying

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	married

6 (b) Name of husband or wife Louis L. Heying Jr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 23 1870

8. AGE: Years	Months	Days	If less than one day
70	2	17	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business at Home

FATHER
12. Name John Franz
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret
15. Birthplace Unknown

16 (a) Informant Louis Heying
(b) Address 3004 Evergreen Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Brooklyn
Location

18 (a) Funeral director Leonard Lusk
(b) Address 2305 Hayward Rd.

19 (a) (Date rec'd by registrar) (b) Huntingtown Williamsville Md. (Address)

JUN 11 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1936 to June 10 1940, and that I last saw h[illegible] alive on June 9 1940.

Immediate cause of death: Chronic Myocarditis — Duration 5 years
Due to
Due to
Other Conditions Significant Arteriosclerosis — 3 years
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy No

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence —
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature L. L. Gordy M. D.
Address 5106 Harford Road Date signed 6-11-40

F 70158

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131a Registered No. F 70158

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3222 Woodland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 & 18
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3222 Woodland ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary H. Edelen

3 (b) If veteran, name war none

(c) Social Security Account No. none

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Philip F. Edelen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2, 1845

8. AGE: Years 95 Months 3 Days 7 If less than one day hr. min.

9. Birthplace St. Marys Co. Md. (town, county, and state)

10. Usual Occupation
11. Industry or business at home

FATHER 12. Name Dr. Thomas J. Stone
13. Birthplace St. Marys Co. Md.

MOTHER 14. Maiden Name L. Ford
15. Birthplace St. Marys Co. Md.

16 (a) Informant William F. Edelen
(b) Address 3222 Woodland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 / 12 / 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. City.

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights

19 (a) JUN 11 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 9 1940, at 7:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-6 1939 to 6-9 1940.
and that I last saw he/she alive on 1940.

Immediate cause of death Senility
Arteriosclerosis
renal disease
Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George Lovato M. D.
Address 101 N. Eutaw St. Date signed 6-11-40

VS 2

H. J. Madden, Jr. Asst. Registrar - pro tem

F 70159

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159

Registered No. 70159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

27-18

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3506 W. Garrison ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Grubbens

3 (b) If veteran, name war / 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1940 6/9

8. AGE: Years	Months	Days	If less than one day
			12 hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Edward Grubbens
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Laura Jenevra
15. Birthplace Balto Md.

16 (a) Informant Mother
(b) Address 3506 W Garrison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto City

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights

19 (a) JUN 11 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1940, at 10:05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1940, to June 9 1940, and that I last saw him alive on June 9 1940.

Immediate cause of death	Duration
40 Congenital Atelectasis	
Due to Prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stanley E. Bradley M. D.
Address University Hosp. Date signed 6-9

70160 X ✓ F 70160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division
(c) Hospital or institution: Provident Hospital 14-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 105 Lenwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME George Green

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Widowed

6 (b) Name of husband or wife Agnes Green

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1855

8. AGE: Years	Months	Days	If less than one day
85			hr. min.

9. Birthplace Howard County Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business —

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name Margret ?
15. Birthplace Md

16 (a) Informant Benjamin J. Green
(b) Address 1801 McCulloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 12 40 (month) (day) (year)
(c) Cemetery or crematory Lloyster Star Cem
Location Catonsville Md

18 (a) Funeral director William J. Jackson
Address 916 Rama ave

19 (a) [illegible] (Date received by registrar) [illegible] Washington Hilliard Md
JUN 17 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-9-1940, at 5.03 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-9-1940 to 6-9-1940. and that I last saw him alive on 6-9-1940.

Immediate cause of death: Cerebral Hemorrhage with R sided hemiplegia — Duration: 2 days.
Due to: Hypertensive Arterio-
Due to: Sclerotic Vascular Disease — ?
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. T. Maloney M. D.
Address Provident Hospital Date signed 6/10/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Do not write the causes of death clearly and legibly. correct age is especially important. Physicians: please write

F 70161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 70161

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1736 E. 28th Street.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-6
(e) Length of stay in Baltimore (yrs., mos., or days) 38/9/14

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1736 E. 28th Street.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME VERONICA FURBUSH

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife George D. Furbush
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 26, 1901

8. AGE: Years	Months	Days	If less than one day
38	9	14	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Conrad Reges
13. Birthplace Maryland

MOTHER
14. Maiden Name Katherine Bonnett
15. Birthplace Maryland

16 (a) Informant George D. Furbush
(b) Address 6711 Old Harford Road.

17 (a) Burial (b) Date thereof June 13, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Parkville, Md.

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St.

19 JUN 11 1940 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1940 at 3 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1940. to June 10 1940. and that I last saw her alive on June 10, 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage & Left Hemiplegia	3 days
Due to Arteriosclerosis	6 yrs.
Right Hemiplegia.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert S. Bingemann M. D.
Address 1613 E. North Av. Date signed 6-10-40

PRESS FIRMLY WITH UNFADING INK. Every item or information should be carefully supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. F 70162

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 27-10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 dys
(e) Length of stay in Baltimore (yrs., mos., or days) 3 dys

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 717 Woodbourne Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY PENNINGTON WALKER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Dennis D. Walker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 3, 1881

8. AGE: Years	Months	Days	If less than one day
58	10	5	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Levi Pennington
13. Birthplace Baltimore Co. Md.

MOTHER
14. Maiden Name Rachael Sutton
15. Birthplace Maryland

16 (a) Informant Dennis D. Walker
(b) Address 717 Woodbourne Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director John Illuch
(b) Address 2008 Orleans St.

JUN 11 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1940, at 9:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1940, to June 8 1940, and that I last saw h[illegible] alive on June 8 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 4 dys
Exact Site or Side undetermined

Due to Hypertensive Cardio-Vascular disease and Generalized Arteriosclerosis — Known for 10 yrs

Due to

Other Conditions Hypertensive Encephalopathy Obesity, Adipus Pectoris
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury

23. Signature Timothy A. Callahan Jr. M. D.
Address University Hosp. Date signed 6-8-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70163

CERTIFICATE OF DEATH

131a F 70163

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 244 S Robinson st 1-2

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eugenia Raimondo

If U. S. Veteran specify WAR

(a) Residence: No. 244 S. ROBINSON St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Angelo Raimondo

6. DATE OF BIRTH (month, day, year) Nov 21 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Borgio Falire

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Vincenzi Vilaicale

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Phillip Raimondo

(Address) 244 S. Robinson st

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date June 12 19 40

19. UNDERTAKER Frank V. Likelton

(Address) 281 E. Balto st

20. FILED JUN 11 1940 19... Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10 19 40

22. I HEREBY CERTIFY, That I attended deceased from 6/10/40 19... to 6/10 19 40

last saw her alive on 6/10 19 40 Death is said to have occurred on the date stated above, at 9:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	6/7/40
Hypertension Cerebro vascular disease	1935
Hemiplegia	1935
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Frank V. Mannino M. D.

(Address) 742 S. Ead Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 70164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No. F 70164

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3725 Belair Ave.
(c) Hospital or institution: Church Home & Infirmary 27-18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3725 Belair Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Baby Girl Sturm — Mary Louise Sturm

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 6/8/40

8. AGE: Years	Months	Days	If less than one day
0		3	— hr. — min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Hubert Sturm
13. Birthplace Baltimore

MOTHER
14. Maiden Name Ann Bonis
15. Birthplace Md.

16 (a) Informant Hospital record.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director Geo. J. Roth Inc
(b) Address 345 Reisterstown Rd.

19 (a) (Date received by registrar) JUN 11 1940 Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1940, at 2:0 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1940, to June 11 1940, and that I last saw h[illegible] alive on June 11 1940.

Immediate cause of death Congestion of stomach contents
Due to Prematurity
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration 5 minutes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James P. Kerr M. D.
Address Church Home & Infirmary Date signed 6/11/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

70165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D ✓ Registered No. F 70165

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 15 W. Fort ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto City
(c) City or town Balto Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 15 W. Fort ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Annie Mahan.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ira. Mason

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan. 15, 1872

8. AGE: Years 68 | Months 4 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER 12. Name — Schramm

13. Birthplace Germany

MOTHER 14. Maiden Name Dorothea

15. Birthplace Germany

16 (a) Informant Dorothea F. Parks

(b) Address Bronx-Islamic Colored

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13, 1940 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location A. A. Co. Md.

18 (a) Funeral director A. Howard Ellis

(b) Address 4400 Harford Rd

19 (a) JUN 11 1940 Registrar Washington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10, 1940, at 7.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/9/40 19..., to 6/10/ 1940, and that I last saw her alive on 6/10/ 1940.

Immediate cause of death Hypertensive cardio vascular disease — Duration ?

Due to .....

Due to .....

Other Conditions Acute dilatation of heart — Duration several hours

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Harry Deitel M.D.

Address 1226 Hanover St. Date signed 6/10/40.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70166

CERTIFICATE OF DEATH

61 F 70166

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Genl. Hosp. St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Margaret Reinhart

If U. S. Veteran specify WAR .....

(a) Residence: No. 3919 Woodridge Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas F. Reinhart

6. DATE OF BIRTH (month, day, year): Feb. 10, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: John Woody

14. BIRTHPLACE (city or town) (State or country): Richmond Va.

MOTHER

15. MAIDEN NAME: Dora Dampf

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Thomas F. Reinhart

(Address): 3919 Woodridge Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Pk Date: June 12 19 40

19. UNDERTAKER: C. Howard Ellis

(Address): 1700 Eutaw Pl

20. JUN 11 1940 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/9/40 19

22. I HEREBY CERTIFY, That I attended deceased from 6/9/40 19 to 6/9/40 19

I last saw him alive on 6/9/40 19 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Diabetes Mellitus	10 yrs.
Diabetic Coma	2 Days

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel L. Lee M. D.

(Address) So. Balto. Genl. Hosp.

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 70167

COK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D

56122 Registered No. F 70167

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1406 Argyle Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Parker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-14-1889

8. AGE: Years 50 | Months 6 | Days 24 | If less than one day ... hr. ... min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation On Relief

11. Industry or business

FATHER
12. Name Daniel Parker
13. Birthplace Va.

MOTHER
14. Maiden Name Elizabeth Taylor
15. Birthplace Va.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof June 11, 1940 (month) (day) (year)
(c) Cemetery or crematory Fredericksburg
Location Va.

18 (a) Funeral director Mrs. Kate T. Williams
(b) Address 322 N. Schroeder St.

JUN 11 1940 (Date rec'd by registrar)

(b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-8 1940, at 10:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-31 1940, to 6-8 1940, and that I last saw him alive on 6-8 1940.

Immediate cause of death: Carcinoma Lung — Duration 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Huntington Williams M.D.
Address Balto City Hosp. Date signed 6-9-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-N Registered No.

F 70168

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1821 N. Charles St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1821 N. Charles St
(If rural give location)
17
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillie S. Stevens

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed
6 (b) Name of husband ~~or wife~~: Harvel S. Stevens
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 1st 1868
8. AGE: Years 72 | Months 0 | Days 9 | If less than one day hr. min.
9. Birthplace W. Va. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name William Eversole
13. Birthplace W. Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Viola J. Ridge
(b) Address 1821 N. Charles St

17 (a) Burial (b) Date thereof 6/13/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt Olivet
Location Balto Md

18 (a) Funeral director William Bok
(b) Address 1217 St. Paul St

(Date received) (b) (Registrar)

JUN 12 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10th 1940, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1940 to June 10 1940, and that I last saw h[illegible] alive on June 10 1940

Immediate cause of death
Cerebral Hemorrhage — Duration: 7 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John D Bukert M. D.
Address 4823 Park Heights Ave Date signed 6/10/40

F 70169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 70169 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto— (If outside city or town limits, write RURAL and give town)
(d) Street No. 514 W. Mulberry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fredrick A. Sauer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Waist helper
11. Industry or business

FATHER 12. Name Andrew Sauer
13. Birthplace Germany

MOTHER 14. Maiden Name Mary (Sanbower)
15. Birthplace Washington

16 (a) Informant Harry Goldberg
(b) Address 23 Clay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd

18 (a) Funeral director Harry H. Wiltze
(b) Address 4101 Edmondson Ave.

JUN 12 1940 (Registrar's District) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1940, at 10:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	10 min
Due to	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William D. Kelbick M.D. Medical Examiner.
Date signed 6/10/40 Investigator

F 70170

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70170

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) W. Balt. Gen'l Hospital (6-6)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Martha Lisa

If U. S. Veteran specify WAR .....

(a) Residence: No. 15 Wade Ave St., Catonsville Ward. Balto. Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Albert Lisa

6. DATE OF BIRTH (month, day, year) 1-22-1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Steven Croizer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Albert Lisa (Address) 15 Wade Ave

18. ~~BURIAL~~, CREMATION, OR REMOVAL Place Loudon Park Date 6/12 '40

19. UNDERTAKER Geo. A. Fenby (Address) Fuchs & Fayette

20. FILED Hunting for Williams M.D. JUN 12 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-10, 1940

22. I HEREBY CERTIFY, That I attended deceased from 6-8, 1940 to 6-10, 1940

I last saw h[illegible] alive on 6-10, 1940 Death is said to have occurred on the date stated above, at 11 1/4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease - hypertension - arteriosclerosis	6 mo.
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

Information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 70171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D Registered No.

F 70171

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 921 N. Bentalou St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give name)
(d) Street No. 921 N. Bentalow St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

16

3 (a) FULL NAME Lola L Morris

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex Fem | **5. Color or race** White | **6 (a) Single, married, widowed, or divorced** Married

6 (b) Name of husband or wife Harry Morris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17. 1897

8. AGE: Years 43 | Months 3 | Days 25 | If less than one day 23 hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Wm Rigney
13. Birthplace Penna

MOTHER
14. Maiden Name Catherine Murray
15. Birthplace Md

16 (a) Informant Harry Morris
(b) Address 921 N Bentalou St

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 6-13-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem
Location Balto Md

18 (a) Funeral director George A Farley
(b) Address Fulton & Fayette St

19 (a) (Date received by Registrar) Huntington Williams M.D. Registrar

JUN 12 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1940, at 11:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to h death on the day stated above.

Immediate cause of death Hypertensive Cardio-vascular disease — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William L. Keyser M.D.
Medical Examiner.
Date signed 6/11/40

28790

70172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146-B

F 70172

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
Street No. 1910 Penrose Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Madeline C. Gastel

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F

5. Color or race W.

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Otmar

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 9-1904

8. AGE: Years 35 | Months 6 | Days 1 | If less than one day hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Wm Preston
13. Birthplace Md

MOTHER
14. Maiden Name Catherine Carney
15. Birthplace Md

16 (a) Informant Otmar Gastel
(b) Address 1910 Penrose Ave

17 (a) Burial (b) Date thereof 6/13-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem
Location Balto Md

18 (a) Funeral director George A. Farley
(b) Address Fulton & Fayette
(b) Hunter or Williams, M.D.

JUN 12 1940
(Date received by Registrar)

Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1940, at 9 30P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death: Post-partum Uterine Haemorrhage — Duration: 9 hrs.

Due to

Due to Premature Seperation of Placenta — Duration: 21 hrs. — over

Other Conditions: Pregnancy - 34 weeks.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William D Nefsick M.D.
Medical Examiner

Date signed 6/11/40 Investigator

70173

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 183

F 70173
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3424 Roland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Donald Kavenaugh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Sd

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 6 | Months | Days | If less than one day hr. min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER
12. Name Martin J. Kavanaugh.
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret E Brooks.
15. Birthplace Md.

16 (a) Informant Margaret E Kavanaugh.
(b) Address 3424 Roland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12, 1940 (month) (day) (year)
(c) Cemetery or crematory St Marys
Location Hampden.

18 (a) Funeral director Lehenaueth & Donovan
(b) Address 3615-17 Chestnut Ave.

JUN 12 1940
(Date received by Registrar)

Wm. J. Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1940 at 2:50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death: Drowning — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 6/9/40
(c) Where did injury occur? Cedar Pt. Middle River
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Fell off pier under water support

23. Signature Wm. J. Swadley Graff M.D.
Medical Examiner.

Date signed 6/10/40

VS 6

PRINT OR WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

70174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5131-2

F. 70174

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 620 Willow ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 620 Willow ave.
(If rural give location)

2 yrs 10

(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Ella T. Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Thomas J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 14 1870

8. AGE: Years 63 | Months 7 | Days 27 | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER — 12. Name James Milligan

13. Birthplace Ireland

MOTHER — 14. Maiden Name Anna Langton

15. Birthplace Ireland

16 (a) Informant Mrs. Chas. Hill

(b) Address 610 E. 41st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14-40 (month) (day) (year)

(c) Cemetery or crematory S. Mem. Evans

Location Homeland ave.

18 (a) Funeral director John A. McCann

Address 3711 E. Balto. St.

19 (a) [illegible] (b) [illegible]
(Date received by registrar)

JUN 12 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10th 1940, at 10P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1935 to June 10 1940, and that I last saw h[illegible] alive on June 10 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration: 3 days

Due to: Arteriosclerosis & Hypertension — 5 years

Due to:

Other Conditions: Chronic Myocarditis, Chronic Nephritis

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Victor Goldberg M.D.

Address 15 W Patterson Park Date signed 6/11/40 M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct and complete. Physicians: please write the causes of death clearly and legibly. It is especially important.

F 70175 | Beveridge

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146 B

F 70175 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd Sts
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (~~yrs.~~ ~~mos.~~ or days) 36
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3003 Prestman (167) st
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs Emma Augusta Beveridge

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mr Andrew Beveridge

6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Nov 23 1875

8. AGE: Years	Months	Days	If less than one day: hr.	min.
64	6	18		

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Manzell Sipes
13. Birthplace Balto., Co., Md.

MOTHER
14. Maiden Name Emily Jane George
15. Birthplace Balto., Co., Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Penna. Avenues

JUN 12 1940

(a) Signature of registrar Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1940, at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1940, to June 11 1940 and that I last saw her alive on June 11 1940.

Immediate cause of death: Hypertensive cardio-vascular disease — Duration: 2 years

Due to:

Due to:

Other Conditions: Neoplasm of stomach - uremia — 6 months 2 weeks
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Crawford

Address Union Memorial Hospital Date signed 6/11/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-a

F 70176 Registered No.

Write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2735 Edmondson Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County ------

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2735 Edmondson Ave.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

20-W

3 (a) FULL NAME Carrie Brendel

3 (b) If veteran, name war: ---

3 (c) Social Security Account No.: none

4. Sex: Female

5. Color or race: Wht.

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John Brendel

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 3, 1861

8. AGE: Years 79 | Months 1 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace: Baltimore Md.
(Town, county, and state)

10. Usual Occupation: House-Wife

11. Industry or business

FATHER
12. Name: John D. Friese
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Germany

16 (a) Informant: Mrs. Ada May Brendel

(b) Address: 2735 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12, 1940 (month) (day) (year)

(c) Cemetery or crematory: Loudon Park

Location: Frederick Ave.

18 (a) Funeral director: Robert S. Little

(b) Address: 2700 Edmondson Ave.

19 JUN 12 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION P

20. DATE OF DEATH June 9 1940, at 11.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 - 1940 to June 9 - 1940, and that I last saw him alive on June 1 - 1940

Immediate cause of death: Obstruction of Heart — Duration: 1 mo 2 da

Due to: Organic Heart Disease — Duration: Unknown

Due to: Hypertension — Duration: Unknown

Other Conditions: Has had two Cerebral hemorrhages
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —

Of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: Chester Riland, M.D.

Address: 2532 Edmondson Ave. Date signed: 6-10-40

M. D.

VS 3

F 70177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-e

F 70177 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2122 Edmondson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Vincent Janney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 2, 1876

8. AGE: Years	Months	Days	If less than one day
64	2	10	hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Hat Cleaner

11. Industry or business

FATHER
12. Name Nicholas Janney
13. Birthplace Italy

MOTHER
14. Maiden Name Lutkaan
15. Birthplace Italy

16 (a) Informant Mrs. Catherine Janney
(b) Address 2722 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemt.
Location

18 (a) Funeral director Robert S. Little
(b) Address 226 W Lexington St Baltimore Md.

JUN 12 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1940, at 8:20 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture L 3, 7-8-9-10 ribs, left	
" R 6-7-8-9-10 ribs, right	
Lobular pneumonia, R + L lower lobes	
Adhesive pericarditis	
Fracture R fibula + tibia	
Hypostatic congestion	
Other Conditions Decompensated adhesive pericarditis	
Relative aortic insufficiency	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 5/30/40
(c) Where did injury occur? Edmondson Ave Baltimore
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Auto injury - struck by car

23. Signature [illegible] M.D.
Medical Examiner
Date signed 6/12/40

VS 6

FOR CORRECTION OF ERRORS, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70178

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 95-a

F 70178 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2518 W. Balto St.
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ✓
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2518 W. Baltimore St (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

20

3 (a) FULL NAME John A. Morwood

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: late Sarah A. Morwood

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Feby 15, 1860

8. AGE: Years 80 | Months 3 | Days 27 26 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired Packer

11. Industry or business Armstrong Motor Co.

FATHER
12. Name William Morwood
13. Birthplace Ireland.

MOTHER
14. Maiden Name Agnes Kelso
15. Birthplace Ireland.

16 (a) Informant Mrs James Ryan
(b) Address 2518 W. Baltimore St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 6/14/1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director John J. Coogan & Son
(b) Address 901 Hollins St.

JUN 12 1940 (Date of Registrar) (b) H. Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11th 1940, at 2.15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1940 to June 11 1940, and that I last saw deceased alive on 6/11 1940.

Immediate cause of death: Auricular Fibrillation — Duration 5 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel A. Graham M. D.
Address 1925 W. Balto St. Date signed 6/14/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

20179 1

F 70179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 825 W. 34th St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 825 W. 34th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

13.6

3 (a) FULL NAME Oscar Lee Cover

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	212-10-7223	M.	W.	Married

6 (b) Name of husband or wife Sadie May (nee Mayer)
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1890

8. AGE: Years	Months	Days	If less than one day
49	7	20	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Clerk (Office)
11. Industry or business Baltimore Corporation

FATHER
12. Name James Cover
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Alice Stine
15. Birthplace Carroll Co. Md.

16 (a) Informant Mrs. O. L. Cover
(b) Address 825 W. 34th, Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12, 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore
Funeral director Landon M. Brooks Sons
(b) Address

19 (a) (Date received) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1940, at 12:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1940, to June 10 1940, and that I last saw h~~im~~ alive on June 9 1940.

Immediate cause of death: Primary carcinoma of lung — Duration 4 Mos.
Due to —
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence?
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. G. Jones M. D.
Address 2818 E. Pratt Date signed 6/11/40

70180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B

F 70180

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 1700 Park Ave
(b) Street address
(c) Hospital or institution: Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 62 11 22

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 Park Ave
(If rural route, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bettie Lee Maulsby

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20th 1877

8. AGE: Years 62 | Months 11 | Days 22 21 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Augustus C Maulsby
13. Birthplace Balto Md

MOTHER 14. Maiden Name Rebecca Howard
15. Birthplace Balto Md

16 (a) Informant Wilbur C. Maulsby
(b) Address 1116 E 20th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13 1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount Ave & Oliver St

18 (a) Funeral director Geo. Schilling & Son
(b) Address Mt Auburn St & Reisterstown Rd

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-11-1940 at 12:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/15 1938 to 6/11 1940, and that I last saw her alive on 6/10/ 1940.

Immediate cause of death: Carcinoma of uterus — Duration 11/15/38

Due to

Due to

Other Conditions Toxaemia —

(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of uterus —

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo A Barden
Address 1517 E. North Ave Date signed 6/12/40.

VS 3

Physicians: Please write plainly, with ink or indelible pencil. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

70181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 70181 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1520 Biggs Ave -
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto -
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1520 Biggs Ave -
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

16

3 (a) FULL NAME Oscar Jones.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1888

8. AGE: Years	Months	Days	If less than one day
52	4	7	hr. min.

9. Birthplace Catonsville, Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Edward Jones
13. Birthplace Maryland

MOTHER
14. Maiden Name Clara C. Jones
15. Birthplace Maryland

16 (a) Informant Mrs. Clara Jones
(b) Address 1602 Baker Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thos C. Kelson
(b) Address 1385 Presstman St

19 (a) JUN 12 1940 (Date received by registrar) Huntington Williams

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10, 1940, at 11:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Coronary Occlusion — 10 mins

Due to Hypertension - Cardio Vascular

Due to disease -

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Klinck M.D.
Medical Examiner.
Date signed 6/11/40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 70182

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4313 Harford Road.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60/4/7

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4313 Harford Road. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

27

3 (a) FULL NAME ANNA A. ENGEL

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Frederick Engel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1880

8. AGE: Years	Months	Days	If less than one day
60	4	7	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Andrew Otto
13. Birthplace Germany

MOTHER
14. Maiden Name Eva Dressel
15. Birthplace Germany

16 (a) Informant John Engel
(b) Address 4313 Harford Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14, 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Parkville, Md.

18 (a) Funeral director John Ulrich
(b) Address 2008 Orleans St.

19 JUN 12 1940 (b) Huntington Millimans M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1940, at 7 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1936, to June 11 1940, and that I last saw her alive on June 10 1940.

Immediate cause of death: Chronic Myocarditis — Duration 4 years
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy No

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury None

23. Signature A. L. Gordy M. D.
Address 5106 Harford Road Date signed 6-11-40

HEALTH DEPARTMENT—CITY OF BALTIMORE

70183

CERTIFICATE OF DEATH

161-C F 70183

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 26-2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3½d ... Length in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Edward Ryder

If U. S. Veteran specify WAR ...

(a) Residence: No. 4205 Parkwood Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6.8.40

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			3½ days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Eugene Anthony Ryder

14. BIRTHPLACE (city or town) (State or country) Scranton, Pa.

MOTHER

15. MAIDEN NAME Margaret Mary Sheppard

16. BIRTHPLACE (city or town) (State or country) Scranton, Pa.

17. INFORMANT Husb. Reads
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Scranton Pa Date 6/14, 1940

19. UNDERTAKER J. J. Moran
(Address) 1 W. Baltimore St.

20. FILED JUN 12 1940 Thurlington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6.12.40, 19...

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1940. 19... to June 12, 1940 19...
I last saw h[illegible] alive on June 12, 19... Death is said to have occurred on the date stated above, at 4:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagica neonatorum	6-8-40
Other contributory causes of importance:	

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

22a. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) William J. Ira Clafferty M. D.

(Address) Bon Secours Hosp.

VS 3

B 870184 3

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

54-a Registered No. F 70184

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N Y (b) County
(c) City or town Bronxville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 495 New Rochelle Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Barbara Ann Honderd

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife Victor Honderd
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-14-36

8. AGE: Years	Months	Days	If less than one day
3	7	28	hr. min.

9. Birthplace New York
(Town, county, and state)
10. Usual Occupation
11. Industry or business —

FATHER
12. Name Victor Honderd
13. Birthplace New York

MOTHER
14. Maiden Name Anne Cimaglia
15. Birthplace New York

16 (a) Informant Friends
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (b) Date thereof 6/12/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sepulchre Cem
Location New Rochelle N. Y.

18 (a) Funeral director Geo. X. Beyer Jr
(b) Address 1512 Hollins St

19 (a) JUN 12 1940 (b) Huntington Williams M.D.
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12, 1940 at 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 11 1940 to June 12 1940 and that I last saw deceased alive on June 12 1940.

Immediate cause of death Cerebellar glioma - malignant — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Cerebellar glioma
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles E. Ireland M. D.
Address Johns Hopkins Hospital Date signed 6-12-40

F 70185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 186-a

F 70185

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1217 Hopkins Apts (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Garett

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: [illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	W.	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1856

8. AGE: Years	Months	Days	If less than one day
84	5		hr. min.

9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation Retired public School
11. Industry or business Teacher

FATHER
12. Name George W. Garett
13. Birthplace Vermont

MOTHER
14. Maiden Name Margaret Tisdadte
15. Birthplace Ohio

16 (a) Informant Record
(b) Address Un. Mem. Hosp.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

JUN 13 1940
(Registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1940, at 10 02 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Fracture, neck of left femur	
Due to Osteoporosis of fracture	
Due to Coronary arteriosclerosis, myocardial scarring	
Due to Heart failure	

Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5/7/40
(c) Where did injury occur? Hopkins Apt (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Fall - slipped on rug

23. Signature [illegible] M.D. Medical Examiner.
Date signed 6/12/40

...every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M. D. B. 1268-0

F 70186

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70186

CERTIFICATE OF DEATH

V 89-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore Eye Ear and Throat Hosp (St.,) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? 11 yrs. mos. ds.

2. FULL NAME Leroy Thomas.

(a) Residence: No. 413 Annapolis Blvd (Usual place of abode) Brooklyn Ward. Anne Arundel Co. Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lydia Negratt Thomas.

6. DATE OF BIRTH (month, day, year) June 3, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	0	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roofer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Roofing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William E. Thomas.

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Kirkwood

16. BIRTHPLACE (city or town) (State or country) Howard Co. Maryland

17. INFORMANT Mrs Lydia Thomas. (Address) 413 Annapolis Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date June 14 1940

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

JUN 13 1940

Harrington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12. 1940

22. I HEREBY CERTIFY, That I attended deceased from June 10. 1940 to June 12. 1940

Last saw h alive on June 11. 1940 Death is said to have occurred on the date stated above, at 12 50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Mastoiditis, rt.	June 10
Streptococcic Meningitis	June 10

Other contributory causes of importance:

Name of operation Mastoidectomy. Date of June 10

What test confirmed diagnosis? Surgical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Hannon M. D.

(Address) Baltimore, Md

V. S. 3

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

56450 - RB

'70187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 128

F 70187
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 50-55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1019 W. Lanvale St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Addie Geskins

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Isaac (dead)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 8, 1870

8. AGE: Years 70 | Months 3 | Days 3 | If less than one day ... hr. ... min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business ?

FATHER
12. Name Henry Phillips
13. Birthplace Virginia

MOTHER
14. Maiden Name Susan ?
15. Birthplace Virginia

16 (a) Informant Records
(b) Address B.C.H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location West Port - Md

18 (a) Funeral director William A Jackson
(b) Address 916 Penna ave

JUN 13 1940
(Date rec'd by registrar)

(b) Registrar
Washington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1940, at 2.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1940, to June 11 1940, and that I last saw h[illegible] alive on June 11 1940.

Immediate cause of death: Acute pancreatitis — Duration unknown.

Due to:

Other Conditions: Arteriosclerotic Heart disease — unknown.
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: acute pancreatitis, [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Maraghlyten M. D.
Address Balto City Hosp. Date signed 6-12-40

VS 3

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

F 70188

F 70188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195-D Registered No.

Please write the causes of death clearly and legibly. Physicians: please write correctly as is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1644 Penna. Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Priscilla Green

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 6 1939

8. AGE: Years	Months	Days	If less than one day
0	8	5 4	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Joseph Green
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Leola Keaton
15. Birthplace Baltimore, Md

16 (a) Informant Joseph Green
(b) Address 627 Mosher St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Md. Ave.

18 (a) Funeral director C. Sanders
(b) Address 1712 E. Preston St

JUN 13 1940
(Date rec'd by registrar)

19 (a) Filed (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1940, at 9:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1940, to June 10 1940, and that I last saw her alive on June 10 1940.

Immediate cause of death	Duration
Mediastinitis	7 days
Bronchitis	10 days
Due to Perforated esophagus	7 days
Due to Swallowed Collar Button	11 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5/31/40
(c) Where did injury occur? Baltimore (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? at home (Specify type of place) While at work? —
(e) Means of injury Swallowed Collar Button

23. Signature J. B. Nuttall M. D.
Address University Hospital Date signed 6/11/40

F 70189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146-B

Registered No. E 70189

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Fayette
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 Edmondson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Francis

3 (b) If veteran, name war: | 3 (c) Social Security Account No.:

4. Sex: male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Emmel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 6 1887

8. AGE: Years 52 | Months 9 | Days 5 | If less than one day: hr. min.

9. Birthplace Washington D. C (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name John Francis

13. Birthplace Va

MOTHER 14. Maiden Name Mary Hamilton

15. Birthplace Md

16 (a) Informant Minnie Francis

(b) Address 1604 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/40 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Washington DC

18 (a) Funeral director Rayner Sanders

(b) Address 1412 E Preston St

19 (a) (Signature of registrar) (b) [illegible]

JUN 13 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11th 1940, at 6:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10th 1940, to June 11th 1940, and that I last saw him alive on June 11th 1940.

Immediate cause of death: Pulmonary edema — Duration: 1 day

Due to Carcinoma of the stomach — Duration: Unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis C. Harris M. D.

Address University Hospital Date signed 6-11-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70190

BALTIMORE CITY HEALTH DEPARTMENT 50

CERTIFICATE OF DEATH

F 70190 Registered No. 56441 SD

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 S. Fairmount Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? 34 yrs. years

3 (a) FULL NAME Anna Abramson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Max

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1878

8. AGE: Years 62 ? Months 2 Days 5 If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Harry
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah
15. Birthplace Russia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O'Donnell St.

18 (a) Funeral director Jack Louis Inc.
(b) Address 1437 E. Balto St.

JUN 13 1940 (b) Registrar Huntington Hilliard, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-12 1940, at 7.05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-10 1940, to 6-12 1940, and that I last saw her alive on 6-12 1940.

Immediate cause of death: Pathological fracture left humerus — Duration: four days

Due to Carcinoma Breast with metastasis — Duration: ?

Due to — Duration:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R K Woodworth M. D.
Address Balto City Hosp Date signed 6-12-40

F 70191

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 70191 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3736 Park Heights Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3736 Park Heights Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 70 years

3 (a) FULL NAME Emma Berman

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Markowitz Berman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 71 | Months | Days | If less than one day hr. min.

9. Birthplace Sweden (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Sweden

MOTHER
14. Maiden Name Not Known
15. Birthplace Sweden

16 (a) Informant Sophie Lazarus
(b) Address 3736 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-40 (month) (day) (year)
(c) Cemetery or crematory Beth Hebrew
Location Belair Rd.

18 (a) Funeral director Jos. Levy & Son
(b) Address 200 E. Lafayette Ave.

19 (a) [illegible] (Registrar) (b) Huntington Williams, M.D. Registrar

JUN 13 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1940, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 24 1940 to June 10 1940 and that I last saw her alive on June 10 1940.

Immediate cause of death: Acute dilatation of heart (oedema of lungs) — Duration: 1 day
Due to: Arteriosclerosis and Hypertension — Duration: over 5 yrs
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Frederick Lentz M. D.
Address Temple Gardens Apts Date signed 6-11-40

F 70192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 70192 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1811 N. Fulton
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ,

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1811 N. Fulton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fannie Warfield Woodall

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4 Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Samuel Talbott

6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Dec 27 - 1863

8. AGE: Years 76 | Months 5 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name John L. Warfield

13. Birthplace a U.S. Md

MOTHER 14. Maiden Name Adelaide R. Trumpbour

15. Birthplace a a Co.

16 (a) Informant Samuel Woodall

(b) Address 1811 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-40 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Baltimore Md

18 (a) Funeral director H. T. Sylvester & Son

(b) Address Woodlawn Md

19 (a) (Date received by registrar) (b) Registrar

JUN 13 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11. 1940, at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1. 1940. to June 11. 1940. and that I last saw h[illegible] alive on June 11. 1940:

Immediate cause of death: Diabetes Mellitus — Duration several years.

Due to: age.

Due to:

Other Conditions: Gangrene of both feet.

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Robert C. Blake

Address Med. Arts Bldg. Date signed 6-12-40 M. D.

F 70193 LR 51596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53

F 70193 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days 5 mths.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street & No. 1902 Hope St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Elmer Robinson, Sr.

3 (b) If veteran, name war No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Ida Evans
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) June 10, 1861

8. AGE: Years	Months	Days	If less than one day
79	0	1	——— hr. ——— min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Old Age Pension
11. Industry or business Retired Blacksmith

FATHER
12. Name Wm. Robinson (d)
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anne Wooden (d)
15. Birthplace Baltimore

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location North side Park Ave.

18 (a) Funeral director George E. Pugh & Son
(b) Address 1339 Harlem Ave.

19 (a) Filed JUN 13 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-11 1940, 3:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-27 1939, to 6-11 1940, and that I last saw him alive on 6-10 1940.

Immediate cause of death Carcinoma of nose — Duration 7 mo. ± own

Due to

Due to

Other Conditions Arterio Sclerotic hypertension cardiovascular disease — 6 mo ±
(include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Not completed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gebert M. D.
Address Balt. City Hosp. Date signed 6-11-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

70194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 70194

Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Mt Hermon & Eaton Lee

(c) Hospital or institution:

St Agnes' Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give name)

Street No. 234 N. Monroe St

(If rural give location)

(c) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr Joseph A.K. Lee

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary K Lee

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Mar 31-1872

8. AGE: Years 68 Months 2 Days 12 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Emory Lee

13. Birthplace Balto Md

MOTHER 14. Maiden Name Mary King

15. Birthplace Balto Md

16 (a) Informant J. Aubrey Lee

(b) Address 234 N. Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13-40 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn Md

18 (a) Funeral director Rolfe & B. M. Walter

Address 3411 W. Lanvale St

JUN 13 1940

19 (a) (Date rec'd by Registrar) (b)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-12 1940, at 3.25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-1 1940 to 6-12 1940, and that I last saw h alive on 6-12 1940.

Immediate cause of death

Carcinoma of Stomach with metastasis to

Due to liver & abdominal ascites.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Robert L. Shepherd M.D.

Address St Agnes Hospital Date signed 6/13/40

F 70195

CCK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56401 F 70195 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County BALTO.
(c) City or town Baltimore PIKESVILLE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1429 Reisterstown Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Anna Kahmer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 6-9-40

8. AGE: Years | Months | Days | If less than one day: 16 hrs. min.

9. Birthplace Pikesville, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Irvin Kahmer
13. Birthplace Balto.

MOTHER
14. Maiden Name Grace ? Pobblets.
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Baltimore City

18 (a) Funeral director L. Aldephart & Son
(b) Address 1200 East and Pl

19 (a) ____ Washington Millinville, Md.
(Date rec'd by registrar)

JUN 13 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/9/40 19 . at 4:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/9/40 19 to 6/9/40 19, and that I last saw her alive on 6/9/40 19.

Immediate cause of death: Prematurity (26 wks)

Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Lamm Lamm M. D.

Address Balto City Hosp Date signed 6-10-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FD 57402
F 70196

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 159

F 70196
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County BALTO.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1429 Reisterstown Rd.
Pikesville (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Phillip Kahmer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-9-40

8. AGE: Years	Months	Days	If less than one day
0,	0	2½	hr. min.

9. Birthplace Pikesville (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Irvin Kahmer
13. Birthplace Balto.

MOTHER
14. Maiden Name Grace Poblets
15. Birthplace Md.

16 (a) Informant B.V.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore City
18 (a) Funeral director F. B. Wiseheart & Son
(b) Address 1200 Eutaw Place

19 (a) (Signature of registrar) (b) Registered

JUN 13 1940

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/11/40 19 . at 7:00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/9/40 19 . to 6/11/40 19 .
and that I last saw him alive on 6/11/40 19 .

Immediate cause of death Prematurity.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
(Underline the cause to which death should be charged statistically)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Robert F. Lewis M. D.
Address Balt City Hosp Date signed 6-12-40

F 70197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70197 9ka

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 827 N.Lakewood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 827 N.Lakewood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Dashner

3 (b) If veteran, name war ----

3 (c) Social Security Account No. ----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Wm. Dashner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 17th. 1867

8. AGE: Years	Months	Days	If less than one day
73	1	23	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mr. Wm. Dashner
(b) Address 827 N.Lakewood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13/40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Baltimore Md.

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St.

19 (a) JUN 13 1940 (Date rec'd by registrar) (b) [redacted] Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1940 at 5 20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-30-1940 to 6-10-1940 and that I last saw h[illegible] alive on 6-9-40.

Immediate cause of death Coronary Thrombosis — Duration 1 hr

Due to

Due to Acute Cerebral Hemorrhage

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury

23. Signature Ford Reynolds M. D.
Address [redacted] Date signed

70198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

172 F 70198 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~1116 Harlem Ave~~ 1503 W. Saratoga St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James A Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-1548

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
25			hr. min.

9. Birthplace Richmond Co, Va (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER
12. Name Willie Thompson
13. Birthplace Va

MOTHER
14. Maiden Name Sadie Veasil
15. Birthplace Va

16 (a) Informant Sadie Thompson
(b) Address 1503 W Saratoga St

17 (a) (Burial, cremation, or removal) (b) Date thereof June 15, 1940 (month) (day) (year)
(c) Cemetery or crematory Emmerton, Va
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 JUN 13 1940 Thirlington Williams, M.D. Registrar
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1940 at 3:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or enquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture base of skull Cerebral Hemorrhage + edema	
Due to Fracture, rt shoulder girdle rib, upper 7 rt rib	rt
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6/11/40
(c) Where did injury occur? Pier 9, Fort Carnegie (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes (Specify type of place)
(e) Means of injury Fell down hatchway on S.S. Canaveral on ship

23. Signature Myron Underhill M.D. Medical Examiner.
Date signed 6/12/40

Correct ... in capitals. Physicians: please write the causes of death clearly and legibly.

70199 BALTIMORE CITY HEALTH DEPARTMENT 124a F 70199

CERTIFICATE OF DEATH 56115 SD Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 21 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 824 E. Eager Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 21 yrs. years.

3 (a) FULL NAME Joseph Mignini Giuseppe Mignini
3 (b) If veteran, name war
3 (c) Social Security Account No. 215-03-6612

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Cesira
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/14/1883

8. AGE: Years	Months	Days	If less than one day
56	6	29	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Levow Bros

FATHER
12. Name Anthony (d) Mignini
13. Birthplace Italy

MOTHER
14. Maiden Name Clara Mancini (d)
15. Birthplace Italy

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15/1949 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location 4500 Belair Road Balto Md
18 (a) Funeral director Elmer W. Conklin
(b) Address 924 E Eager St.
(c) (Date received by registrar) (b)

VS 2 [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1949, at 7:15 AM
21. I certify that death occurred on the date above stated; that I attended deceased from May 31 1949 to June 13 1949, and that I last saw h[illegible] alive on June 13 1949.

Immediate cause of death: Alcoholic Cirrhosis of the liver — Duration between onset and death
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Irving Lebotein M. D.
Address Balto City Hosp Date signed 6-13-49

F 70200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-P

F 70200 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3rd 111 S. Bond St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Harris (55413)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife Charles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1888

8. AGE: Years	Months	Days	If less than one day
52	3	14	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name Andrew Jackson
13. Birthplace ??

MOTHER
14. Maiden Name Emily Allen
15. Birthplace ??

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 6-13-40 (month) (day) (year)
(c) Cemetery or crematory Auburn
Location West Port Md.

18 (a) Funeral director Williams & Jackson
(b) Address 946 Pennsylvania Ave

JUN 13 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10, 1940, at 1 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21, 1940, to June 10, 1940 and that I last saw her alive on June 10, 1940.

Immediate cause of death: Tuberculosis of lungs — Duration: Jan. 1940

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature P. W. Roman M. D.
Address Balto. City Hospitals Date signed 6-10-40

70201 36417—MD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 F 70201 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3hr. 25min.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1929 Mosher st.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Hughes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-11-40

8. AGE: Years	Months	Days	If less than one day
			5 hr. 25 min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Joseph
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Foard
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Cremation (b) Date thereof 6/13/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Crematory
Location Balto City Hosp.

18 (a) Funeral director
(b) Address

JUN 13 1940
(Date rec'd by registrar) Huntington Nitkey, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/11/40 19 , at 3:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/11/40 19 to 6/11/40 19 , and that I last saw her alive on 6/11/40 19 .

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert F. Simon M. D.
Address Balto. City Hosp. Date signed: 6-12-40

VS 3

F 70202 ✓ F 70202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 701 Bruce st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street 16 3 701 n Bruce St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katie A. Holly
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female
5. Color or race Colo
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Unknown
8. AGE: Years About 69 Months Days If less than one day hr. min.
9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Laundress
11. Industry or business

FATHER
12. Name Arthur Holly
13. Birthplace Ga.

MOTHER
14. Maiden Name Unknown
15. Birthplace Ga.

16 (a) Informant Annie Bailey
(b) Address 1616 N Fondle st
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto. Md.
18 (a) Funeral director Jas. Jno. Stevens
(b) Address 927 N. Gay st

JUN 13 1940 (Local Registrar) Hunting for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1940 at 12:45 M
21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1940 to June 12 1940 and that I last saw [illegible] alive on June 10 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration 2 days
Due to: Arteriosclerosis — Duration not stated
Due to — Duration
Other Conditions — Duration
(Include pregnancy within 3 months of death)
Major findings: Of operations — Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [illegible]
Address 761 Bruce St (Date signed) 6-13-40

VS 8

70203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 a F 70203 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2803 Christopher Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2803 Christopher Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis John Kirsch

3 (b) If veteran, name war

3 (c) Social Security Account No. 185-07-8077

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Emma
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-23-1900

8. AGE: Years	Months	Days	If less than one day
40	2	18	hr. min.

9. Birthplace Wheeling West Va. (City, county and state)
10. Usual Occupation Clerk
11. Industry or business B & O R. R.

FATHER
12. Name Conrad Kirsch
13. Birthplace Germany

MOTHER
14. Maiden Name Madalene Strauss
15. Birthplace Germany

16 (a) Informant Marie Emma Kirsch
(b) Address 2803 Christopher Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-14-40 (month) (day) (year)
(c) Cemetery or crematory Moreland Park Cem
Location

18 (a) Funeral director Leonard J. Funk
(b) Address 5305-13 Harford Road

JUN 13 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940, to June 11 1940, and that I last saw him alive on June 11, 1940.

Immediate cause of death	Duration
Coronary Thrombosis	12 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip A. Thyson M. D.
Address 420 E. North Ave Date signed VE 3/173

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70204

CERTIFICATE OF DEATH

48-B F 70204

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 N. Fulton Ave 16-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Ellen Detloyd

If U. S. Veteran specify WAR

(a) Residence: No. 613 N. Fulton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND OF (or) WIFE of Late Edward

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H. W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Vermont

FATHER

13. NAME Frederick Williamson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mee

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Verna M. Williamson

(Address) 4315 Leeds Ave

18. BURIAL, CREMATION, OR REMOVAL Thurmont, Md

Place United Brethren Date June 15 1940

19. UNDERTAKER Harry W. Wilhide

(Address) Harlem Park and Fremont Ave

Filed JUN 13 1940 Livingston Williamson M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 5 1940 to June 12 1940

I last saw h[illegible] alive on June 8 1940 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Abscess of uterus - toxemia.	2

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Allen J. Hewlett M. D.

(Address) 720 E. Lanvale St.

USE CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 5

F 70205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77-D Registered No. F 70205

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Reid Hotel Camden & (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY ELIZABETH BEOHN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Charles Beohm
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29 1911

8. AGE: Years	Months	Days	If less than one day
29	2	13/4	hr. min.

9. Birthplace Hagerstown Md. (Town, county, and state)
10. Usual Occupation Tavern Proprietress
11. Industry or business

FATHER
12. Name Albert Born
13. Birthplace Hagerstown Md.

MOTHER
14. Maiden Name Bertha Smith
15. Birthplace Va.

16 (a) Informant Mrs. Bertha S. Born
(b) Address 2245 Cedley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Brooklyn
Location Annapolis Blvd.

18 (a) Funeral director H. Howard Strong
(b) Address 715 Light St.

19 (a) JUN 13 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1940, at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Pneumonia	
Due to Chronic alcoholism	
Due to	
Other Conditions — none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. (Medical Examiner.)
Date signed 6-12-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 70206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

99-D

Registered No. F 70206

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 705 Cathedral (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. J. B. Putts (John Barron Putts)

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 213-02-0773

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife: Florence L. Barfenter
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Jany 21-1877

8. AGE: Years	Months	Days	If less than one day
63	4	23	hr. min.

9. Birthplace: Baltimore Md (City, county, and State)
10. Usual Occupation: Care Taker Insurance
11. Industry or business: Institutions & Banking

MOTHER / FATHER
12. Name: Thomas M. Putts
13. Birthplace: Balto Md
14. Maiden Name: Clara Barron
15. Birthplace: Balto Md

16 (a) Informant: Florence L. Putts
(b) Address: 705 Cathedral St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/40 (month) (day) (year)
(c) Cemetery or crematory: Green Mount
Location: Balto Md

18 (a) Funeral director: Chas. O. Mitchell & Sons
(b) Address: 1900 Eutaw Place

19. JUN 13 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1940, at 12 05 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1940, to June 13 1940, and that I last saw h[illegible] alive on June 13 1940.

Immediate cause of death: Respiratory Failure — Duration
Due to: Cerebral Hemorrhage
Due to: Hypertension, Cardio-Vascular Disease
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Irene F. Drake
Address: Mercy Hospital Date signed 6/13/40 M. D.

correct age if especially important. Physicians: please write the causes of death clearly and legibly.

70207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94-a

✓ F 70207 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3008 Westwood ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3008 Westwood ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank or Frances Carroll

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) March 4 1881

8. AGE: Years 59 | Months 3 | Days 7 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER 12. Name John Braun

13. Birthplace Balto

MOTHER 14. Maiden Name ?

15. Birthplace Balto

16 (a) Informant Capt. John F. Carroll

(b) Address 3008 Westwood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 14 40 (month) (day) (year)

(c) Cemetery or crematory Holy Cross

Location Harford Rd

18 (a) Funeral director Martin W. E. Dippel

(b) Address 37 S. Arch St

19 (a) 6-13-40 (Date received by registrar) Township or Washington Hill

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1940 at 4:A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1940. to June 11 1940. and that I last saw deceased alive on June 11 1940.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Weinstein M. D.

Address 1730 E. Fayette St. Date signed 6/11/40

F 70208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-e

Registered No. F 70208

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County Cambria
(c) City or town Patton
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1009 North 5th Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.) — years

3 (a) FULL NAME HAL. S. MILLER

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
m	w	S

6 (b) Name of husband or wife single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 3-1926

8. AGE: Years	Months	Days	If less than one day
13	7	10	hr. min.

9. Birthplace Patton Penna
(Town, county and state)
10. Usual Occupation school boy.
11. Industry or business —

FATHER
12. Name George Henry Miller
13. Birthplace Ashland Pa

MOTHER
14. Maiden Name Marion Dean Stock
15. Birthplace Stockdale Pa

16 (a) Informant Geo. H Miller
(b) Address 1009 N. 5th Ave Patton Pa.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/40 (month) (day) (year)
(c) Cemetery or crematory Fairview Cemetery Pa
Location Pennsylvania
18 (a) Funeral director Orrelius Cook
(b) Address 117 St Paul Street
19 JUN 13 1940 (b) Huntington Williams Md.
(Date rec'd by registrar)

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13 1940, at 6 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said I find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Head trauma
Due to Fracture 5th cervical spine
Due to
Other Conditions no
(Include pregnancy within 3 months of death)
Findings:
Of operations no
Of autopsy as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence January 13, 1940
(c) Where did injury occur? Patton Rd and Public Hill Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? —
(Specify type of place)
(e) Means of injury crashed into telegraph pole in auto which

23. Signature H. L. Wallenmaier M.D.
Medical Examiner.
Date signed

F 70209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42-a

Registered No. F 70209

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 39 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 404 S. Conkling St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Anna M. Seidel

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ Harvey M. Seidel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28 1880

8. AGE: Years	Months	Days	If less than one day
60	0	14	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation House wife
11. Industry or business Home

FATHER
12. Name Ronald Ritz
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Reiter
15. Birthplace Germany

16 (a) Informant Harvey M. Seidel
(b) Address 404 S. Conklin St

17 (a) Burial (b) Date thereof 6/15/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Md

18 (a) Funeral director J. M. Cook
(b) Address 219 N. Gay St.

19 (a) JUN 14 1940 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1940, at 11:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1940, to June 12 1940, and that I last saw her alive on June 12 1940.

	Duration
Immediate cause of death Uraemia.	39 d.
Due to Glomerular Hemorrhage	
Hemorrhage into GI Tract	
Due to Purpuric Hemorrhage, Idiopathic -	48 d
Other Conditions Menorrhagia	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy - As above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Ramsman M. D.
Address Church Home & Inf. Date signed 6/12/40

VS 2

70210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 70210

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1347 Homestead Street

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto.

(If outside city or town limits, write RURAL and give town)

(Street) No. 1347 Homestead

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine G. Cuddy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 20. 1875

8. AGE: Years	Months	Days	If less than one day
64	5	22	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER

12. Name Michael J. Cuddy

13. Birthplace Ireland

MOTHER

14. Maiden Name Mary Ward

15. Birthplace Ireland

16 (a) Informant Helena Scott

(b) Address 5 Light Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/40 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cemetery

Location Frederick Road

18 (a) Funeral director Margaret C. Flynn

(b) Address 1422 Light Street

JUN 14 1940

(Date rec'd by registrar) (b) by [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1940, at 7.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1940, to June 12 1940, and that I last saw h[illegible] alive on June 6 1940.

Immediate cause of death	Duration
Carcinomatosis	8 mos.
Due to Carcinoma of rt. breast.	3 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Carcinoma

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature A. M. Bacon M. D.

Address 2810 Taylor Ave Date signed 6/12/40

F 70211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70211 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 756 Mc Henry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ellsworth Vain (Ellsworth Vain)

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-18-0569

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About 1861

8. AGE: Years	Months	Days	If less than one day
About 79			hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Helper - Store Room

11. Industry or business Meat

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Thelma Domeier
(b) Address River Road, St. Denis, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 JUN 14 1940 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1940, at 5 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death	Duration
Fracture neck of L. femur	
Coronary Sclerosis with	
Myocardial scarring	
Acute failure	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5/29/40 1943
(c) Where did injury occur? Pratt St near Parkwood (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Fell on pavement

23. Signature [illegible] M.D. Medical Examiner.
Date signed 6/12/40

VS 6

70212

F 70212

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3919 Edmondson Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3919 Edmondson Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2007

3 (a) FULL NAME Laura Zipporrah Wheeler

3 (b) If veteran, name war ---

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Harry B. Wheeler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 21, 1861

8. AGE: Years	Months	Days	If less than one day
78	7	23	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation House-work
11. Industry or business At Home

FATHER
12. Name Thomas Linthicum
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Harrington
15. Birthplace Md.

16 (a) Informant Dr. Arthur B. Wheeler
(b) Address 3919 Edmondson Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave.,

18 (a) Funeral director H. Howard Strong
(b) Address 715 Light St.,

19 JUN 14 1940 (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13, 1940, at 3.00 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9, 1940, to June 13, 1940, and that I last saw her alive on June 12, 1940.

Immediate cause of death	Duration of days
Cerebral Hemorrhage	
Due to arteria-sclerosis with hypertension	?
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice E. Hanna M. D.
Address 3 Book. Monthly Ave Date signed 6/13/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

70213 | CERTIFICATE OF DEATH | ✓ 94-a | F 70213

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 Edgewood St St. 16-8 Ward)

Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME L. Bradley Robinson

If U.S. Veteran specify WAR ____

(a) Residence: No. 614 Edgewood St St., ____ Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nancy A Robinson

6. DATE OF BIRTH (month, day, year) July 20, 1884

7. AGE Years	Months	Days	If LESS than 1 day ____ hrs. or ____ min.
55	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Dispatcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm H Robinson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Phonya Bradley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr. L. Bradley Robinson

(Address) 614 Edgewood St.

18. BURIAL, CREMATION, OR REMOVAL

Place Columbia Md Date 6-15 1940

19. UNDERTAKER H. C. Heintzelman Jr.

(Address) Ellicott City, Md

20. FILED JUN 14 1940 19 ____ Registrar. Huntingtown Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1940

22. I HEREBY CERTIFY, That I attended deceased from ____, 1940 to June 11, 1940

I last saw him alive on June 11, 1940 Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6-10-40
Other contributory causes of importance	?
Angina Pectoris	

Was an operation performed? No Date of ____

For what disease or injury? ____

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) George L. Wiley M. D.

(Address) 4000 Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

70214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

4pf-B

F 70214 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3922 Fairview Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3922 Fairview Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Haskell Feldman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ida
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 61 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county and state)

10. Usual Occupation Retired Real Estate
11. Industry or business

FATHER
12. Name Simon Feldman
13. Birthplace Poland

MOTHER
14. Maiden Name Stava
15. Birthplace Poland

16 (a) Informant Ida Feldman
(b) Address 3922 Fairview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location 6th Ave & Hamilton Ave

18 Funeral director Jack Lewis Inc.
Address 1439 E. Balto St

19 (a) JUN 14 1940 (Date received by registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-12-40 19 30 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1940 to June 12 1940, and that I last saw him alive on June 12 1940.

Immediate cause of death: Pulmonary edema — Duration

Due to: Hodgkin's Disease
Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Uriner M. D.
Address 2226 Eutaw Place Date signed 6-13-40

70215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Dr Galen 4 N. Fulton

F 70215 Registered No.

93-D

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1733 Hollins Street
(c) Hospital or Institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 56 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County City Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Ward No. 1733 Hollins St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bernard J. Keating

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Male Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Annie M. Keating
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16-1858

8. AGE: Years 81 | Months 10 | Days 27 | If less than one day hr. min.

9. Birthplace Martinsburg W. Va (Town, county, and state)

10. Usual Occupation Retired Leather Worker.

11. Industry or business Bartlett-Hayward

FATHER 12. Name Thomas Keating
13. Birthplace Ireland

MOTHER 14. Maiden Name Mary O'Connor
15. Birthplace Ireland

16 (a) Informant Annie M. Keating
(b) Address 1733 Hollins Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15-40 (month) (day) (year)
(c) Cemetery or crematory St Josephs Cemetery
Location Martinsburg W Va

18 (a) Funeral director William Cook
(b) Address 1411 St Paul Street

19 (a) (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1940, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1940 to June 13 1940, and that I last saw [illegible] alive on June 12 1940.

Immediate cause of death Cerebral Thrombosis — Duration 7

Due to Senility — Chronic myocarditis — Duration 3 yrs.

Due to Arteriosclerosis

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A Galen M. D.
Address 4 N Fulton Date signed

F 70216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a F 70216 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3501 Southern Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 730 E. 41st. Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ivan A. Beck

3 (b) If veteran, name war No

3 (c) Social Security Account No. 218-09-1218

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Amanda Beck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30th. 1858

8. AGE: Years	Months	Days	If less than one day
82 80	1	13	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Telegrapher
11. Industry or business Stock Exchange

FATHER
12. Name Jacob Beck
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Anna M. Messersmith
15. Birthplace Pennsylvania

16 (a) Informant Mrs. Henry Sinsz
(b) Address 3501 Southern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

(a) Funeral director Lucas Funeral Home
(b) Address 7401 Belair Road

19 (a) 6/14/40 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13th. 1940 at 3.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1940 to June 13 1940 and that I last saw h.. alive on June 12 1940.

Immediate cause of death Carcinosarcoma.

	Duration
Due to Chronic Myocarditis	1936
Due to Chronic Interstitial Nephritis	1939
Other Conditions Tuberculosis	1940

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. L. Bisby M. D.
Address 501-503 Glendale Date signed June 14.

70217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70217
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Whitemarsh (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 W. Silver Spring Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ellen M. Kesici (KISIR)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 20, 1940

8. AGE: Years	Months	Days	If less than one day
	4	24	23 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation ~~Housewife~~

11. Industry or business

FATHER
12. Name Strawther Kesici
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Klein
15. Birthplace Whitemarsh, Md.

16 (a) Informant Mother
(b) Address Whitemarsh, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15th 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore Md.

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Road

19 (a) JUN 14 1940 (Date rec'd by Registrar) (b) Registrar's No. Huntington Hill

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1940, at 9:25 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1940 to June 13 1940, and that I last saw her alive on June 13 1940.

Immediate cause of death	Duration
(a) Pneumonia	3 weeks
Due to (b) Pertussis	4 weeks
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mat Baum M. D.
Address Sydenham Date signed 6/13/40

F 70218

F 70218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

61

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2813 Hilldale Ave. WARD) 5-12

2-FULL NAME Jennie Hyman

(a) RESIDENCE. No. 2813 Hilldale Ave ST. WARD.

(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W.

5 Single, Married, Widowed, or Divorced (write the word) Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Hyman

6 DATE OF BIRTH (month, day, and year) — 1870

7 AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
70	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Isaac Forman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant Anna Hyman Daughter

(Address) 2813 Hilldale

Filed ..... 19 ..... Huntington Williams M.D. Registrar

JUN 14 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 14 1940

17 I HEREBY CERTIFY, That I attended deceased from for many Years 19 30

that I last saw her alive on June 12 1940

and that death occurred, on the date stated above, at 1.30 a m.

The CAUSE OF DEATH* was as follows:

Cardiac Asthenia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) B M Bergandi M. D.

6/14 1940 (Address) 3455 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Herbert Rosedale

DATE OF BURIAL June 14 1940

20 UNDERTAKER Sol Levinson & Bro.

ADDRESS 112 W North Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 70219

F 70219

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town-limits, write RURAL and give town)
(d) Street No. 1914 W. Fulton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. John T Mulcahy

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-07-8993

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	M.

6 (b) Name of husband or wife Catherine Mulcahy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2 1870

8. AGE: Years	Months	Days	If less than one day hr.	min.
69	9	10		

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John T Mulcahy
13. Birthplace Ireland

MOTHER
14. Maiden Name Alma Sullivan
15. Birthplace Ireland

16 (a) Informant John T Mulcahy Jr
(b) Address 120 Burkwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director Geo A Farley
(b) Address Fulton & Fayette

19 (a) (Local registrar) (b) Huntington Williams M.D. Registrar

JUN 14 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1940, at 6 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1940, to June 12 1940, and that I last saw him alive on June 12 1940.

Immediate cause of death	Duration
Uremia	3 days
Due to Generalized Peritonitis	10 days
Due to Acute Appendicitis with perforation	2 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Acute Appendicitis & perforation. Peritonitis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McCafferty M.D.

Address Bon Secours Hosp. Date signed 6/12/40

F 70220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

F 70220 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 928 W. Franklin St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Bradford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1916 Jan 1

8. AGE: Years	Months	Days	If less than one day
24	5		hr. min.

9. Birthplace Balto City (Town, county and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER
12. Name John Bradford
13. Birthplace Balto Md

MOTHER
14. Maiden Name Nellie Perry
15. Birthplace Balto Md

16 (a) Informant Sousa Greene
(b) Address 917 N. Carolina St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-40 (month) (day) (year)
(c) Cemetery or crematory Int Auburn Cem
Location Balto Md

18 (a) Funeral director Robert E. Williams
(b) Address 1515 McElderry St

(b) Signature of Registrar Robert E. Williams M.D. Registrar

JUN 14 1940 (Date received by Registrar)

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1940, at 3 1/2 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Perforation of vena cava
Perforations of jejunum
Due to Laceration of mesentery
Shock from extensive
Due to loss of blood

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 6/12/40 12 noon
(c) Where did injury occur? Fremont & Bennett Pl (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Stabbing - Left ventricle pericardium

23. Signature A. B. Waydeck M.D. Medical Examiner.

Date signed 6/12/40

F 70221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

F 70221

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 N. Eden St. 5-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Nancy Dean

If U. S. Veteran specify WAR

(a) Residence: No. 417 N. Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

6. If married, widowed, or divorced — HUSBAND of — (or) WIFE of Silas

6. DATE OF BIRTH (month, day, year) 1846 Oct

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
93	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland Co Va

FATHER

13. NAME Henry Jones

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Adline ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Wilkins Dean
(Address) 417 N Eden St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date June 14 1940

19. UNDERTAKER Robert E Wilkerson
(Address) 1515 McCulloh St

20. FILED ... 19...
... Registrar.

JUN 14 1940

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 10 1940 to June 12 1940

I last saw her alive on June 12, 1940 Death is said to have occurred on the date stated above, at 6:45 a m

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset June 12 1940

Other contributory causes of importance: Contracted Pneumonia & Apoplexy — Date of onset 1938

Was an operation performed? No Date of

For what disease or injury? No

Name of operation No

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Geo C Calen M. D.

(Address) 6 Penn Ave Balto

70222

HEALTH DEPARTMENT—CITY OF BALTIMORE

70222

CERTIFICATE OF DEATH

83-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 W. Franklin St. 19-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Laura Somerville

If U. S. Veteran specify WAR

(a) Residence: No. 1623 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Sommerville

6. DATE OF BIRTH (month, day, year) Dec. 24 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md

FATHER

13. NAME George Holly

14. BIRTHPLACE (city or town) (State or country) St. Marys Co Md

MOTHER

15. MAIDEN NAME Sarah Tyles

16. BIRTHPLACE (city or town) (State or country) St. Marys Co Md

17. INFORMANT Joseph Sommerville (Address) 1623 Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place New Market, Md Date June 15, 19 40

19. UNDERTAKER Mrs Katie R. Williams (Address) 322 N Schroeder St

20. JUN 14 1940 19 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 11 1940 to June 11 1940

I last saw her alive on June 11, 1940. Death is said to have occurred on the date stated above, at 11 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6-11-40

Other contributory causes of importance

Hypertension

Was an operation performed? — Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Douglas Sheppard M. D.

(Address) 1431 W. Franklin St

Vs. 2 OCCUPATION is very important. See instructions on back of certificate.

F 70223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

F 70223
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harbor Hospital Long Dock Pratt St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 660 Dover St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jennie Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace Greensboro, N.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Nat Brown
13. Birthplace Caswell Co. N.C.

MOTHER
14. Maiden Name Ella Wallington
15. Birthplace N.C.

16 (a) Informant Jurner Brown
(b) Address 660 Dover St

17 (a) (Burial, cremation, or removal) (b) Date thereof June 14 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director McKatie R Williams
(b) Address 322 N Schroeder St

19 (Date received by registrar) JUN 14 1940 McKatie R Williams M.D. (Signature of registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1940. at 3-10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death Drowning — Duration

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence 6/10/40
(c) Where did injury occur Long Dock, Pratt St Harbor (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Fell into harbor - intoxicated

23. Signature W. W. Vandekruf M.D. Medical Examiner.
Date signed 6/12/40 No Coat

70224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45-C

Registered 20224

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklyn Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 225 N. Parrish (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LLOYD VALENTINE

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1917

8. AGE: Years	Months	Days	If less than one day
38			hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Isiah Valentine
13. Birthplace Howard Co. Md

MOTHER
14. Maiden Name Henrietta Jenkins
15. Birthplace Alexandria Va

16 (a) Informant Basil Valentine
(b) Address 1410 W Franklin St

17 (a) (Burial, cremation, or removal) (b) Date thereof June 15, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt-Zion
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 32 N Fulton Ave Hamilton Williams, M.D.

19 JUN 14 1940 (Date rec'd by Registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1940, at 9:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
~~Pulmonary~~ Hemorrhage, mouth	
Due to Carcinoma of the mouth with	
Due to squamous cell grade II	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations biopsy & curetment of tumor - Carcinoma
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Williams M.D. Medical Examiner.
Date signed 6-12-40

F 70225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47-D

Registered No. F 70225

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 905 Pennsylvania Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry S. WEEKS

3 (b) If veteran, name war: SAW
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Unknown
8. AGE: Years 60 | Months | Days | If less than one day hr. min.
9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None (Pensioned Veteran)
11. Industry or business

FATHER
12. Name Unknown.
13. Birthplace Unknown.

MOTHER
14. Maiden Name Unknown.
15. Birthplace Unknown.

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-40 (month) (day) (year)
(c) Cemetery or crematory Balto. National Cem.
Location Baltimore Md.
18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 N. Biddle St.
JUN 14 1940 (b) (Registrar), Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12, 1940 at 8:05PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 10, 1940 to June 12 1940 and that I last saw him alive on June 12, 1940.

	Duration
Immediate cause of death: Toxemia	Unknown
Due to Atalectasis of left lung with abscess formation	Unknown
Due to Carcinoma of left lower bronchus	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. B. H. Anderson M. D.
Address U.S.Marine Hospital Date signed 6/13/40
Baltimore, Maryland.

70226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a Registered No. F 70226

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1738 Braddish Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 52 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1738 Braddish Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 52 years

3 (a) FULL NAME Mary Ryan

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Louis B. Ryan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15, 1862

8. AGE: Years	Months	Days	If less than one day
77	9	28	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business at Home

FATHER
12. Name Dennis Dempsey.
13. Birthplace Ireland.

MOTHER
14. Maiden Name Mary Devreny
15. Birthplace Ireland.

16 (a) Informant John L. Ryan
(b) Address 1738 Braddish Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (month) 15 (day) 1940 (year)
(c) Cemetery or crematory Cathedral
Location Balto. City.

18 (a) Funeral director C. Vernon Lawrence.
(b) Address 4611 Park Heights Ave

JUN 14 1940 Huntington Williams, M.D.
(Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1940, at 5:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1937 to June 13th 1940 and that I last saw her alive on June 13 1940

Immediate cause of death
Cerebral Hemorrhage — Duration: 3 Days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. R. Crellin M. D.
Address 3757 Wilkens Ave Date signed 6/14/40

VS 3

F 70227 66442--FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 70227 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7hr.20min.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street 22 N. Calhoun St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Cover

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married-separated

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-29-1887

8. AGE: Years	Months	Days	If less than one day
52	5	11	hr. min.

9. Birthplace Wash., D.C.
(Town, county, and state)
10. Usual Occupation odd jobs
11. Industry or business

FATHER
12. Name John
13. Birthplace Wash., D.C.

MOTHER
14. Maiden Name Martha Wright
15. Birthplace Wash., D.C.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14 40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Mt Winans

18 (a) Funeral director Elroy O Wilson
(b) Address 1001 Brantley

19 (a) (Date rec'd by registrar) (b) Registrar
JUN 14 1940 Huntingtown Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-10- 1940, at 10P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-10- 1940 to 6-10- 1940, and that I last saw h alive on 6-10- 1940.

Immediate cause of death Pulmonary edema

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

Duration
2 wks

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Murray Goldstein M. D.
Address Balto City Hosp. Date signed 6-13-40

~~48-70228~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70228
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or born limits, write RURAL and give town)
(d) Street No. 1216 N. Chapel St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eugene Banks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-23-83

8. AGE: Years	Months	Days	If less than one day
6	11	19	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER
12. Name Samuel Banks
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Raphan
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Baltimore

18 (a) Funeral director Elroy E Wilson
(b) Address 1000 Bentley

19 (a) [illegible] (b) Huntington Williams M.D.
JUN 14 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1940, at 5:45 P

21. I certify that death occurred on the date above stated; that I attended deceased from June 11 1940, to June 12 1940, and that I last saw h[illegible] alive on June 12 1940.

Immediate cause of death	Duration
Aspiration Pneumonia	
Due to	
Due to Pneumococcus	
Other Conditions Primary Peritonitis	2 days

(Include pregnancy within 3 months of death)

Major findings of operations Pneumococcus Peritonitis

Of autopsy Same.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James H. Lemmans M. D.
Address Johns Hopkins Hosp. Date signed 6/13/40

F 70229

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C

F 70229 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 117 S.Morley St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 91 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 117 S.Morley St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2007

3 (a) FULL NAME Dorothy Adams O'Connor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Michael O'Connor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25 1848

8. AGE: Years	Months	Days	If less than one day
91	5	19	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name John A.Adams
13. Birthplace France

MOTHER
14. Maiden Name Catherine E.Frank
15. Birthplace Germany

16 (a) Informant Mary Catherine Dowell
(b) Address 117 S.Morley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md

18 (a) Funeral director Harry R. Hancock
(b) Address 4204 Ridgewood Ave

19 (a) (Signature of local registrar) (b) Huntington Williams, M.D.

JUN 14 1940

VS-1

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1940, at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/38 1939, to June 13 1940, and that I last saw h alive on June 13 1940

Immediate cause of death
Cardiac Insufficiency — Duration ?
Due to
Arteriosclerosis
Due to
Other Conditions Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel D. Gamm M.D.
Address 1761 E North Ave Date signed 6/17/40

F 70230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No.

F 70230

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1266 James St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice Sattan

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	W	married

6 (b) Name of husband or wife Charles Sattan

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) January 16, 1886

8. AGE: Years	Months	Days	If less than one day
54	-	27	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Harry Tobin.
13. Birthplace Harford Co. Md

MOTHER
14. Maiden Name Catherine Hatton.
15. Birthplace Prince George Co Md

16 (a) Informant Chas. Sattan
(b) Address 1266 James St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/40 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore & Gilmore Sts

18 (a) Funeral director Jos. F. Emmy
(b) Address Baltimore & Gilmore Sts

JUN 14 1940 (Date rec'd by registrar) (b) Huntingtor Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-13 1940, at 11:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-11 1940 to 6-13 1940, and that I last saw h.r alive on 6-13 1940

Immediate cause of death Cerebral Hemorrhage — Duration 6-9-40

Due to Hypertensive Cardio Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. B. Daughartey M. D.
Address Franklin Sq. Hosp. Date signed 6-13-40

3748 76 70231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 70231
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 801 N. Bond St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Bacon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-2-40

8. AGE: Years	Months	Days	If less than one day
	1	4	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Patrick Bacon
13. Birthplace

MOTHER 14. Maiden Name Margaret
15. Birthplace

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) [redacted] (b) Date thereof (month) (day) (year)
(c) [redacted] JUN 14 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) JUN 14 1940 (Date received by Registrar) (b) [illegible] Registrar

JUN 15 1940 5688

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1940 at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1940 to June 6 1940 and that I last saw h[illegible] alive on June 6 1940.

Immediate cause of death Pneumonia, oon

Duration 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. P. Goldberg M. D.
Address Johns Hopkins Hosp. Date signed 6-11-40

39213
F 70232

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 107

Registered No. F 70232

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A. A. Co.
(c) City or town Linthicum Heights (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 Maple Road. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kathe Brundick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/9/38

8. AGE: Years 1 | Months 208 | Days | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Ralph Brundick
13. Birthplace S. C.

MOTHER 14. Maiden Name Daisy Richards
15. Birthplace N. C.

16 (a) Informant Richards
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) [redacted] (b) Date thereof (month) (day) (year)
(c) [redacted] JUN 14 1940
Location Commissioner of Health
Per H. A. Moore

18 (a) Funeral director
(b) Address

19 (a) [illegible] Registrar
JUN 14 1940 5687

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1940 at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death: Bronchopneumonia — Duration: 1 day

Due to: Type VI pneumococcus

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy Pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. A. Solberg
Address Johns Hopkins Hosp. Date signed 6-14-40

F 70233

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 70233

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (Towson) (If outside city or town limits, write RURAL and give town)
(d) Street No. 214 Bosley Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stephen Cockey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Ethel Cockey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-5-'89

8. AGE: Years	Months	Days	If less than one day
50	6	8	hr. min.

9. Birthplace Balto County (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name Stephen Cockey
13. Birthplace Balto County

MOTHER
14. Maiden Name Mary Nash
15. Birthplace Balto County

16 (a) Informant Ethel Cockey
(b) Address 214 Bosley Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-15-40 (month) (day) (year)
(c) Cemetery or crematory Immaculate
Location Towson

18 (a) Funeral director Leonard J. Bond
(b) Address 5305 Harford Road

19 (a) JUN 14 1940 (Date received by registrar) (b) Hunter & Fort Nicholas, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1940 at 2 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-12 1940 to 6-13 1940, and that I last saw him alive on 6-13 1940.

Immediate cause of death Ruptured aneurism of abdominal aorta — Duration: 6 hrs
Due to Arteriosclerosis — Duration: over
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy All above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. McClafferty M. D.
Address Bon Secours Hosp Date signed 6-13-40

VS 8

F 70234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 70234

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2105 Longwood St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2105 Longwood St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years

13 1

3 (a) FULL NAME Elizabeth Helen Corbitt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29 - 1863

8. AGE: Years	Months	Days	If less than one day
76	6	14	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER 12. Name Patrick McGeeney

13. Birthplace Ireland

MOTHER 14. Maiden Name Ellen Field

15. Birthplace Ireland

16 (a) Informant Margaret Corbitt

(b) Address 2105 Longwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/1940 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location

18 (a) Funeral director Edgar A. Filbert & Son Inc

(b) Address 118 W. Mt. Royal Ave.

19 JUN 14 1940 (b) Huntington Williams, M.D. Registrar

(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1940 at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1940 to June 13 1940, and that I last saw h alive on June 13 1940.

Immediate cause of death

Bronchopneumonia Duration 13 days

Due to

Due to

Other Conditions Arterio-sclerosis P

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Hattie D. Corbitt

Address 2220 Harman Ave. Date signed June 14/40

VS 3

F 70235

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 70235

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County Westmoreland
(c) City or town Kinsale (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.) ..... years

3 (a) FULL NAME Baby Boy Hartley (Headley)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 13 1940

8. AGE: Years | Months | Days | If less than one day: 4 hr. 2 min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert K Headley
13. Birthplace Va

MOTHER
14. Maiden Name Marjorie Smoot
15. Birthplace Baltimore Md

16 (a) Informant Mr Robert K Headley
(b) Address Kinsale Va

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 16 1940 (month) (day) (year)
(c) Cemetery or crematory Kinsale Va
Location Kinsale Va

18 (a) Funeral director Hallam & Sidner & Son
(b) Address North & Pleasant Sts Washington Williams, Md

19 (a) JUN 14 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13, 1940, at 4:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 13, 1940, to June 13, 1940, and that I last saw h i M alive on June 13, 1940.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hosp. Date signed 6/13/40 M. D.

VS 3

F 70236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B Registered No. F 70236

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3006 Woodland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 3006 Woodland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John H. (Jack) Bowen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lillian J. Bowen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13 1884

8. AGE: Years 55 | Months 11 | Days 20 | If less than one day hr. min.

9. Birthplace Towson, Md.
(Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Electric Appliances

FATHER
12. Name George H. Bowen
13. Birthplace Gettysburg, Pa

MOTHER
14. Maiden Name Laura Clutchpins
15. Birthplace Baltimore Co. Md

16 (a) Informant Mrs. Lillian J. Bowen
(b) Address 3006 Woodland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md

18 (a) Funeral director J. H. Weghorst Sons
(b) Address 1411 Pine

19 (a) JUN 14 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1940, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1940, to June 13 1940, and that I last saw h[illegible] alive on 6/13 1940.

Immediate cause of death
Mitral Insufficiency
Cerebral Haemorrhage
Due to Hypertensive Cardio-Vascular Disease
Due to
Other Conditions —
(Include pregnancy within 3 months of death)

Duration
6/9/40
?

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature D. D. Postley, M.D.
Address 2625 Washington Blvd Date signed 6/13/40

VS 3

7023797
3847797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

14 ✓ F 70237 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ?yes

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 934 N Wolfe (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Wilkerson ✓

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-12-9702

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-14-21

8. AGE: Years 18 | Months 9 | Days 29 | If less than one day hr. min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation Laborer in Brick Yard

11. Industry or business

FATHER
12. Name Charles Wilkerson
13. Birthplace VA

MOTHER
14. Maiden Name Ethel Lewis
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial of (Burial, cremation, or removal) (b) Date thereof June 15 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.

18 (a) Funeral director Mrs. R. A. Elliott Daughter
(b) Address 1129 E. Caroline St.

19 JUN 15 1940 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1940, at 1103 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 11 1940 to June 13 1940, and that I last saw him alive on June 12 1940.

Immediate cause of death Respiratory paralysis

Due to Tuberculous meningitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cannot see report separate

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John S. Hunt M. D.
Address Johns Hopkins Hospital Date signed 6-14-40

70238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48-a

✓ F 70238 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Ave
(b) Street address 603 Washburne
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 603 Washburne Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Kollinger

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Michael Kollinger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 19 1870

8. AGE: Years 69 | Months 5 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Myers
13. Birthplace Germany

MOTHER
14. Maiden Name Lama
15. Birthplace Md.

16 (a) Informant Mrs Henry Russell
(b) Address 603 Washburne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15/40 (month) (day) (year)

(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director Chilys Herrington
(b) Address 2024 Orleans St

19 (a) 15 (Date received by registrar) (b) Huntington Williams (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1939 to June 12 1940 and that I last saw her alive on June 12 1940.

Immediate cause of death — Duration

Carcinoma of the Cervix (Uterus)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Rosen M. D.
Address 207 Calvert Bldg Date signed 6/13/40

H. D. B. 1941-9

70239

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70239

92-D

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 589 Baker St. 14-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Smith

(a) Residence: No. 5198 Baker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Smith

6. DATE OF BIRTH (month, day, year) May 22 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64		22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pikesville (State or country) Md.

FATHER

13. NAME Louis Thomas

14. BIRTHPLACE (city or town) Pikesville (State or country) Md.

MOTHER

15. MAIDEN NAME Jenny Thomas

16. BIRTHPLACE (city or town) Pikesville (State or country) Md.

17. INFORMANT Era Branch Goes
(Address) 589 Baker St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 6-17 1940

UNDERTAKER J. Halstead
(Address) 918 Druid Hill Ave

19. FILED JUN 15 1940 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1940 to June 13, 1940

I last saw h[illegible] alive on June 12, 1940 Death is said to have occurred on the date stated above, at 1.10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	6/1/38

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. Wellington Fray M. D.

(Address) 4928 Penna Ave.

V. S. 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 70240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. F 70240

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd Streets
(c) Hospital or institution Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2508 Queen Anne Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mr. Gordon F. O'Neill

3 (b) If veteran, name war ..... 3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife (Elsie M.) O'Neill
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 20 1893

8. AGE: Years	Months	Days	If less than one day
46	11	23rd	..... hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Vice President.
11. Industry or business Federal Land Bank

FATHER
12. Name James T. O'Neill
13. Birthplace ----- Maryland

MOTHER
14. Maiden Name Florence I. Forbes
15. Birthplace ----- Maryland

16 (a) Informant Mrs. Elsie F. O'Neill
(b) Address 2508 Queen Anne Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Frederick Avenue

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 North Calvert Street

19 (a) JUN 15 1940 (b) [illegible] Registrar
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1940, at 3:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1940, to June 14 1940, and that I last saw him alive on June 13 1940.

Immediate cause of death Coronary thrombosis

Duration

Due to .....
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Philip L. Broad M. D.
Address 2 W. Mon. Hos. Date signed 6-17-40

70241 F 70241

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

Registered No. 13 3

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2410 Francis St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2410 Francis
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eliza V. Vidas Wylie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife John L. Wylie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) - - 1863

8. AGE: Years	Months	Days	If less than one day
77			hr. min.

9. Birthplace Chestertown Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Eliza Johnson
15. Birthplace Chestertown Md

16 (a) Informant Bessie W. Conway
(b) Address 2410 Francis St

17 (a) Burial (b) Date thereof June 18- 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location Old Frederick Road

18 (a) Funeral director J. H. Brooks
(b) Address 1463 N. Carey St

19 (a) JUN 15 1940 (b) Lennington Williams, M.D.
(Date received by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14, 1940, at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1940, to June 14, 1940, and that I last saw her alive on June 12, 1940.

Immediate cause of death: Bronchopneumonia — Duration 2 days

Due to

Due to

Other Conditions: Hypostatic Pneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. Lee Stella M. D.
Address 924 Madison Ave Date signed 6/14/40

F 70242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 70242

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4204 Springdale Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4204 Springdale Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SIMON BACH

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Theresa Bach
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1858

8. AGE: Years	Months	Days	If less than one day
81	6	23 24	hr. min.

9. Birthplace New York. (Town, county, and state)
10. Usual Occupation Retired Cigar Packer.
11. Industry or business

FATHER
12. Name Nathan Bach,
13. Birthplace Germany.

MOTHER
14. Maiden Name Regina Strauss,
15. Birthplace Germany.

16 (a) Informant Mrs. R. Rosenheim,
(b) Address 4204 Springdale Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/40. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Baltimore, Md.

18 (a) Funeral director Israel Rosenbaum's Sons
(b) Address 1902 Eutaw Place.

19 (a) (Local registrar) (b) Huntington Williams, M.D.

JUN 15 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14, 1940, at A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1935 to June 14 1940, and that I last saw h[illegible] alive on June 14 1940.

Immediate cause of death	Duration
coronary thrombosis	3 days
Due to arteriosclerosis	4 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M. D.
Address 1720 Eutaw Place. Date signed

F 70243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No. F 70243

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Keeley Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3204 Kenyon Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Ryan

3 (b) If veteran, name war: No | 3 (c) Social Security Account No.: ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Imagaret agnes
6 (c) If alive, give age: 27 years

7. Birth date of deceased (mo., day, yr.) 5/2/1896

8. AGE: Years	Months	Days	If less than one day
44	1	11	hr. min.

9. Birthplace: City (Town, county, and state)
10. Usual Occupation: Police Officer
11. Industry or business: Balto Police Dept

FATHER
12. Name: William Aloysius Ryan
13. Birthplace: Md

MOTHER
14. Maiden Name: Mary Cole
15. Birthplace: Md

16 (a) Informant: Mrs. Imagaret A. Ryan
(b) Address: 3204 Kenyon ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 17-40 (month, day, year)
(c) Cemetery or crematory: New. Balto.
Location: O Md. Frederick Rd.

18 (a) Funeral director: John. A. Mogan
(b) Address: 3000 E. Balto St.

19 JUN 15 1940 (Date received by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1940 at 11 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Multiple stab wounds of heart lungs, intestines — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Homicide
(b) Date of occurrence 6/13/40 Day st
(c) Where did injury occur? Fulton & Gwy Ave Heart #1 (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? Yes
(e) Means of injury: Cut by knife - Stabbing wound

23. Signature: Wm H Grade Jr M.D. Medical Examiner.
Date signed 6/13/40

VS 6

Spec.—6-15-39—L. F. S.—100 Blks.

F 70244

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70244

CERTIFICATE OF DEATH

46-B

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1324 Pennsylvania ST. 17-2 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Inez Gross

(a) RESIDENCE NO. 1324 Pennsylvania ave. ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 59 yrs. mos. da. How long in U. S., if foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Benn Gross

6 DATE OF BIRTH (month, day, and year): March 1-1879

7 AGE: Years 61 | Months 3 | Days 10 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Days work

9 BIRTHPLACE (city or town) (State or country): Lancaster Co. Va.

PARENTS

10 NAME OF FATHER: George Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country): King & Queen Co. Virginia

12 MAIDEN NAME OF MOTHER: Dora Gaston

13 BIRTHPLACE OF MOTHER (city or town) (State or country): King William Co. Va

14 Informant: Jack Dawson

(Address)

JUN 15 1940 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 11-1940

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1940 to June 11, 1940

that I last saw her alive on June 9, 1940

and that death occurred, on the date stated above, at 7.40 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma (Stomach)

(duration) 1 yrs. 6 mos. da.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 3 yrs. + mos. + da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Wm. H. Wright, M. D.

6/11, 1940 (Address) 1209 Pennsylvania ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn — DATE OF BURIAL: 6-15-1940

20 UNDERTAKER: Mrs. Katie R. Williams — ADDRESS: 522 N. Belnord

Important. See instructions on back of certificate.

F 70245

LR 55551

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 70245 Registered No. 134-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days 3 mths.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 645 N. Calhoun St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Mayo

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	colored	married

6 (b) Name of husband or wife Cicero
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/6/16

8. AGE: Years	Months	Days	If less than one day
24	1	6	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Ho. W.
11. Industry or business

FATHER 12. Name James Washington
13. Birthplace Md.

MOTHER 14. Maiden Name Margaret Green
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Mt Winans

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Dolphin St

19 JUN 15 1940 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-12 1940, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-6 1940, to 6-12 1940, and that I last saw he alive on 6-12 1940.

Immediate cause of death	Duration
Pulmonary embolus	four hours
Due to Subdiaphragmatic abscess	four days
Due to Tuberculous ovarian abscess of undetermined organism	four months
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. K. Woodward M. D.
Address Balto City Hosp. Date signed 6-13-40

F 70246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70246 Registered No. 170 C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1423 ½ Brunt St (If rural give location) 542 McMechen St
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ALFRED SPROUSE

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	Colo	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28 1935

8. AGE: Years	Months	Days	If less than one day
5	1-	15	hr. min.

9. Birthplace Balto. Md (town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER 12. Name Alfred Sprouse
13. Birthplace Md.

MOTHER 14. Maiden Name Corine Ramsey
15. Birthplace Va

16 (a) Informant Alfred Sprouse
(b) Address 542 McMechen St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thos. E. Kelsey
(b) Address 1303 Presstman St.

19 JUN 15 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1940, at 2:20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to h... death on the day stated above.

Immediate cause of death	Duration
Meningitis, acute pneumococcal	
Due to Fracture, base of	
Due to skull.	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence June 5th, 1940
(c) Where did injury occur? in front of 1423 ½ Brunt St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? —
(Specify type of place)
(e) Means of injury ran from automobile

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 6-17-40

in front of auto - struck by auto

70247 F 70247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) St. No. 4626 Kavon Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jacob B. Hammel

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-18-7665

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife Jene Hammel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 2 1881

8. AGE: Years	Months	Days	If less than one day
58	7	10	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Pharmacist
11. Industry or business Drug Store

FATHER
12. Name Jacob B Hammel
13. Birthplace Balto Co

MOTHER
14. Maiden Name Mary Stook
15. Birthplace Balto Co

16 (a) Informant Stanley Hammel
(b) Address 3904 Ridgecroft Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto

18 (a) Funeral director Jos J Gerstenhorn
Address 1391 Pentwater Rd

19 (a) Filed (Date rec'd by registrar) June 13 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1940, at 7:22 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1940 to June 12 1940, and that I last saw him alive on June 12 1940.

Immediate cause of death: Heart Failure due to Hypertensive C.V. Disease

Duration
7 yrs ?

Due to Chronic Nephritis

Due to

Other Conditions: Probable

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S/I Rosenbaum
Address Church Home & Inf. Date signed 6/13/40 M. D.

F 70248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E F 70248 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 605 Woodington Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits) write RURAL and give town)
(d) Street No. 605 Woodington Road (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Richard P. Hutchins

3 (b) If veteran, name war: no
3 (c) Social Security Account No. ✓

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Frances Courtenay
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Oct 12, 1894

8. AGE: Years 45 | Months 8 | Days 1 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business State Comptroller's Dept.

FATHER
12. Name Chas L. Hutchins
13. Birthplace Balto Md

MOTHER
14. Maiden Name Johanna J. Conroy
15. Birthplace Balto Md

16 (a) Informant Frances C. Hutchins
(b) Address 605 Woodington Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15 40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director John Ottenstein's Sons
(b) Address 1960 Eutaw Place

19 JUN 15 1940 (b) Huntington Williams, M.D. Address

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13, 1940, at 4.57 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1930, to June 13, 1940, and that I last saw h im alive on June 13, 1940.

Immediate cause of death

Due to Myocardial insufficiency

Due to Rheumatic endocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

Duration: 8 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney D. Levy
Address 2324 Eutaw Place Date signed 6/13/40

F 70249

F 70249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Mem. Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 2 days.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 329 East 30th St. City (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Ethel Vashti Rowe

3 (b) If veteran, name war

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	Wh.	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/27/1881

8. AGE: Years	Months	Days	If less than one day
58	9	16	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation U. M. H. Employee.
11. Industry or business

FATHER
12. Name William Rowe (D)
13. Birthplace Virginia

MOTHER
14. Maiden Name Kate Auld (D)
15. Birthplace Maryland

16 (a) Informant Mrs. Charles A. Bausch
(b) Address 329 East 30th St. City.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave. Balto.

18 (a) Funeral director George J. Smith
(b) Address 1 of Eutaw Place

19 JUN 15 1940 (Date rec'd by registrar) (b) Signature of registrar for Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1940, at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1940 to June 13 1940, and that I last saw her alive on June 13 1940.

Immediate cause of death	Duration
Metastases to Brain.	1 mo
Due to Carcinoma Descending Colon.	years?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Crawford
Address Union Memorial Hospital signed 6/13/40

70250

HEALTH DEPARTMENT—CITY OF BALTIMORE

70250

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. 23rd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Jenkins

If U. S. Veteran specify WAR

(a) Residence: No. 1230 Argyle St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 7 1940

7. AGE: Years 0 | Months 0 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Maryland

FATHER

13. NAME: William Jenkins

14. BIRTHPLACE (city or town) (State or country): Jamaica, West Indies

MOTHER

15. MAIDEN NAME: Margaret Johnson

16. BIRTHPLACE (city or town) (State or country): Elizabeth City, North Carolina

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: UNIVERSITY MEDICAL SCHOOL JUN 15 1940

19. UNDERTAKER: Commissioner of Health

(Address): Per H. E. Bolton

20. FILED JUN 15 1940 Washington-Williams Co.

5690

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 12, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1940, to June 12, 1940

I last saw h[illegible] alive on June 11, 1940 Death is said to have occurred on the date stated above, at 8:55 a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Hemorrhagic Disease of the Newborn.

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Z. Bowers, M. D.

(Address) University Hospital.

OCCUPATION is very important. See instructions on back of certificate.

VS 2

F 70251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B

Registered No. F 70251

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1601 Mc Kean Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 McKean Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1552

3 (a) FULL NAME Augustus William Yockel

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12 1870

8. AGE: Years	Months	Days	If less than one day
69	6	1	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Driver Dairy Business
11. Industry or business Retired

FATHER
12. Name Augustus Yockel
13. Birthplace Germany

MOTHER
14. Maiden Name Susan Tanner
15. Birthplace Carroll Co. Md.

16 (a) Informant Mrs. Mary E. Yockel
(b) Address 1601 McKean Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director William J. Tickner & Sons
(b) Address North & Pennsylvania Aves

19 (a) JUN 15 1940 (Date received, 1940) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1940, at 3:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1936, to June 13 1940, and that I last saw h[illegible] alive on June 12 1940.

Immediate cause of death	Duration
Cerebral Embolus -	3 mos
Due to Arterio sclerosis -	
Due to	
Other Conditions None -	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. Edel M. D.
Address 3403 Garrison Blvd Date signed 6/14/40

70252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. E 70252

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 522 Overdale Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25+

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 522 Overdale Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W. Zastrow

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ida Mega Zastrow

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1855

8. AGE: Years 84 | Months 9 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Engineer - inventor

11. Industry or business

FATHER 12. Name Fred K. Zastrow.

13. Birthplace Germany

MOTHER 14. Maiden Name Charlotte Emerich

15. Birthplace Germany

16 (a) Informant Mrs. Ida M. Zastrow

(b) Address 522 Overdale Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1940 (Month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore

18 (a) Funeral director Otis Tuckerman Sons,

(b) Address North & Fa ayes.

19 JUN 15 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1940 at P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1940. to June 13 1940. and that I last saw h[illegible] alive on June 13 1940.

Immediate cause of death Myocarditis
Hypertension
Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
Indefinite

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Moody

Address 1403 Park Ave Date signed 6/14/40

VS 8

F 70253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163-H

Registered No. F 70253

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3126 Belmont ave
(c) Hospital or institution:
mercy Balto Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3126 Belmont Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pauline F. Clary

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-09-4579

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Divorced

6 (b) Name of husband or wife Earl N. Clary

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Jan. 17 - 1901

8. AGE: Years	Months	Days	If less than one day
39	4	27	hr. min.

9. Birthplace Mt Winan, Balto. Co. Md
(Town, county, and state)

10. Usual Occupation Matron

11. Industry or business

FATHER
12. Name John Louis Kelley
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Pauline Gambrill
15. Birthplace Baltimore Md

16 (a) Informant J. Louis Kelley
(b) Address Hollins Ferry Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Mem Gdns
Location Walkers Mill

18 (a) Funeral director Edw Donovan
(b) JUN 15 1940 Walker Mill Rd
(Date rec'd by registrar)

19 (a) Huntington Williams M.D.
(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-14-1940, at 2 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Asphyxiation

Due to

Due to Alimentary tox

Other Conditions Psychoneurosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 6-14-40
(c) Where did injury occur? above residence
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? —
(Specify type of place)
(e) Means of injury barbiturates

23. Signature Huntington Williams M.D.
Medical Examiner.
Date signed 6-14-40

VS 6

F 70254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No. F 70254

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 707 Y alley
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM ALFONSO KING

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 40 | Months | Days | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Out of work

11. Industry or business

FATHER
12. Name George King
13. Birthplace Md

MOTHER
14. Maiden Name Hattie Young
15. Birthplace Md

16 (a) Informant George Robinson
(b) Address 707 Y alley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto Co Md

18 (a) Funeral director Isaiah L Brownlow
(b) Address 1048 W Monroe Street

19 (a) JUN 15 1940 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1940, at 8:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions Nil

(Include pregnancy within 3 months of death)

Major findings:
Of operations Nil
Of autopsy Nil

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Williams M.D.
Medical Examiner.
Date signed 6-13-40

VS 6

F 70255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. F 70255

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) ~~Street address~~ Harbor, foot of Henry St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 809 Leadenhall St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Otis Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
10			hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER
12. Name James Brown
13. Birthplace Md

MOTHER
14. Maiden Name Maron Carter
15. Birthplace La

16 (a) Informant Maron Carter Brown
(b) Address 809 Leadenhall Street

17 (a) Burial (b) Date thereof 6/17/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location Josiah L Brown's Son

18 (a) Funeral director 1086 Montgomery St
(b) Address

19 (c) JUN 15 1940 Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-14- 1940, at 12:20 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Inspection & Inquest find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6-14-40
(c) Where did injury occur? Foot of Henry St Balto Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Fell into harbor from wharf

23. Signature Howard J. Wareham M.D.
Medical Examiner.
Date signed 6-14-40

70256

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

164 C Registered No. F 70256

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 415 Orchard St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES COOPER.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Esther Cooper

6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) March 1 1916

8. AGE: Years 22 | Months 3 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace N. C (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Samuel Cooper
13. Birthplace N. C.

MOTHER
14. Maiden Name Esther Mayes
15. Birthplace N. C

16 (a) Informant Esther Cooper
(b) Address 1819 Eagle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17 40 (month) (day) (year)
(c) Cemetery or crematory
Location Henderson N. C

18 (a) Funeral director Isaiah D Brown Sons
(b) Address 108 W Montgomery St

19 (a) JUN 15 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1940, at 1 65 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Hemorrhage, abdominal	
Due to Bullet wound of abdomen	
Due to Suicide	
Other Conditions mental depression	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence June 13, 1940
(c) Where did injury occur? 415 Orchard St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Revolver bullet

23. Signature H. H. Williams M.D. Medical Examiner.
Date signed 6-13-40

VS 6

F 70257

BALTIMORE CITY HEALTH DEPARTMENT 48-a Registered No. F 70257

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) Hospital or institution:
Home for the Aged of the M. E. Church
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rebecca Riley

3 (b) If veteran, name war ✓ No
3 (c) Social Security Account No. None

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife George
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22, 1862

8. AGE: Years 77 | Months 10 | Days 24 | If less than one day hr. min.

9. Birthplace Dorchester Co. Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER 12. Name William Kirkley
13. Birthplace Dorchester Co. Md.

MOTHER 14. Maiden Name Margaret Ann Grant
15. Birthplace Dorchester Co. Md.

16 (a) Informant Ella Leddy
(b) Address 2211 Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore

18 (a) Funeral director William Leach
(b) Address 1217 St. Paul St.

19 (a) JUN 16 1940 (date received) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1940; at 6 45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1940 to June 14 1940, and that I last saw h alive on June 14 1940.

Immediate cause of death
Carcinoma Cervix & Vagina.
Due to
Due to Chr. nephritis
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none.
Of autopsy none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hope E. Shannon M. D.
Address 709 N. Fulton Date signed 6/16/40

70258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70258

Registered No. 126

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 N. Curley St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary S. Gorsuch

3 (b) If veteran, name war: No
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Edward C. Gorsuch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 12th 1892

8. AGE: Years 47 | Months 8 | Days 3 | If less than one day: hr. min.

9. Birthplace: Balto Md.
(Town, county, and state)

10. Usual Occupation: At Home
11. Industry or business: Self

FATHER
12. Name: John Wecker
13. Birthplace: Md.

MOTHER
14. Maiden Name: Mary Elizabeth (Unknown)
15. Birthplace: "

16 (a) Informant: Mary Elizabeth Phillips
(b) Address: 1215 N. Curley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/40 (month) (day) (year)
(c) Cemetery or crematory: Moreland Park
Location: Parkville Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St

19 (a) (b) Registrar

JUN 20 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1940, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 11 1940, to June 15 1940, and that I last saw him alive on June 15 1940.

Immediate cause of death: Pulmonary Embolism — Duration: 4 hrs.
Due to: Chronic Endocarditis — Duration: over
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Bernard L. Kleiman, M. D.
Address: St Joseph's Hosp Date signed 6-15-40

F 70259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-a

Registered No. F 70259

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2721 Mosher st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 87

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street 2721 Mosher st
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George C. Habighurst

3 (b) If veteran, name war No

3 (c) Social Security Account No. FIBE

4. Sex Male

5. Color or race White

6 (a) ~~Single, married, widowed, or~~ divorced. Married

6 (b) Name of ~~husband or~~ wife J. Julia Habighurst

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20th 1852

8. AGE: Years 87 | Months 10 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace Boston Mass
(Town, county, and state)

10. Usual Occupation Retired Typist

11. Industry or business State of Maryland

FATHER
12. Name Frederick Habighurst
13. Birthplace Holland

MOTHER
14. Maiden Name Carlotta Rhead
15. Birthplace France

16 (a) Informant J. Julia Habighurst
(b) Address 2721 Mosher St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 127 S. Paca St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13th 1940, at 9.55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1940 to June 13 1940, and that I last saw him alive on June 13 1940.

	Duration
Immediate cause of death Cerebral Hemorrhage Intestinal perforation	✓
Due to =	
Due to	
Other Conditions Myocarditis	✓

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Preston M.D.
Address 1219 Eutaw Place Date signed 6/17/40

JUN 16 1940

F 70260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 D

F 70260

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3426 Auchentenoly Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3426 Auchentenoly Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? 43 years

3

3 (a) FULL NAME Lena Kaplan

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late David

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Jacob Tucker
13. Birthplace Russia

MOTHER
14. Maiden Name Rachel Eller
15. Birthplace Russia

16 (a) Informant Nathan Kaplan
(b) Address 3426 Auchentenoly Terrace

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** June 16, 19 (month) (day) (year)
(c) Cemetery or crematory Hebrew Young Men Cem. Assn.
Location Windsor Hill Road

18 (a) Funeral director Sol Levinson & Bros.
(b) Address 1124 1126 W. North Ave

19 (a) (Date received by registrar) **(b)**

N 1 vs 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1940, at 3:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1939, to June 15 1940 and that I last saw her alive on June 15 1940

Immediate cause of death Acute Cardiac dilatation

Due to Chronic vascular disease & arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
Immediate

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jack J. Singer

Address 506 E. Northern **Date signed** June 15 1940

F 70261

Holme

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 70261 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2609 Chelsea Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2609 Chelsea Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pauline Waddington Holme

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widow

6 (b) Name of husband or wife A Henry Holme deceased
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12 - 1848

8. AGE: Years	Months	Days	If less than one day
91	7	2	[illegible] min.

9. Birthplace Elsinboro Salem Co. N. J. (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

12. Name Father	Zaphia Waddington
13. Birthplace Father	Elsinboro N. J.
14. Maiden Name Mother	Ann Vanneman
15. Birthplace Mother	Don't know

16 (a) Informant Hilda P. Holme
(b) Address 2609 Chelsea Terrace

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-17-40 (month) (day) (year)
(c) Cemetery or crematory Friends
Location Baltimore Md

18 (a) Funeral director Chas. E. Franck
(b) Address 502 Madison ave

JUN 16 1940 (Registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1940 at 8 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 9 1932 to June 14 1940 and that I last saw h alive on June 14 1940

Immediate cause of death Heart failure — Duration
Due to Advanced age
Due to Heart — own
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature P. E. Bourdeau-Busco M. D.
Address 1816 N. Charles Date signed June 14 1940

F 70262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 70262 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution:
Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
Street No. 1200 Valley St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Neville

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1847

8. AGE: Years	Months	Days	If less than one day
93			hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Rag Dealer
11. Industry or business

FATHER
12. Name James Neville
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Malloy
15. Birthplace Ireland

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Balto. Md

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

(By) Huntington Williams, M.D. (Registrar)

JUN 16 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15, 1940 19 6 a.m. 30 p.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940, to June 15 1940, and that I last saw him alive on June 14 1940.

Immediate cause of death — Duration

Edema of Lungs — 1 day
Due to Chronic Myocarditis — 2 yrs
Due to Arteio-Sclerosis — 10 yrs
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E North Ave Date signed June 15 '40

F 70263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 ✓

F 70263 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Homes Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 N Washington (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Lottie Morrison

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 12 1881

8. AGE: Years	Months	Days	If less than one day
59	4	3	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business Own Home

FATHER
12. Name Francois Asbury
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name M. Hales
15. Birthplace Balto., Md.

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Frederick Ave.

18 (a) Funeral director J. F. McCauley
(b) Address 130 E. Fort Ave.

19 (a) (b) Huntington Pl. Baltimore, Md.
(Registrar)

JUN 16 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1940, at 11:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1940, to June 15 1940 and that I last saw her alive on June 15 1940.

Immediate cause of death Cerebral Hemorrhage — Duration: 5 days
Due to Hypostatic Pneumonia — 2 days.
Due to
Other Conditions Hypertensive Heart Disease.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. J. Rosenau M.D. M. D.
Address Date signed 6/15/40

F 70264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70264 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1341 Penna. Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1341 Penna. Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella V Veney

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Widowed

6 (b) Name of husband or wife Harry M.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Apr. 4-1878

8. AGE: Years	Months	Days	If less than one day
62	2	10	hr. min.

9. Birthplace Redmond Co. Virginia
(Town, county, and state)
10. Usual Occupation Home - keeper
11. Industry or business

FATHER
12. Name Geo. Richardson
13. Birthplace Richmond Co. Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Harry Veney
(b) Address 1341 Penna. Ave

17 (a) Burial (b) Date thereof May 17, 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Richmond Co. Va.

18 (a) Funeral director Mrs. Geo. W. Holland
(b) Address 1631 Druid Hill Ave

19 (a) (b) Huntington Williamsburg, Va.
(Date received by registrar)

JUN 16 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-14-1940 at 10:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Autopsy said that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 6-14-40

F 70265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 70265 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2000 W Lanvale St
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2000 W. Lanvale St. (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Thomas F. Pitcher

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Sarah E. Pitcher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 2, 1906

8. AGE: Years	Months	Days	If less than one day
33	10	12	hr. min.

9. Birthplace Calvert Co, Maryland. (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business for self.

FATHER
12. Name Thomas E. Pitcher
13. Birthplace Calvert Co, Maryland

MOTHER
14. Maiden Name Carrie Gunterman
15. Birthplace Balto Md.

16 (a) Informant Mrs Sarah E. Pitcher
(b) Address 2000 W. Lanvale St

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 6/17/1940 (month) (day) (year)
(c) Cemetery or crematory Waters Memorial Cem
Location Calvert Co, Maryland.

18 (a) Funeral director John J Cowan & Son
(b) Address 901 Hollins St.

19 (a) (Date received by registrar) (b) Huntingtown Williams, M.D. Registrar

JUN 16 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14, 1940, at 8.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/12/1940 to 6/14/1940, and that I last saw h[im] alive on 6/14/1940.

Immediate cause of death	Duration
Myocardial Insufficiency	4 hrs
Due to Pulmonary Tuberculosis	7 mos
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Thomas F White M. D.
Address 532 E 22nd St Date signed 4/16/40

F 70266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

F 70266 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State West Virginia (b) County
(c) City or town Roanoke (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Melvin Jennings Melvin R. Jennings

3 (b) If veteran, name war

3 (c) Social Security Account No. 224-09-3772

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced M

6 (b) Name of husband or wife LILLIAN

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-8-1914

8. AGE: Years 25 | Months 9 | Days 8 | If less than one day hr. min.

9. Birthplace Roanoke Va. (Town, county, and state)

10. Usual Occupation TRUCK DRIVER

11. Industry or business

FATHER
12. Name Fitz H. Jennings
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Semmons
15. Birthplace Va.

16 (a) Informant J.J. Hospital
(b) Address Baltimore Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18 1940 (month) (day) (year)
(c) Cemetery or crematory Cedral Lowan Cem.
Location Roanoke Va.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

JUN 16 1940
(Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1940, at 1:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: fracture, 4th Cervical Vert. crushing injury Injured
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration: Yrs. Mos. Ds. Hrs. Min.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6/13/40
(c) Where did injury occur? Thompson Seagent Howe (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Diving in shallow water

23. Signature Wm. Gerlach M.D. Medical Examiner.
Date signed 6/16/40

56226 - KB

F 70267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-a

F 70267 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 852 W. 37th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Hoff

3 (b) If veteran, name war —

3 (c) Social Security Account No. ? None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife James (dead)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1868

8. AGE: Years 71 | Months 8 | Days 29 | If less than one day ... hr. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name Leven Todd
13. Birthplace Maryland

MOTHER
14. Maiden Name Sally Wilson
15. Birthplace Maryland

16 (a) Informant Records
(b) Address B.C.H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director Williams Cook
(b) Address 1217 St Paul st

19 (a) ... (b) ... Registrar

JUN 17 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-15 1940, at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-3 1940 to 6-15 1940 and that I last saw her alive on 6-15 1940

Immediate cause of death: Arteriosclerotic heart failure — Duration: several years

Due to: Gen. arteriosclerosis — Duration: years

Due to: —

Other Conditions: Abdominal tumor ? probably from ovary (??) (Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Kubernick M. D.
Address Balt. City Hosp. Date signed 6/15/40

F 70268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157E Registered No. F 70268

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 Venable Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Schneider

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	S.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/10/40

8. AGE: Years	Months	Days	If less than one day
		6	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Max H. Schneider
13. Birthplace New Orleans La.

MOTHER
14. Maiden Name Viola Dakin
15. Birthplace New Orleans La.

16 (a) Informant Max Schneider
(b) Address 610 Venable Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Carmel
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) JUN 17 1940 (b) Huntington Williams MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/16 1940, at 7:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/10 1940 to 6/16 1940 and that I last saw her alive on 6/16 1940.

Immediate cause of death: Heart Failure
Due to: Prematurity
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. Hausman
Address Md. Gen. Hosp. Date signed 6/16/40

F 70269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1468

F 70269

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts
(c) Hospital or Institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2037 E. Fairmont Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles M C Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Addie E

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1 1880

8. AGE: Years	Months	Days	If less than one day
59	9	13	hr. min.

9. Birthplace Jacksville Md (Town, county, and state)

10. Usual Occupation Night Watchman

11. Industry or business

FATHER
12. Name James Robinson
13. Birthplace Md

MOTHER
14. Maiden Name Barbara Blunt
15. Birthplace Md

16 (a) Informant Mrs Addie E Robinson
(b) Address 2037 E Fairmount ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location East & North Ave

18 (a) Funeral director William Mareck
(b) Address 715 Light St

19 JUN 17 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14th 1940, at 1:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1940, to June 14 1940, and that I last saw him alive on June 14 1940.

Immediate cause of death	Duration
Gastric Hemorrhage	8 days
Due to Malignancy of Stomach	6 mo+
Due to	
Other Conditions Hypertensive Cardio-Vascular Disease with Failure (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Kelmenson M. D.
Address St. Joseph's Hosp Date signed 6-14-40

70270 105-92

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 117-B

F 70270 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1430 Poplar Grove St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William J. Spehnkouch.

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-2871

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Margaret E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 3, 1879

8. AGE: Years	Months	Days	If less than one day
60	8	10	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Insurance Broker
11. Industry or business Zelie R. Sullivan Jr. & Co.

FATHER
12. Name John Spehnkouch
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Hulselmann
15. Birthplace Germany

16 (a) Informant Anna Lucia Spehnkouch
(b) Address 1430 Poplar Grove St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17 1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Ave.

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.

JUN 17 1940 (Date rec'd by registrar) (b) Registrar

VS 2

Thaddeus Von Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13th 1940, at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1940, to June 13 1940, and that I last saw h[illegible] alive on June 13 1940.

Immediate cause of death	Duration
Pulmonary oedema	May 12
Staphylococcus albus	"
hemolyticus septisemia.	"
Due to Subacute Bacterial Endocarditis.	
Due to	
Other Conditions Chronic duodenal ulcer. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Bacterial endocarditis.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph E. Muse Jr M. D.
Address University Hosp. Date signed 6-13-40

F 70271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70271 Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette + Calhoun Sts
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 Hollins St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Vaughn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/5/38

8. AGE: Years	Months	Days	If less than one day
1	22		hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Earl Vaughan
13. Birthplace Va

MOTHER 14. Maiden Name Virginia Hoyel
15. Birthplace Md

16 (a) Informant Mr. Earl Vaughan
(b) Address 1614 Hollins St

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof June 17 1940 (month) (day) (year)

(c) Cemetery or crematory Western Cem
Location Balto Md

18 (a) Funeral director Geo L Berger Jr
(b) Address 15 N Howard St

JUN 17 1940 (Date rec'd by registrar) Hunter G. Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1940, at 1:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-11- 1940 to 6-13 1940, and that I last saw him alive on 6-13 1940.

Immediate cause of death Cause Unknown — Duration: over

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Nothing at present

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hudson, M.D.
Address Franklin Square Hosp. Date signed 6/13/40 M. D.

B 70272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

B 70272 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hebrew Home for The Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Belvedere & Greenspring (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eva Sass

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1890.
8. AGE: Years 50 | Months | Days | If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Was Bookkeeper
11. Industry or business

FATHER
12. Name Jacob Sass
13. Birthplace Russia

MOTHER
14. Maiden Name Bessie Hirsch
15. Birthplace Russia

16 (a) Informant Lena Miller
(b) Address 709 Gwynns Falls Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17/40 (month) (day) (year)
(c) Cemetery or crematory Oheb Shalom
Location Edgewood & Lombard sts

18 (a) Funeral director Sol Levinson's Son
(b) Address 1124-26 W. North ave

JUN 17 1940 (b) [signature] Registrar
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1940, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 28 1940, to June 16 1940 and that I last saw her alive on June 16 1940.

Immediate cause of death Carcinoma of the [redacted]

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edmund Levin M.D.
Address Levindale Date signed 6/

F 70273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

F 70273 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Monastery
(c) Hospital or institution 3800 Frederick Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2048 St Josephs Monastery (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Harrison

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business Monastery

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Removal (b) Date thereof 6-17-40 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory St Peters Ave
Location Poughkeepsie N Y

18 (a) Funeral director Floyd A Finley
(b) Address Fulton & Fayette

19 (a) (Signature of registrar) (b) Registrar

JUN 17 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquery thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary arteriosclerosis and edema. — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W M Postelwait Medical Examiner. M.D.
Date signed 6/16/40

70274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 70274 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Univ. Hosp.
(c) Hospital or institution: Univ Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 1730 Deepdene Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Owens Frey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Major H. Frey
6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) July 3, 1918

8. AGE: Years	Months	Days	If less than one day
21	11	12	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation home duties
11. Industry or business

FATHER
12. Name Allen H. Owens
13. Birthplace Md

MOTHER
14. Maiden Name Sarah Smith
15. Birthplace Md.

16 (a) Informant Major H. Frey
(b) Address 714 Glyndon Ave Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17 40 (month) (day) (year)
(c) Cemetery or crematory Trinity Cemetery
Location Churchville Md.

18 (a) Funeral director John A. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 17 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/11 1940, at 2:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/6 1940, to 6/11 1940, and that I last saw h alive on 6/13 1940.

Immediate cause of death
(a) Appendiceal Abscess
Pulmonary Tuberculosis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Appendiceal Abscess
Of autopsy No

Duration
5 1 40
Dec. 1938

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jas Hernoloff M.D.
Address Univ. Hosp. Date signed 6/11/40

F 70275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 70275 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Mem. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2941 St. Paul St. City. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Martin Arnold Roberts

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M. | 5. Color or race: Wh | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 30, 1872

8. AGE: Years 67 | Months 7 | Days 16 | If less than one day hr. min.

9. Birthplace Pittsburg, Penn. (Town, county, and state)

10. Usual Occupation Asst. Librarian - Cong. Library

11. Industry or business Washington D.C.

FATHER
12. Name Mr. Thomas Roberts (d)
13. Birthplace Wales

MOTHER
14. Maiden Name Elizabeth Griffiths (d)
15. Birthplace Wales —

16 (a) Informant Miss Margaret Robert
(b) Address 2841 St. Paul St., City.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director John O Mitchell
(b) Address 1900 Eutaw Place

19 (a) (Date received by registrar) (b) Hunting for Williams, M.D.

JUN 17 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June - 15 1940, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1940, to June 15 1940, and that I last saw him alive on June 15 1940.

Immediate cause of death: Lobar pneumonia (bilateral) — Duration 3 days
Due to: hypertensive cardio vascular disease. — 1 year.
Due to: Arteriosclerotic heart disease years.
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard H Beadle M. D.
Address Union Memorial Hosp. Date signed 6/15/40

Vol. 3

70276 HEALTH DEPARTMENT—CITY OF BALTIMORE 70276

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5522 Liberty Heights Ave. 28-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Lily R. Benson

(a) Residence: No. 5522 Liberty Heights Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of William C. Benson

6. DATE OF BIRTH (month, day, year) February 13, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster, Maryland

FATHER

13. NAME William Miller

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Matilda Saltzgiver

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Robert E. Lee Hodges
(Address) 5522 Liberty Heights Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Finkaburg Cem. Md. Date 6/17/40 19

19. UNDERTAKER Wm. J. Tickner & Sons.
(Address) North & Pa. Avenues

20. FILED JUN 17 1940 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1940 to June 14, 1940

I last saw her alive on June 14, 1940 Death is said to have occurred on the date stated above, at 2:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	3 hr.
Coronary Thrombosis.	1 da.
Other contributory causes of importance: Arteriosclerosis	10 yr.

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edw. Tompkins M. D.

(Address) 806 N. Fulton Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 70277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1507

F 70277 1

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3006 Clifton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3006 Clifton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Mareen Kent

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	white	Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 21, 1851

8. AGE: Years	Months	Days	If less than one day
88	8	24	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Retired Mfg.
11. Industry or business

FATHER
12. Name Emanuel Kent
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Ellen Weller
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Frank R. Kent
(b) Address Lombardy Apts. Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Ave.

19 (a) [illegible] 17 1940 (b) [illegible] Registrar

JUN 17 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15, 1940, at 4:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1939, to June 15 1940, and that I last saw him alive on June 15 1940.

Immediate cause of death Bronchio-pneumonia — Duration 3 days

Due to Gradual weakness of old age

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. A. Dodds M. D.
Address 317 Medical Arts Bldg Date signed June 17 1940

38778

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a F 70278
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 N Paca (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel Cotton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Sep

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-21-88

8. AGE: Years	Months	Days	If less than one day
51	6	23	hr. min.

9. Birthplace Fla (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Benson Cotton
13. Birthplace Fla

MOTHER
14. Maiden Name Carrie Willis
15. Birthplace Fla.

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Mt Winans

18 (a) Funeral director E O Wilson
(b) Address 1005 Brantley

19 (a) 6-17-40 (Date rec'd by registrar) (b) Huntington Hill Burial Permit

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1940 at 10:5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1940, to June 14 1940, and that I last saw him alive on June 14 1940.

Immediate cause of death Respiratory paralysis

Due to uremia

Due to hypertension cardio vascular degeneration

Other Conditions chronic nephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Cardiac hypertrophy; fibrosis of kidneys.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J. Hunt

Address Johns Hopkins Hosp Date signed 6-14-40 M. D.

F 70279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 70279 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin Square Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2820 Harlem Ave. 16
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anne Carroll Wilkerson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S.

6 (b) Name of husband or wife 6-14-40

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-14-1940.

8. AGE: Years	Months	Days	If less than one day
—	—	—	9 hr. 40 min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None.
11. Industry or business

FATHER
12. Name Eugene Wilkerson.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Hattie Nichols.
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Eugene Wilkerson.
(b) Address 2820 Harlem Ave.

17 (a) Burial. (b) Date thereof June 17 40.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Baltimore, Md.

18 (a) Funeral director Charles J. Schwab.
(b) Address 505 N. Monroe St.

19 (a) JUN 17 1940 (Date rec'd by Registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17, 1940, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 14, 1940, to June 17, 1940, and that I last saw her alive on June 17, 1940.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Oscar Hartzman, M.D.
Address Franklin Square Hosp. Date signed 6/17/40 M. D.

70280 32783--PD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 70280 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2yr. 1mo. 17dys.
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Watkins

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: married-seperated

6 (b) Name of husband or wife: Esther
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-10-1863 (?)

8. AGE: Years (?) 76 | Months 6 | Days 10 | If less than one day: hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Richard
13. Birthplace Va.

MOTHER
14. Maiden Name Edith
15. Birthplace Va.

16 (a) Informant B.C.H. records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-20-40 (month) (day) (year)
(c) Cemetery or crematory Shadeland Va.
Location Caroline Co. Va.

18 (a) Funeral director A. Halstead
(b) Address 2480 Riva Hill Ave. (b) Huntington Williams, M.D.

19 JUN 17 1940 (Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1940, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1938, to June 10 1940, and that I last saw h[illegible] alive on June 10 1940.

Immediate cause of death: Hypertensive cardiovascular disease — Duration: [illegible]
Due to:
Due to:
Other Conditions: Terminal bronchopneumonia — Duration: [illegible]
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Monaghan Lehman M. D.
Address Balto. City Hosp. Date signed 6-14-40

F 70281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1644 Registered No. F 70281

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1318 Appleby Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1318 Appleby Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

27-1

3 (a) FULL NAME Harvey Melroy Hare

3 (b) If veteran, name war: Nr
3 (c) Social Security Account No.

4. Sex: M. | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Mary Agnes
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) May 3, 1872

8. AGE: Years 68 | Months 1 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Despatcher - Retired
11. Industry or business Baltimore Transit

FATHER
12. Name Laurie Hare
13. Birthplace Baltimore Co

MOTHER
14. Maiden Name Mary Elizabeth Albaugh
15. Birthplace Baltimore Co

16 (a) Informant Elizabeth Hearzell (D.)
(b) Address 2538 W. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18, 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn.
Location Woodlawn Md.

18 (a) Funeral director Edward A. Donovan.
(b) Address 2615 Eastern Ave.

JUN 17 1940 (Date received by registrar) (b) Huntington Hillsboro, W. Va.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1940, at 9 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hanging — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 6/15/40
(c) Where did injury occur? 1318 Appleby - Back yard (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Clothes line - Limit of clothes

23. Signature W. B. Vandersluis M.D. Medical Examiner.
Date signed 6/15/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 70282 — 93D F 70282

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3136 Fait Ave. St., 14 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Charles G. Mills

If U. S. Veteran specify WAR _____

(a) Residence: No. 3136 Fait Ave. St., _____ Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Amelia Arens

6. DATE OF BIRTH (month, day, year) June 9, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Yard Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, year) 1932

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph Mills

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Pricilla Wingate

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Amelia Mills
(Address) 3136 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cem. Date June 17, 1940

19. UNDERTAKER H. SANDER & SON, Inc.
(Address) North Ave. & Broadway

20. FILED _____, 19___ _____ Registrar.

JUN 17 1940

Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1940 to June 13, 1940
I last saw him alive on June 10, 1940. Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hypertension	
Myocardial failure	June 13
Other contributory causes of importance:	

Was an operation performed? Yes Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury _____, 19___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Basil Wright, M. D.

(Address) 1111 E. Eager St.

70283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 a F 70283 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 607 W. Central Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 607 W. Central Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME (Rev) George T. Woodall.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Widower

6 (b) Name of husband or wife Martha Woodall
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
about 68			hr. min.

9. Birthplace Clover Va. (town, county, and state)
10. Usual Occupation Clergyman.
11. Industry or business

FATHER
12. Name William Woodall.
13. Birthplace Clover Va.

MOTHER
14. Maiden Name Frances T
15. Birthplace Clover Va.

16 (a) Informant Albert Woodall
(b) Address 1611 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Robert H. Young
(b) Address 804 N. Caroline St.

19 (a) 1940 (Date received by registrar) (b) Washington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1940, at 10:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 11 1940 to June 14 1940 and that I last saw deceased alive on June 14 1940

Immediate cause of death Acute Coronal Occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

Duration
June 11 1940

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. G. Allen
Address 50 Pleasant St. Date signed 6/17/40

56505 - 1B

F 70884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1549 Woodyear St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Edith Celestine Bailey

3 (b) If veteran, name war	3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1924

8. AGE: Years	Months	Days	If less than one day
15	11	4	hr. min.

9. Birthplace Penna. (Town, county, and state)
10. Usual Occupation School Girl
11. Industry or business

FATHER
12. Name Henry Bailey
13. Birthplace Virginia

MOTHER
14. Maiden Name Margaret Watson
15. Birthplace Virginia

16 (a) Informant Records - B.C.H.
(b) Address
6/19/40

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location Md.
18 (a) Funeral director Thos. E. Kelson
(b) Address 1303 Presstman St.
19 (a) (Delivered by registrar) (b) Huntington Williams M.D. Registrar

VS 1-40

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1940, at 12 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1940, to June 15 1940, and that I last saw h.r. alive on June 15 1940.

Immediate cause of death Lobar Pneumonia — Duration 3 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Lobar pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. Kuebelbeck Jr M.D.
Address Balto City Hosp. Date signed 6-15-40

F 70285 Trina L Franklin F 70285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 530 N. Calhoun St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 530 N. Calhoun St (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Trina L. Franklin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 4. 1849

8. AGE: Years	Months	Days	If less than one day
90	7	11	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER / FATHER
12. Name Henry H. Franklin
13. Birthplace Md
14. Maiden Name Clementina Barnes
15. Birthplace Md

16 (a) Informant Mrs. Nina Coleman
(b) Address 530 N. Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Mitchell
(b) Address 401 Edmondson Ave

19 (a) JUN 17 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1940, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1940 to June 15 1940, and that I last saw h[illegible] alive on June 14 1940.

Immediate cause of death Cerebral Thrombosis
Arteriosclerosis — Duration 6 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. G. Jones M.D.
Address 2818 St Paul Date signed 6/14/40

F 70286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 70286 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 815 N Belnord Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? [redacted] years

3 (a) FULL NAME Jerry Norek, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-8116

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Barbara
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19, 1878

8. AGE: Years	Months	Days	If less than one day
62	2	26	hr. min.

9. Birthplace Czechoslavkia
(Town, county, and state)
10. Usual Occupation Cabinet Maker
11. Industry or business

FATHER
12. Name Alois Norek
13. Birthplace Czechoslavkia

MOTHER
14. Maiden Name Unknown
15. Birthplace Czechoslavkia

16 (a) Informant Wife
(b) Address 815 N. Belnord Ave

17 (a) Burial (b) Date thereof 6-18-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location Taylor Ave

18 (a) Funeral director Chas. E. Schimunek
(b) Address 2601-03 E. Madison St

19 (a) JUN 17 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1940, at 9:45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1940, to June 15 1940, and that I last saw h[illegible] alive on June 15 1940.

	Duration
Immediate cause of death: Respiratory Failure	
Due to: Pneumonia	
Due to:	
Other Conditions: Cardiac Failure Chronic Alcoholism	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature Thos. F. Orth, M.D.
Address Mercy Hospital Date signed 6/20/40

VS 3

70287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117-a

Registered No. 70287

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1034 E Monument St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1034 E. Monument St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Lewis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/5/1883

8. AGE: Years 57 | Months 3 | Days 9 | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Long Shoreman

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace —

MOTHER 14. Maiden Name Betty Grimes

15. Birthplace Va

16 (a) Informant Lesley Ripley

(b) Address Washington D. C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 17 40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location A & R Co

18 (a) Funeral director Harper Sanders

(b) Address 1462 E. Preston St

19 (a) JUN 17 1940 (Date rec'd by registrar) (b) Livingston Williams, M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14, 1940, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 13, 1940, to June 14, 1940, and that I last saw him alive on June 14, 1940.

Immediate cause of death: Ruptured Aorta Ulcer — Duration: 1 Day

Due to

Due to

Other Conditions Hem. Arteriolar

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice Adams M. D.

Address 312 N 23rd St Date signed 6-17-40

F 70933

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94-a F 70933 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2584 W. Fayette St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 53 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2584 W. Fayette St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

70

3 (a) FULL NAME Minnie L.H.Doering

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Christian Doering
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1878

8. AGE: Years	Months	Days	If less than one day
61	10	9	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Frederick Baumann
13. Birthplace Germany

MOTHER
14. Maiden Name Thresa Reitz
15. Birthplace Germany

16 (a) Informant Christian Doering
(b) Address 2584 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-40 (month) (day) (year)
(c) Cemetery or crematory Westerns
Location Baltimore

18 (a) Funeral director Frederick A. Dole
(b) Address 1200 W. Lombard St.

JUN 17 1940 (Date rec'd by Registrar) (Huntington Williams M.D. Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15th, 1940. at 10:05 M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 10 1940 to June 15 1940, and that I last saw h alive on June 14 1940

Immediate cause of death

Coronary occlusion

Due to " Sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration
6 Months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ed. Marr M. D.
Address 176 Cathedral St. Date signed 6-17-40

VS 3

F 70289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 F

F 70289

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 207 Loudon Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 33

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 207 Loudon Ave. 2028
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosa A. Frost

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Benjamin F. Frost
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1861

8. AGE: Years	Months	Days	If less than one day
78	8	17	hr. min.

9. Birthplace Howard Co., Md.
(Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER
12. Name Manuel Shaffer
13. Birthplace Pa.

MOTHER
14. Maiden Name Louise Grimes
15. Birthplace Howard Co,, Md.

16 (a) Informant Joseph L. Frost
(b) Address 4030 Walrad St.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** June 16, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Frederick A. Cole
(b) Address 1200 W. Lombard St.

19 (a) Date received by Registrar **(b)** Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1940 at 4:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1940 to June 14 1940, and that I last saw her alive June 14 1940

Immediate cause of death
General Carcinomatosis — Duration 6 Months
Due to Carcinoma of Liver — Unknown
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Christ W. Johnson, M.D.
Address 3432 Fredrick Ave. **Date signed** 6/16/40

F 70290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 B F 70290 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3001 Christopher Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3001 Christopher Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Adam F. Buser

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Emma E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-20-1877

8. AGE: Years	Months	Days	If less than one day
62	6	24	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Salesman
11. Industry or business Insurance

FATHER
12. Name Michael Buser
13. Birthplace Md

MOTHER
14. Maiden Name Anna
15. Birthplace Md

16 (a) Informant Emma E. Buser
(b) Address 3001 Christopher Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

(a) Funeral director Leonard Lucke
(b) Address 5305 Harford Rd

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1940, at 10.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feby 4 1938 to June 14 1940 and that I last saw h alive on June 14 1940

Immediate cause of death Cirrhosis Liver (Ascites) — Duration Feby 4 1938

Due to over

Due to

Other Conditions Chronic Myocarditis — Duration Several Years.

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Morris B. Green M.D.
Address 3009 Eutaw Pl Date signed 6/17/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

70291

CERTIFICATE OF DEATH

158

F 70291

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto Gen'l Hosp 24-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David Schultz

If U. S. Veteran specify WAR

(a) Residence: No. 216 E. Cross St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) November 21, 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6 7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John A. Schultz Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Edith May Baker

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT John A. Schultz Sr (Father)

(Address) 216 E Cross.

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Cem. Date July 1 1940

19. UNDERTAKER Margaret G. Flynn

(Address) 1428 Light St.

20. FILED JUN 17 1940 19 Harrington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from 6/16/40, 19... to 6/16/40, 19...

I last saw him alive on 6/16/40, 19... Death is said to have occurred on the date stated above, at 6 45 A.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Malnutrition	2
Cachexia	
Dehydration	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Philip W. Keister M. D.

(Address) S. Balto. Gen'l Hosp.

OCCUPATION is very important. See instructions on back of certificate.

54872--FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-B Registered No. F 70292

F 70292

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo26days.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 602 W. Montgomery St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Edward Sanders

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1-17-1925

8. AGE: Years	Months	Days	If less than one day
15	4	28	..... hr. ..... min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation school boy
11. Industry or business

FATHER
12. Name William
13. Birthplace S.C.

MOTHER
14. Maiden Name Carrie Adams
15. Birthplace S.C.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 6 19 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemty
Location Balto.
18 (a) Funeral director Walter B. Spriggs
(b) Address 139 W. Lanvale St.
19 (a) JUN 17 1940 (b) ..... Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1940, at 11:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1940, to June 15 1940, and that I last saw him alive on June 15 1940.

Immediate cause of death	Duration
Rheumatic Heart Disease	2 years
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. Murray Latimer M. D.
Address Balto City Hosp. Date signed 6-16-40

70293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 70293 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3439 Kenyon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3439 Kenyon Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

26 3

3 (a) FULL NAME William M Zentgraf

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	marred

6 (b) Name of husband or wife Alice A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25-1890

8. AGE: Years	Months	Days	If less than one day
49	12	20	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation
11. Industry or business Barber

FATHER
12. Name Louis A. Zentgraf
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Kuhl
15. Birthplace Md

16 (a) Informant Alice A Zentgraf
(b) Address 3439 Kenyon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Leonard J Lucas
(b) Address 5305 Harford Rd

19 (a) JUN 17 1940 (Date received by registrar) Huntington Williams M.D. (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-15-1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/15/1939 to 6/15/1940 and that I last saw h alive on 19

Immediate cause of death
Carcinoma of Stomach
Due to

Due to

Other Conditions Perforated Stomach 4/18/40
(Include pregnancy within 3 months of death)

Major findings:
Of operations Perforated gastric ulcer
Of autopsy

Duration
Abt 7 mo.
4/18/40

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Theodore H. Morrison M.D.
Address 1013 N. Charles St Date signed 6/17/40

56599 - KB

F 70294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74a

Registered No. F 70294

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 609 N. Payson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William A. Parkhill

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 212-05-9638

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Nora

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/21/1877

8. AGE: Years 63 | Months 3 | Days 25 | If less than one day hr. min.

9. Birthplace Delaware (Town, county, and state)

10. Usual Occupation Hatter

11. Industry or business ?

FATHER
12. Name Maurice Parkhill (dead)
13. Birthplace Delaware

MOTHER
14. Maiden Name Laura ? (dead)
15. Birthplace Delaware

16 (a) Informant Records.
(b) Address B.C.H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/40 (month) (day) (year)
(c) Cemetery or crematory Evergreen
Location Sterling Rd

18 (a) Funeral director Welhorn
(b) Address 12 W. Saratoga St

19 JUN 17 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1940, at 12:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1940, to June 16 1940, and that I last saw h.... alive on June 16 1940.

Immediate cause of death: Chronic lymphoid leukemia — Duration: 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Luckett M. D.
Address Balto City Hosp Date signed 6-16-40

70295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

Registered No. 70295

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 732 Towers St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nettie Meyers

3 (b) If veteran, name war: No
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife George W
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 23 - 1874

8. AGE: Years	Months	Days	If less than one day
66	3	23	hr. min.

9. Birthplace Maryland (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Gilmore
13. Birthplace

MOTHER
14. Maiden Name Malinda Moore
15. Birthplace Md

16 (a) Informant Mrs Leo Wiegel
(b) Address 2010 Ridgefield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

19 (a) JUN 17 1940 (Local registrar) (b) Date received Huntington Williams M.D. (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/16 1940 at 7:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/16 19 to 6/16 1940, and that I last saw h[illegible] alive on 6/16 1940.

Immediate cause of death	Duration
(a) Cerebral Thrombosis	
Due to (b) Arteriosclerotic C.V.D.	1937
Due to (c) Bronchial Asthma	25 years
Due to (d)	
Other Conditions Cholelithiasis - Obstruction Common Duct	Sept 1937

(Include pregnancy within 3 months of death)

Major findings:
Of operations Hepatitis.
Of autopsy Stone in Common Duct

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jas G Emerson
Address Univ Hosp Date signed 6/16/40
Howard S. Williams M.D.

F 70296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 70296

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford Rd & Herring Run
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 515 Wyeth St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillian Bunch

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, ~~married, widowed, or~~ divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec, 13, 1939

8. AGE: Years | Months 6 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wm. H. Bunch, Jr.
13. Birthplace Maryland

MOTHER
14. Maiden Name Edna Tindle
15. Birthplace Nebraska

16 (a) Informant Mother
(b) Address 515 Wyeth St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/18/40 (month) (day) (year)
(c) ~~Cemetery or crematory~~ Oak Lawn
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1219 St. Paul St

19 [illegible] JUN 17 1940 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1940, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/13 1940 to 6/16 1940, and that I last saw h[illegible] alive on 6/16 1940.

Immediate cause of death: Pneumonia — Duration: 5 days

Due to: Staphylococcus

Due to:

Other Conditions: — Duration: own

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mat Baum, M.D.
Address Sydenham Hosp. Date signed 6/14/40

F 70297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 70297

Correct age in carefully important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Levindale Hebrew Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5104 Queensberry Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose Resnick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Isaac Resnick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Edel Snyder
13. Birthplace Russia

MOTHER
14. Maiden Name Bessie Cohen
15. Birthplace Russia

16 (a) Informant Mary Goldstein D.
(b) Address 5104 Queensberry Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philpot + Hamilton Ave

18 (a) Funeral director Jos. Lang & Sons
(b) Address 1432 E. Baltimore St

JUN 17 1940 (Date rec'd by registrar)

Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1940 at 9:20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Bronchial Asthma / Pollen Sensitivity	
Due to: Coronary arteriosclerosis with myocardial	
Due to: Coarctation & failure	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. B. Vandersall M.D. (Medical Examiner)

Date signed 6/17/40

F 70298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13-B

Registered No. F 70298

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1101 E. Federal St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 E. Federal St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Zeller

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	married

6 (b) Name of husband or wife Mary Rose
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22, 1888

8. AGE: Years	Months	Days	If less than one day
52	2	24	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Paper Cutter
11. Industry or business Wholesale House

FATHER
12. Name Joseph F. Zeller
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Emma Eckardt
15. Birthplace Baltimore, Maryland

16 (a) Informant Mary Rose Zeller
(b) Address 1101 E. Federal St.

17 (a) Holy Redeemer (b) Date thereof June 20 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md.

18 (a) Funeral director Leonard J. Rusk
(b) Address 2602 Harford Rd.

JUN 17 1940
(Date rec'd by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1940, at 11:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 17, 1940, to June 16 1940, and that I last saw him alive on June 16 1940.

Immediate cause of death Chronic Pulmonary Tuberculosis — Duration 2 yrs.
Due to
Due to
Other Conditions Bronchopneumonia — 2 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel B. Wolfe M. D.
Address 1331 E. North Ave. Date signed

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70299 — CERTIFICATE OF DEATH — F 70299

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) W. Balt. Gen'l Hospital Ward 20

Length of residence in city or town where death occurred 65 yrs. 5 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Charles Bailes — If U. S. Veteran specify WWI

(a) Residence: No. 2708 W. Balt St., S. S. No. 217-05-1437

(Usual place of abode) Ward ... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillian Bailes

6. DATE OF BIRTH (month, day, year) June 8 - [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Louis Bailes

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Weisman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Charles L. Bailes Jr.

(Address) 530 Hanley ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 19, 19 40

19. UNDERTAKER George L. Shehorst.

(Address) 2101 Fortunk ave.

20. FILED JUN 17 1940 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-16, 1940

22. I HEREBY CERTIFY, That I attended deceased from 5-31, 1940 to 6-16, 1940

I last saw him alive on 6-16, 1940 Death is said to have occurred on the date stated above, at 11 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial infarction	6-16-40
Cerebral hemorrhage	5-31-40

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) [illegible] M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

V8 8

F 70300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-W

Registered No. F 70300

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use no abbreviations. Make no erasures. Prepare in duplicate. Please answer all questions fully and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 447 Reed bird Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 447 Reed bird
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

25 V

3 (a) FULL NAME Elmer H. Dixon

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 218-812208

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Georgia M. Dixon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1899

8. AGE: Years	Months	Days	If less than one day
40	5	17	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER
12. Name Elmer H. Dixon
13. Birthplace Martinsburg W. Va

MOTHER
14. Maiden Name Catherine Van Meter
15. Birthplace Martinsburg W. Va

16 (a) Informant Catherine Dixon
(b) Address 447 Reed bird Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof June 19, 1940 (month) (day) (year)
(c) Cemetery or crematory Cyder Hill Cem
Location Brooklyn Md

18 (a) Funeral director Martin J. Gompers
(b) Address 182 Howard St.

19 (a) JUN 17 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1940, at 4:00 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Coronary Occlusion — Duration 10 min

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William D. Pelfrey M.D.
Medical Examiner.

Date signed 6/17/40

Investigator

F 70301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163rd Registered No. F 70301

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 26 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 723 S. Broadway Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Brzozowski

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-4842

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Genevieve

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 19 1908

8. AGE: Years	Months	Days	If less than one day: hr.	min.
31	6	26		

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER 12. Name Wladyslaus Brzozowski

13. Birthplace Poland

MOTHER 14. Maiden Name Josefa Przyborowska

15. Birthplace Poland

16 (a) Informant Mrs. Josefa Brzozowski Mother

(b) Address 708 S. Rose Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/40 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary (Catholic)

Location Balto. County

18 (a) Funeral director John M. Wilson

(b) Address 401 S. Chester Street

19 (Signature of local registrar) Huntington Williams, M.D.

JUN 17 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-15- 1940, at 5.20 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an before death and during thereon and from the evidence (Autopsy or Inquiry)
obtained by said before death and during (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
(a) Hemorrhage	8 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 6-7-40
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? no (Specify type of place)
(e) Means of injury Inhalat. of gas, asphyxiation

23. Signature Howard J. Thomas M.D. Medical Examiner.
Date signed 6-15-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

70302 380902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X Gha F 70302 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 Dys
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Bel Air
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rt #2
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas Debrular

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Ida
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-10-84

8. AGE: Years 55 | Months 10 | Days | If less than one day hr. min.

9. Birthplace Md. (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Edgar Debrular
13. Birthplace Md

MOTHER
14. Maiden Name Emma Delavan
15. Birthplace Md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/40 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Emmorton. Md

18 (a) Funeral director Howard K Mebons
(b) Address Abingdon. Md

19 (a) (Date received by registrar) (b) Hunter Stroll Williams M.D.

JUN 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1940 at 4:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1940 to June 17 1940 and that I last saw him alive on June 17 1940.

Immediate cause of death: Coronary Occlusion — Duration: 3 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Permission Refused

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos M Brown M. D.
Address JOHNS HOPKINS HOSPITAL Date signed 6-17-40

70303 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 70303

CERTIFICATE OF DEATH 61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 251 E. Hamburg St. 2403 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U. S. If of foreign birth? ? yrs. ? mos. ? ds.

2. FULL NAME Elizabeth F Loid. If U. S. Veteran specify WAR _____

(a) Residence: No. 251 E. Hamburg St., Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank F Loid.

6. DATE OF BIRTH (month, day, year) Jan 13 1867

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
73	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Andrew Wirth

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Barbara ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs Margt Fiotist

(Address) 251 E. Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL

Holy Cross Cem. June 19 1940

19. UNDERTAKER Bernard E Hale

(Address) 121 E West St

20. FILED JUN 18 1940 By Washington William Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 2 1939 to June 16 1940

That saw ___ alive on June 16 1940 Death is said to have occurred on the date stated above, at 9.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1 yr.
Other contributory causes of importance:	
Arteriosclerosis	1 yr.
Hypertension	1 yr.

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) C S Whelette M. D.

(Address) 1229 Williams St

V9 3

8/3

70304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V/17-B

F 70304

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 69 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2130 Maisel St., Balto. Md.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

25-3

3 (a) FULL NAME Jacob Heideger

3 (b) If veteran, name war: SAW

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Hattie Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1871

8. AGE: Years 69 | Months 2 | Days 9 | If less than one day: hr. min.

9. Birthplace Beaver County, Pennsylvania
(Town, county, and state)

10. Usual Occupation Truck Driver-20 years ago.

11. Industry or business City

FATHER
12. Name Charles Heideger
13. Birthplace Unknown

MOTHER
14. Maiden Name Catherine Vogt
15. Birthplace Pennsylvania

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18-40 (month) (day) (year)
(c) Cemetery or crematory National
Location Balto

18 (a) Funeral director Jos. L. Stegerson
(b) Address 30 N. Eutaw Ave.

19 JUN 18 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15, 1940 /11/ at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 14, 1940, to June 15, 1940, and that I last saw him alive on June 15, 1940.

Immediate cause of death: Intestinal Hemorrhage — Duration: 2 Days.

Due to: Duodenal Ulcer — Duration: Unknown

Due to — Duration:

Other Conditions — Duration:

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operations
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature O. E. Denney, M. D.
Address U.S. Marine Hospital, Baltimore, Maryland. Date signed 6/17/40

F 70305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

195-E F 70305

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 42 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town give COUNTY and give town)
(d) Street 2524 Orleans St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary B. Dorbert
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife George
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 24 70

8. AGE: Years 69 | Months 9 | Days 21 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER 12. Name Not Known
13. Birthplace Germany

MOTHER 14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant George Dorbert
(b) Address 1310 Milton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19-40 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Balto

18 (a) Funeral director Jos J Steer
(b) Address 3601 Kentucky ave

19 (a) [illegible] (b) Huntington West Virginia

JUN 18 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1940 at 11 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration
Fracture, left femur
Diabetes Mellitus
Heart
Hemiplegia Uraemia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5/14/40
(c) Where did injury occur? 2524 Orleans St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Worked on dresser fell on her

23. Signature [illegible] M.D. Medical Examiner
Date signed 6/16/40

(OVER)

70306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146-F F 70306 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2706 Manhattan Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 77

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2706 Manhattan Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

29 19

3 (a) FULL NAME Ada Marion Wing.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Capt. W. C. Wing, U.S. Army.
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct 2-1862

8. AGE: Years	Months	Days	If less than one day
77	8	23	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Lorenzo Wright
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Hall
15. Birthplace Md

16 (a) Informant Raymond R. Wing,
(b) Address 2706 Manhattan Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director John Ufford
(b) Address 2008 Gilmore

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

JUN 18 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1940, at 11 40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 27 1939, to June 15 1940, and that I last saw her alive on June 15 1940

Immediate cause of death	Duration
Carcinoma Biliary tract	8 mos ?
Due to Intestinal obstruction	2 days
Due to	
Other Conditions Arteriosclerosis anemia	10 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature Wilson Poulson M. D.
Address 2911 Barrison Blvd Date signed June 15-40

F 70307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 70307 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1819 Edmondson Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 73 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1819 Edmondson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillie M. Berry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Walter A. Berry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10th 1867

8. AGE: Years	Months	Days	If less than one day
23	1	6	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Wm C. Forney
13. Birthplace Md

MOTHER
14. Maiden Name Amelia Rochester
15. Birthplace Md

16 (a) Informant Mrs Geo Eck
(b) Address 3804 Norfolk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 800 E Fayette

19 (a) (Date rec'd by registrar) (b) Registrar for Baltimore City

JUN 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1940 at 11 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1939 to June 1940
and that I last saw her alive on 6/16 1940.

Immediate cause of death	Duration
(a) Uremia	2 days
Due to (b) Cardio-vascular Arterio Sclerosis	
Due to (c) Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 2710 Liberty Hts. Date signed 6/17/40 W/D

70308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-0 Registered No. F 70308

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1412 N Lakewood Ave
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1412 N Lakewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Theresa Rom

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Milton Rowe
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Aug 1 1877

8. AGE: Years: 62 | Months: 7 | Days: 29 | If less than one day: hr. min.

9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual Occupation: at Home
11. Industry or business: —

FATHER
12. Name: John Smith
13. Birthplace: Baltimore Md

MOTHER
14. Maiden Name: Louise Baldus
15. Birthplace: Baltimore Md

16 (a) Informant: Mrs Mina Thompson daughter
(b) Address: 1412 N Lakewood

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof: July 18-40 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: Baltimore Md

18 (a) Funeral director: STEWART & MOWEN COMPANY
(b) Address: (W. F. MOWEN SUC.) 100 W. NORTH AVENUE

19 (a) (b) [illegible] Registrar

JUN 18 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1940, at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1937 to June 14 1940, and that I last saw h[illegible] alive on June 14 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration: 8 hrs.
Due to: Chronic Interstitial Nephritis — 3 years.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: no
Of autopsy: none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: [illegible] M. D.
Address: 4810 Belair Rd Date signed: June 17 40

PHYSICIAN
Underline the cause to which death should be charged statistically.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

70309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-3

F 70309 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto Gen. Hosp. P.O.A.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A. Co.
(c) City or town Severn Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. Severn Md. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Melvin James Raymon

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
18			hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Joseph D. Raymon
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Helen Reid
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Helen Raymon
(b) Address Severn Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18-1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location North Ave.

18 (a) Funeral director Henry Wocelka & Sons Inc
(b) Address 1301 E. Eager St

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1940, at 5:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Rheumatic endocarditis	
& Mitral valve insuff.	
Due to insufficiency	
Due to Rheumatic Myocarditis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. P. Blandecraft M.D. Medical Examiner.
Date signed 6/16/40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

70310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 70310

Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
Maryland Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DD 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 405 Hanover St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HANNAH SWANN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Widow

6 (b) Name of husband or wife John Swann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Madison Co. Va
(Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name Tuber Johnson
13. Birthplace Va

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Bruce T. Reeder
(b) Address 460 O St N.W. Wash D.C.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location D.C.
18 (a) Funeral director Capper & Sanders
(b) Address 141 2. E. Preston St
19 (a) [illegible] (b) Huntington Williams M.D.

JUN 18 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1940, at 1 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to

Due to

Other Conditions nil

(Include pregnancy within 3 months of death)

Major findings:
Of operations nil

Of autopsy nil

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 6-13-40

70311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 D

F 70311 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 203 E. North Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

17-5

3 (a) FULL NAME James McClellan Adams

3 (b) If veteran, name war WW

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Loretta Wolfe
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) July 23, 1893

8. AGE: Years	Months	Days	If less than one day
46	10	23	hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation Gas Station Attendant
11. Industry or business Self

FATHER
12. Name James R. Adams
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Alice H. Bonnett
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19, 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Baltimore Co., Md.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) JUN 18 1940 (Date rec'd by registrar) (b) Filed by [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16, 1940, at 4:05PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 31, 1940, to June 16, 1940, and that I last saw him alive on June 16, 1940.

Immediate cause of death	Duration
Valvular heart disease	Unknown
Due to	
Due to	
Other Conditions Arteriosclerosis, Gen. Myocardial degeneration (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations No operations
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O. E. Denney
Address U.S.Marine Hospital, Date signed 6/17/40

Baltimore, Maryland.

70312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-D Registered No. F 70312

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3101 N. Calvert St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? - years

3 (a) FULL NAME Henry Ward Reinhard

3 (b) If veteran, name war -

3 (c) Social Security Account No. 215-10-6117

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife -

6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Sept 11, 1916

8. AGE: Years	Months	Days	If less than one day: hr.	min.
23	9	5		

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Brunswick Bowling supply
11. Industry or business

FATHER
12. Name Henry F. Reinhard
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Annie S. Abbert
15. Birthplace Baltimore Md

16 (a) Informant Mr Henry F Reinhard
(b) Address 1730 E. Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/40. (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Frederick Rd

18 (a) Funeral director J. Heinmueller
(b) Address 32 S. Broadway

19 (a) JUN 18 1940 (b) Huntingdon Pennsylvania

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-16- 1940, at 6:00 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death
Uremia -
Toxemia -
Due to Acute Nephrosis
Due to Edema + Congestion of lungs.
Other Conditions Marantic + Bronchitis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy as above

Duration
Autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 6-5-40
(c) Where did injury occur? above address
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? No
(Specify type of place)
(e) Means of injury 6 Bi Chl. 2 Mercury Tablets

23. Signature Howard J. Anderson M.D.
Medical Examiner.
Date signed 6-17-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V48-8

F 70313 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1106 Sharp St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 Sharp St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

23-1

3 (a) FULL NAME Sarah E. Roberts

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife Solomon Roberts
6 (c) If alive, give age 6 — years

7. Birth date of deceased (mo., day, yr.) Dec 15 1884

8. AGE: Years 55 | Months 6 | Days 7 | If less than one day — hr. — min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business —

FATHER
12. Name Alfred Reynolds
13. Birthplace Va.

MOTHER
14. Maiden Name Susie Chamberlain
15. Birthplace Va

16 (a) Informant Opal Montague
(b) Address 1106 Sharp St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A.A. County Md

18 (a) Funeral director Isaiah C Brown Son
(b) Address 1086 Montgomery St

(Date received by registrar) JUN 18 1940 (b) Huntingtown Calvert Co MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1940, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940, to June 15 1940, and that I last saw h alive on June 15 1940.

Immediate cause of death

Carcinoma of Uterus

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: about 3 mo

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D H Carroll M. D.
Address 941 Warren Date signed 6/17/40

F 70314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70314 Registered No. 1131-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 306 S. Poppleton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 306 S Poppleton St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gertrude B Durkin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Edward F Durkin

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) March 30 1897

8. AGE: Years	Months	Days	If less than one day
43	2	17	hr. 16 min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation house wife

11. Industry or business at home

FATHER
12. Name Owen C. McLaughlin
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret O Malley
15. Birthplace Ireland

16 (a) Informant Mr Edward F. Durkin
(b) Address 306 S. Poppleton St

17 (a) burial (b) Date thereof 6/19/1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director John J Cowan & Son
(b) Address 26 Hollins St

19 (a) JUN 18 1940 (b) Huntington Maryland
(Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16th 1940, at 8.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1 1940 to 6/16 1940, and that I last saw him alive on 6/16 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage.	8 Days
Due to Hypertension.	
Due to Uremia Nephritis & Arteriosclerosis	6 mo.
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos J McKenna M. D.
Address 888 W Lafayette Ave Date signed 6/19/1940

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

38/353 F 70315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70315 Registered No. 765-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument + Broadway
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ✓
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 931 St. Paul St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Matilda Markle

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Robert
6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) 5-15-10

8. AGE: Years	Months	Days	If less than one day
30 28	1	2	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At home

FATHER
12. Name William C Lempa
13. Birthplace Russia

MOTHER
14. Maiden Name Catherine Zoleman
15. Birthplace Md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location 4300 Old Frederick Rd.

18 (a) Funeral director John J Cowan & Son
(b) Address 901 St Paul Street, Washington Boulevard

19 (a) JUN 18 1940 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1940 at 11 25 a M

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1940 to June 17 1940 and that I last saw her alive on June 17 1940.

Immediate cause of death Anuria
Hemolytic Streptococcus
Pharyngitis
Due to, or as a consequence of: infection with
B Strep. hemolytic
Due to, or as a consequence of:
Other Conditions Adherent Pericard
Bronchopneumonia
(Include pregnancy within 3 months of death)

Duration
7 days
3 years

Major findings:
Of operations
Of autopsy Adherent Pericard, Pneumonia

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James H. Haviland
Address Johns Hopkins Hospital Date signed 6-17-40

VS 3

Please write plainly; physicians: please write the causes of death clearly and legibly.

F 70316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70316 Registered No. 186-a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2513 W. Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John E Wells

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Caroline Wells
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 10, 1852

8. AGE: Years	Months	Days	If less than one day
87	9	7	hr. min.

9. Birthplace Anne Arundel Co (Town, county, and state)
10. Usual Occupation Retired farmer
11. Industry or business

FATHER
12. Name ? Wells
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Md

16 (a) Informant Gordon Wells (son)
(b) Address 3336 Old Frederick Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20-1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director George L. Schwab
(b) Address 2101 Frederick Ave Huntingtown Williams, M.D.

19 (a) JUN 18 1940 (b) (Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1940 at 7 42 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture shaft left femur — Duration: 1 hour
Due to: Subdural hemorrhage
Due to:
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Accident
(b) Date of occurrence 6/17/40
(c) Where did injury occur? In front 2513 W. Lombard St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Slipped on sidewalk

23. Signature W. B. Anderson M.D. Medical Examiner.
Date signed 6/18/40

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

70317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70317 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3005 GIBBONS AVE.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 82 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County —
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3005 GIBBONS AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME GEORGE PHILLIP STAUDENMAYER

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	SINGLE

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) DEC. 22, 1857

8. AGE: Years	Months	Days	If less than one day
82	5	24	— hr. — min.

9. Birthplace BALTIMORE CITY (Town, county, and state)

10. Usual Occupation RETIRED

11. Industry or business TRUCK FARMER

FATHER
12. Name JOHN J. STAUDENMAYER
13. Birthplace GERMANY

MOTHER
14. Maiden Name A. MARY STAUDENMAYER
15. Birthplace GERMANY

16 (a) Informant MARY L.C. BOWMAN
(b) Address 3005 GIBBONS AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/19/40 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location FREDERICK AVE

18 (a) Funeral director Walter Burdette Bradley
(b) Address 1922 W. North Ave.

19 (a) (Date filed by Registrar) (b) JUN 18 1940 Registrar

Registered in Permanent Records, Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1940, at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1940 to June 16 1940, and that I last saw h— alive on June 16 1940.

Immediate cause of death	Duration
Aortic Insufficiency	
Due to Senility	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Lee Staples M. D.
Address 936 E. Balto Date signed 6-18-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V170-C

F 70318 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr 10 min
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4124 Walbrook Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph L. Quinn

3 (b) If veteran, name war —
3 (c) Social Security Account No. 214-01-2379

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 6 - 1917

8. AGE: Years	Months	Days	If less than one day
22	9	7 10	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Mngr
11. Industry or business Bowling Alley

FATHER
12. Name William F. Quinn
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Nellie Meehan
15. Birthplace England —

16 (a) Informant Mrs Nellie Quinn
(b) Address 4124 Walbrook Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 / 19 / 40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore City.

18 (a) Funeral director C. Vernon Lemmon
(b) Address 7611 Park Heights.

19. JUN 18 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 16 - 1940, at 9 20 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fractured Skull - base	
Due to	
Intra-cranial Hemorrhage	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6-16-40
(c) Where did injury occur? Balto (City or town) Co (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Falls Rd & Bellona Ave While at work? No (Specify type of place)
(e) Means of injury Auto. Struck over + thrown out of car

23. Signature Howard J. Thelen M.D. Medical Examiner.
Date signed 6-17-40

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 70319 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 525 Lewis St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 525 Lewis St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Sprewell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age 96 years

7. Birth date of deceased (mo., day, yr.) [illegible] 81

8. AGE: Years [illegible] Months 2 Days 27 If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name John Honeggy
13. Birthplace ?

MOTHER
14. Maiden Name Holland Sefton
15. Birthplace ?

16 (a) Informant [illegible] Hosp. Notary Pub
(b) Address Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jun 20-4 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Oc & Co Rd

18 (a) Funeral director Robert F. McGinnis
(b) Address 15-15 McElderry St

JUN 18 1940 (Date received by Registrar)

[illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1940, at 10 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death	Duration
Coronary arteriosclerosis with occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner

Date signed 6/14/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a

Registered No. F 70320

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address W. Fayette St

(c) Hospital or institution Our Saviours Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days 14

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street address 3339 S. Stricker St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. David H. Gerber

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 11-1861

8. AGE: Years 79 Months 5 Days 6 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired Carpenter

11. Industry or business

FATHER 12. Name Christian Gerber

13. Birthplace France

MOTHER 14. Maiden Name Ann Crotty

15. Birthplace Ireland

16 (a) Informant Margaret T. Roch

(b) Address 339 S. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20-40 (month) (day) (year)

(c) Cemetery or crematory St Vincents

Location Baltimore Md

18 (a) Funeral director Robt C. & B. M. Walters

(b) Address Pratt & Stricker Sts

19 (a) JUN 18 1940 (Date received by registrar) (b) Hunter Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-17 1940 at 6 40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-11 1940 to 6-17 1940 and that I last saw h i m alive on 6-16 1940

Immediate cause of death [redacted]

Due to Brights Disease

Due to arteriosclerosis

Other Conditions Strangulated inguinal Hernia

(Exclude pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration
4 days
4 yrs.
15 yrs.
5 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J M Callens M.D. M. D.

Address Bon Secours Hospital Date signed 6-17-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

70321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 70321 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2707 E. Chase St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

8-3

3 (a) FULL NAME (LELAND) MR LEALAND FEEHLEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mrs Meta Feehley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1, 1902

8. AGE: Years	Months	Days	If less than one day
37	10	16	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Cloth Cutter
11. Industry or business

FATHER
12. Name Michael Feehley
13. Birthplace Baltimore

MOTHER
14. Maiden Name Louie Smith
15. Birthplace Baltimore

16 (a) Informant META FEEHLEY (WIFE)
(b) Address 2707 E. CHASE ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 19/40 (month) (day) (year)
(c) Cemetery or crematory BALTIMORE
Location END OF E. NORTH AVE.

18 (a) Funeral director Lilly + Zeiler INC.
(b) Address 403 S. WOLFE ST. Huntington Williams, Mgr

19 (Date rec'd by registrar) (Registrar)

VS 2 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1940, at 12:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1940, to June 16 1940, and that I last saw him alive on June 16 1940.

	Duration
Immediate cause of death: Acute Myocardial Failure	1 day
Due to: Mitral Stenosis on old Rheumatic C.V. Dis. basis	5 Yrs
Due to: Bilateral Atypical Lobular Pneumonia (Type I Pneumococcus)	8 days
Other Conditions: (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John F. Coolahan M. D.
Address Church Home + Infirmary Date signed 6-16-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

70322
381396

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

77-a

F 70322
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 126 S. Bethel (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herbert Foote

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-24-11

8. AGE: Years	Months	Days	If less than one day
28	6	21	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation LABORER
11. Industry or business

FATHER
12. Name Buster Foote
13. Birthplace Md

MOTHER
14. Maiden Name Annie Payne
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 6 19 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem
Location Baltimore Md
18 (a) Funeral director Walter B. Sapp
(b) Address 139 W. Hamburg St.
19 (a) (Date received) (b) Registrar

JUN 18 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1940, at 2:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1940, to June 15 1940, and that I last saw him alive on June 15 1940.

Immediate cause of death Heart failure;
Due to vascular collapse, with shock;
Due to pneumonia, fellagra, delirium tremens of alcoholism.
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy pneumonia; fellagra; [illegible]

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Cecil Drury M. D.
Address J. Hopkins Hosp Date signed 6-15-40

Write age in capitals. Physicians: please write the causes of death clearly and legibly.

F 70323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 70323

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore 2212 Chelsea
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2212 Chelsea Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Mollie F Coy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex femal | 5. Color or race White | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Harry F Coy

6 (c) If alive, give age yrs. years

7. Birth date of deceased (mo., day, yr.) Sept 16 1868

8. AGE: Years 71 | Months 9 | Days 0 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Clay F Friedrich
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary E McMillian
15. Birthplace Md.

16 (a) Informant Harry F Coy
(b) Address 2212 Chelsea Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18 1940 (Month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director John A Mitchell & Son
(b) Address 1900 Eutaw Place

19 (a) JUN 18 1940 (b) Registrar [illegible] Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1940, at 12 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 27 1924 to June 16 1940, and that I last saw her alive on June 15 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 6 days

Due to

Due to

Other Conditions Paralysis agitans for 16 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations NO
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A Coan M. D.
Address 6 E Lexington St Date signed

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The exact cause of death, with contributing [illegible], and all information should be carefully supplied. The

M. D. R. 1268-9

70324 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 70324

CERTIFICATE OF DEATH

61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3625 Fairview Ave St. 15-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 6 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stella May Bull

(a) Residence: No. 3625 Fairview Ave St., Ward,

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Irving Bull

6. DATE OF BIRTH (month, day, year): Nov. 15 1867

7. AGE: Years 72 | Months 6 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: John Hood

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary E. Smith

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Irving Bull

(Address) 3625 Fairview ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Mem. Date June 19 1940

19. UNDERTAKER: John Mitchell Sons

(Address) 1900 Eutaw Place

FILED JUN 18 1940 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1940 to June 16 1940

I last saw h[illegible] alive on June 16 1940 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio vascular disease	15 years
Pulmonary Edema	June 7, 40
Other contributory causes of importance: Diabetes mellitus	5 years

Name of operation None Date of

What test confirmed diagnosis? Physical Signs Was there an autopsy? no

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) William J. Sullivan M. D.

(Address) 2911 Harrison Blvd.

F

INFORMATION ASKED FOR ON THIS CERTIFICATE IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

56519 - RB

F 70325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 70325

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35-40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 536 W. Biddle St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Williams Edward Holman

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-1526

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married - Sep

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1872

8. AGE: Years	Months	Days	If less than one day
68	0	12	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Stable work - Bond Bakery

11. Industry or business Unemployed 2 years

FATHER
12. Name ? ?
13. Birthplace ?

MOTHER
14. Maiden Name Mary Jane ?
15. Birthplace

16 (a) Informant Records - B.C.H.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Robert F. Young
(b) Address 604 W. Caroline St

19 (a) (b) Huntington Williams M.D.

JUN 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1940, at 8 40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1940, to June 17 1940, and that I last saw him alive on June 17 1940.

Immediate cause of death: Hypertensive cardiovascular disease — Duration unknown

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Murray Hebstein M. D.
Address Balto City Hosp. Date signed 6-17-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

56565 FD

70326

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

160-a F 70326 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9hr 15min.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 N. Gilmor St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Russell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-13-40

8. AGE: Years	Months	Days	If less than one day
			9 hr. 15 min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Nacon Smith
13. Birthplace Balto.

MOTHER
14. Maiden Name Vimara Russell
15. Birthplace Mass.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) cremation (Burial, cremation, or removal) (b) Date thereof 6-17-40 (month) (day) (year)
(c) Cemetery or crematory Balt. City Hosps.
Location 49 to Eastern Ave.

18 (a) Funeral director
(b) Address

19 (a) JUN 18 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1940 at 6 39 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1940 to June 14 1940 and that I last saw h alive on June 13 1940.

Immediate cause of death	Duration
Intra Cranial Hemmorhage	a
Due to	over
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. Lamar Dann M. D.
Address Balto City Hosp Date signed 6/15/40

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124B

Registered No. F 70327

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2908 Eoeyrne
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2908 Eoeyrne (If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Henry Rubl

3 (b) If veteran, name war: none
3 (c) Social Security Account No.:

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Henrietta M. Rubl
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 11 1867

8. AGE: Years 83 | Months 2 | Days 6 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county and state)

10. Usual Occupation Retired Real
11. Industry or business Estate Operator

FATHER
12. Name Conrad Rubl
13. Birthplace Germany

MOTHER
14. Maiden Name Marie Ramft
15. Birthplace Germany

16 (a) Informant Harry C. Rubl (son)
(b) Address 1 Heffelfinger Ct. Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18 40 (month) (day) (year)
(c) Cemetery or crematory Montclair Memorial
Location Baltimore Md

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. Kopper Suc.) 108 N. SOUTH AVENUE

19 (a) Filed JUN 18 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1940, at 8 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1940, to June 17 1940, and that I last saw him alive on June 17 1940.

Immediate cause of death: Biliary Cirrhosis —

Due to:

Due to:

Other Conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Cirrhosis of Liver

Duration: over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. B. Boyle M. D.
Address 309 Harford Rd Date signed 6/17/40

70328 F 70328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45-F

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 106 W University Pky
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 106 W University Pky
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Gustav Ferdinand Krug

3 (b) If veteran, name war none

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Matilda S. Krug.
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Feb 19 1874

8. AGE: Years	Months	Days	If less than one day
66	3	29	— hr. — min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Ornamental Iron
11. Industry or business Ornamental Iron

FATHER
12. Name Theo. F. Krug
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Elise A. Weise
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. G. F. Krug (wife)
(b) Address 106 W University Pky.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June-19-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Stewart Memorial Company
(b) Address 108 W Monument

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1940 at 10.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 20 1940 to June 17 1940, and that I last saw h alive on June 15 1940.

Immediate cause of death
Cardiac Syncope — Duration about 10 hrs
Due to Lymphosarcoma of Naso-Pharynx — Duration about 11 mos.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. Lebrun Ewell M. D.
Address 2945 St. Paul St Date signed June 18/40

F 70329

Wright

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-V

Registered No. F 70329

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga Sts
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 327 E. Lafayette ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

125

3 (a) FULL NAME Wm M. Wright

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-0366

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of ~~husband or wife~~ Mary M. Wright
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 21-1875

8. AGE: Years 64 | Months 8 | Days 25 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and State)

10. Usual Occupation Ticket Seller

11. Industry or business

FATHER 12. Name Jacob H. Wright
13. Birthplace Maryland

MOTHER 14. Maiden Name Priscilla Howard
15. Birthplace Maryland

16 (a) Informant Mrs Estelle Matthews
(b) Address Towson Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/40 (month) (day) (year)

(c) Cemetery or crematory Lorraine
Location

18 (a) Funeral director Chas B. Evans + Son Inc
(b) Address 118 W. Mt. Royal ave

19 (a) Filed JUN 18 1940 (Local registrar) (b) Hunter's Lane Millington Md

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-16- 1940, at 6.20 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest + Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquest + Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death

Due to Coronary Occlusion ;

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Andersen M.D.
Medical Examiner.
Date signed 6-17-40

This certificate, WHEN COMPLETELY AND CAREFULLY FILLED IN. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 70330

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give name)
(d) Street No. 710 S. Glover St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph A Jagodzinski
3 (b) If veteran, name war
3 (c) Social Security Account No. 216-05-4093

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Stella M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 4 1900

8. AGE: Years	Months	Days	If less than one day
39	7	12	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Gunthers Brewery &c

FATHER
12. Name Michael Jagodzinski
13. Birthplace Poland.

MOTHER
14. Maiden Name Catherine Soltysiak
15. Birthplace Poland.

16 (a) Informant Mrs. Stella M. Jagodzinski
(b) Address 710 S. Glover

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-46 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus Cem
Location Highlandtown

18 (a) Funeral director Stephen J. Fralpoustine
(b) Address 1000 S. Kenwood Ave

19 JUN 18 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1946, at 11:25 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and that said deceased came to death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration 5 min
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M.D. (Medical Examiner)
Date signed 6/17/46

70331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

57-V

F 70331 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 917 McCulloh St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 917 McCulloh St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pinkey Jones

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day ▲
50	—		hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 17 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JUN 18 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar
5694

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1940; at 8:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Thrombosis of Splenic Vein — Duration
Hydrocephalus
Due to Chr. Lung Tuberculosis

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place). While at work?
(e) Means of injury

23. Signature H. H. Vanderbilt M.D. Medical Examiner.
Date signed 6/6/40

WF 70332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a ✓ Registered No. F 70332

Every item of information should be carefully supplied. Please write the causes of death clearly and legibly. Physicians: please write WITH UNFADING INK. Entries must be made in permanent ink. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 28 So Mount St
(c) Hospital or institution: D. of A. Franklin Square Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street address 28 So Mount St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Francis Wilson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 17 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JUN 18 1940 (Date rec'd by registrar) No. 5695 Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1940 at 3.45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm H Vandersluis M.D. Medical Examiner.
Date signed 6/12/40

F 70333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 70333

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 210 Pearl St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jessie Jones (56000)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1900

8. AGE: Years	Months	Days	If less than one day
40			hr. min.

9. Birthplace Wash., D.C. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Fred Jones
13. Birthplace Va.

MOTHER
14. Maiden Name Hester Williams
15. Birthplace Va.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Annapolis Jct. Md

18 (a) Funeral director William A. Jackson
(b) Address 916 Pennsa. ave.

19 (a) JUN 18 '40 (Date received by registrar) (b) Thurlington Williams M. D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14, 1940, at 10:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 27, 1940, to June 14, 1940, and that I last saw h alive on 19

Immediate cause of death: Tuberculosis of the lungs — Duration: Dec 1939

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Thurlington Williams M. D.
Address Balto. City Hospitals Date signed 6-14-40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

168 Registered No. F 70334

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 850 South Bond St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MIKE MELASOBICH

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 17 1940
Commissioner of Health

18 (a) Funeral director
(b) Address Per H. A. Moore

19 (a) JUN 18 1940 (b) Huntington Williams M.D. Registrar
(Date received by registrar) 5696

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1940 at 8:20 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Laceration, brain — Duration
Due to Fracture of skull
Due to
Other Conditions nil
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence June 3, 1940
(c) Where did injury occur? Saloon 852 S. Bond St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Place (Specify type of place) While at work?
(e) Means of injury struck by wooden mallet

23. Signature Frank J. Di Pietro M.D.
Medical Examiner.
Date signed 6-3-40 ASP

F 70335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 70335

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4203 Raymar Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Liza A. Runk

3 (b) If veteran, name war

3 (c) Social Security Account No. ? None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1864

8. AGE: Years 76 | Months 2 | Days 8 | If less than one day hr. min.

9. Birthplace Penn.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Adam Diehl
13. Birthplace Penn.

MOTHER
14. Maiden Name Barbara Butt
15. Birthplace Germany

16 (a) Informant Records George Runk 4203 Raymar Ave
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20 1940 (month) (day) (year)

(c) Cemetery or crematory Woodland Park Cemetery
Location Taylor Ave

18 (a) Funeral director Howard W. Bosley Jr
(b) Address 4914 Belair Road Milwaukee, M[illegible]

19 (a) (b) Registrar

JUN 18 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-18- 1940, at 5 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-17- 1940, to 6-18- 1940, and that I last saw h[illegible] alive on 6-18- 1940.

Immediate cause of death Cardiac failure — Duration ?

Due to Arteriosclerotic H. Dis. — ?

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Waghelstein M. D.
Address Balto City Hosp. Date signed 6-18-40

Please write plainly. Ditto marks or abbreviations should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

OK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

70336 — 56221 — 83 a — Registered No. F 70336

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1525 McCulloh St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Annie Herndon

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878 or 1879

8. AGE: Years 61(?) Months ? Days ? If less than one day hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 17 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JUN 18 1940 (Date received by Registrar) Hunter Van Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1940, at 5:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1940, to June 8 1940; and that I last saw h[illegible] alive on June 8 1940.

Immediate cause of death: Cerebral hemorrhage — Duration: 6 days.

Due to:

Due to:

Other Conditions Generalized arteriosclerosis — unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emerson Lebolein M. D.
Address Balto City Hosp. Date signed 6-25-40

Please PRINT, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

70337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 70337 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) St. and No. 1500 N. Eden St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Brooks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6 17 40

8. AGE: Years	Months	Days	If less than one day
			5 hr. 55 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Robert Brooks
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Evelyn Keating
15. Birthplace Balto. Md.

16 (a) Informant Mrs Brooks
(b) Address 1500 N. Eden St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 17 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JUN 18 1940 Huntington Williams, M.D. Registrar 5698

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-17-1940, at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-12-1940, to 6-17-1940 and that I last saw H.L.M. alive on 6-17-1940.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J King B E Seeger M.D.
Address University Hospital Date signed 6-17-40

VS 2

F 70338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 F 70338 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edwood & Penn St.
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ——
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 935 Pierrest
(If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

3 (a) FULL NAME William Joseph Barnes

3 (b) If veteran, name war ——

3 (c) Social Security Account No. ——

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	——

6 (b) Name of husband or wife ——

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-29-40

8. AGE: Years	Months	Days	If less than one day
		16	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation ——

11. Industry or business ——

FATHER 12. Name John Turnstall
13. Birthplace Maryland

MOTHER 14. Maiden Name Daisy Barnes
15. Birthplace North Carolina

16 (a) Informant Daisy Barnes
(b) Address 935 Pierrest.

17 (a) ——
(Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 17 1940

18 (a) Funeral director Commissioner [illegible]
(b) Address Per H. A. Moore

19 (a) JUN 18 1940 Huntington Williams M.D.
Registrar

VS 8

F 5099

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-13-40 19 ..., at 1+P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-29 1940 to 6-13 1940, and that I last saw him alive on 6-13 1940.

Immediate cause of death Prematurity

Due to ——

Due to ——

Other Conditions Dehydration; malnutrition
(Include pregnancy within 3 months of death)

Major findings:
Of operations ——

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harris M Laughlen M. D.
Address University Hosp. Date signed 6-14-40

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46F

Registered No. F 70339

~~F~~ 70339

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 608 S.Linwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
Street No. 608 S.Linwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna M.Schroll

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Goerge Schroll

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22-1888

8. AGE: Years 51 | Months 11 | Days 26 25 | If less than one day ..... hr. ..... min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Goerge Fiedler
13. Birthplace Md.

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Christina A.Holland
(b) Address 601 S.Potomac St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director John A. Miller
(b) Address 233 W Jefferson St.

19 (c) JUN 18 1940 (Date rec'd by registrar) Washington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1940, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1940, to June 17 1940 and that I last saw her alive on June 17 1940.

Immediate cause of death: Carcinoma of Liver — Duration ?

Due to ?

Due to ?

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John L. Valentine M.D.
Address 21 N. Broadway Date signed 6/19/40

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-W

Registered No. F 70340

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4204 Wentworth Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4204 Wentworth Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James H. Lassell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/11/70

8. AGE: Years	Months	Days	If less than one day
70	3	5	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Insurance

11. Industry or business Amer. Credit Indemnity

FATHER
12. Name James T. Lassell
13. Birthplace Md.

MOTHER
14. Maiden Name Julia Ann Sanderson
15. Birthplace N. C.

16 (a) Informant Marietta L. Scott
(b) Address 4204 Wentworth Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemy.
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) JUN 18 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1939 to June 16 1940, and that I last saw him alive on June 16 1940.

Immediate cause of death Cerebral hemorrhage — Duration 1 day

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George McGrath

Address 2435 Maryland Ave. Date signed June 18 1940

F 70341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

55-B F 70341

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W B & Hosp. St. 14th W. Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Emma Davis.

If U. S. Veteran specify WAR

(a) Residence: No. 1506 Eutaw Pl. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): July 16 1867

7. AGE: Years 72; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Philadelphia Pa

FATHER

13. NAME: George Lippincott

14. BIRTHPLACE (city or town) (State or country): Philadelphia Pa.

MOTHER

15. MAIDEN NAME: Emma Beardsley

16. BIRTHPLACE (city or town) (State or country): Philadelphia Pa.

17. INFORMANT: Jas. H. Walker
(Address): 1506 Eutaw Place

18. BURIAL, CREMATION OR REMOVAL
Place: Lenwood Cem. Date: 6-21 1940

19. UNDERTAKER: J. M. Cruelly
(Address): 130 E. Fayette

20. JUN 18 1940 19 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-18-40.

22. I HEREBY CERTIFY, That I attended deceased from Apr. 30 1940 to June 18-40 19

I last saw h alive on 6-18-40 19 Death is said to have occurred on the date stated above, at 11:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Carcinoma of Lt Knee	
Other contributory causes of importance: Metastasis to Lungs.	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.

(Address)

VS 9

F 70342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-P-2 Registered No. F 70342

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 702 Kinston Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 Kinston Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

27-10

3 (a) FULL NAME Thomas Alvin Bell

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name ~~of husband~~ or wife Anna A.C. Bell
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 4, 1859

8. AGE: Years	Months	Days	If less than one day
81	1	14	13 hr. min.

9. Birthplace Glasgow, Va. (Town, county, and state)
10. Usual Occupation Plasterer
11. Industry or business

FATHER
12. Name Thomas A. Bell
13. Birthplace Pittsburg Pa.

MOTHER
14. Maiden Name Mary Ann Brooks Bell
15. Birthplace Pittsburgh, Pa.

16 (a) Informant Mrs. Anna Bell
(b) Address 702 Kinston Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Hope, Allegany Co. Pa.
Location

18 (a) Funeral director J. Linton Riedefeld
(b) Address 2222 Greenmount Ave

19 (a) JUN 18 1940 (Date received by registrar) Washington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17, 1940, at 10:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10 1940 to June 17 1940 and that I last saw h/~~im~~ alive on June 16 1940.

Immediate cause of death Myocardial Insufficiency — Duration 6 months

Due to Endocarditis — 5 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hart J. Berman M.D.
Address 5111 York Rd Date signed June 18 1940

F 70343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 70343 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4203 Elrode Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 8 Mo

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 4203 Elrode Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret E. Tull

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Henry C. Tull

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17th 1853

8. AGE: Years	Months	Days	If less than one day
87	2	0	hr. min.

9. Birthplace Kingston Md (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER

12. Name Wm H. Rooks

13. Birthplace Kingston Md.

MOTHER

14. Maiden Name Emma Adams

15. Birthplace Md.

16 (a) Informant Edith T. Parks

(b) Address 4203 Elrode Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/40 (month) (day) (year)

(c) Cemetery or crematory Family Burying Ground Location Near Church Va.

18 (a) Funeral director William Cook

(b) Address 1217 St. Paul St

JUN 19 1940 (Date received by Registrar) (b) Hunter H. Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17th 1940, at 5th P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1940 to June 17 1940 and that I last saw her alive on June 14 1940.

Immediate cause of death: Cerebral Hemorrhage.

Due to: Chronic Interstitial Nephritis Arterio Sclerosis

Due to: Nervous Cerebral Hemorrhage with Paralysis.

Other Conditions: (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: 14 days (?)

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James J. White M. D.

Address 5314 Harford Rd Date signed 6/18/40

70344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a F 70344 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 520 N. Curley St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 8 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) ~~Street No.~~ 520 N. Curley St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Catherine J. Kight

3 (b) If veteran, name war NO
3 (c) Social Security Account No. NONE

4. Sex Female
5. Color or race White
6 (a) ~~Single, married~~, widowed, ~~or divorced~~ Widowed
6 (b) Name of husband ~~or wife~~ Joshua Kight
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 25th 1859

8. AGE: Years 80 | Months 8 | Days 23 | If less than one day hr. min.

9. Birthplace Barton Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name (Unknown) McCullough
13. Birthplace Md

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Raymond S. Kight
(b) Address 520 N. Curley St
17 (a) Removal (~~Burial, cremation, or removal~~) (b) Date thereof 6/20/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Philos
Location Westernport Md.
18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St
19 (a) Filed (~~Date received by registrar~~) JUN 19 1940 (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18th 1940, at 8:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1940, to June 18 1940, and that I last saw h Ef alive on June 18 1940.

Immediate cause of death Bronco - Pneumonia — Duration June 16

Due to

Due to

Other Conditions Uremic Uraemia; Abdominal Hernia; Cholelithiasis — June 1939, 1919

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph F. Arenga M.D.
Address 209 S Chester Date signed 6/18/40

70345

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70345

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balt Gen Hosp) (Ward) 5-4

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Julian Black

If U. S. Veteran specify WAR World

(a) Residence: No. 3834 Brendalyn Ave St., Ward ... (If non-resident give city or town and State)

(Usual place of abode)

Ref. No. Social Security No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ... ...

6. DATE OF BIRTH (month, day, year) Feb 22nd 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City Fire Dept.

10. Date deceased last worked at this occupation (month and year) May 1940

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Howard A. Black

14. BIRTHPLACE (city or town) (State or country) Chester Pa

MOTHER

15. MAIDEN NAME Mary V. Valentine

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Bessie V. Porter

(Address) 908 Patapsco Ave

18. BURIAL, CREMATION, OR REMOVAL

Place U. S. National Date 6/20 1940

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

JUN 19 1940

19... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1940

22. I HEREBY CERTIFY, That I attended deceased from 6-9, 1940 to 6-17, 1940

I last saw him alive on 6-17, 1940 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid (Cause)	4-40
Metastasis to Liver	
Intestinal Lymphosarcoma	
Other contributory causes of importance	
Bronchopneumonia	6-16-40

Was an operation performed? Yes Date of 6-11-40

For what disease or injury? Carcinoma of sigmoid

Name of operation Resection of sigmoid

What test confirmed diagnosis? Surgical ... Was autopsy made? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Julian P. Urlevitz Jr. M. D.

(Address) South Balt Gen Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

70346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 191-N

F 70346 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland - University Hosp.
(b) Street address Redwood & Greene Sts
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) v

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town Richwood
(If outside city or town limits, write RURAL and give town)
Street No. 126 Riverside Drive
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FrankMontrose

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: No

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 9, 1919

8. AGE: Years 21 | Months 2 | Days 10 | If less than one day hr. min.

9. Birthplace Westover, Pa. (Town, county, and state)

10. Usual Occupation School, College

11. Industry or business

FATHER
12. Name Dominic Montrose
13. Birthplace Itily

MOTHER
14. Maiden Name Tresa Girondo
15. Birthplace Itily

16 (a) Informant Theresa Montrose
(b) Address 126 Riverside Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/40. (month) (day) (year)
(c) Cemetery or crematory Holy Family
Location Richwood, W. Va.

18 (a) Funeral director Frederick A. Poling
(b) Address 1200 W. Lombard St.

19 (a) JUN 19 1940 (Registrar) (b) Huntington, W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19th 1940, at 1:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 18th 1940 to June 19 1940, and that I last saw him alive on June 19 1940.

Immediate cause of death: Acute uremia — Duration 1 hr 40?

Due to Hypertensive Cardiovascular Renal disease. ?

Due to

Other Conditions Lymphoedema left side of face and neck.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph E. Muse Jr. M. D.
Address University Hosp. Baltimore Md. Date signed 6-19-40

F 70347

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92-D

F 70347 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D. A. Franklin Square Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1405 So Monroe St
(If outside city or town limits, write RURAL and give town)
(d) Street No. Balto
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Edward Bonner Benner.

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-6823

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Wilhelmina Benner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9. 1885

8. AGE: Years 54 | Months 11 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Johns Hopkins University

FATHER 12. Name Frederick Bonner

13. Birthplace Germany

MOTHER 14. Maiden Name Anna Funk

15. Birthplace Germany

16 (a) Informant Mrs Louise Coombs

(b) Address 1721 Rutland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20/40 (month) (day) (year)

(c) Cemetery or crematory Balto Cem

Location Balto Md

18 (a) Funeral director John Uehlein

(b) Address 2508 Orleans

19 (a) Huntington Williams M.D. (Date received by registrar) Registrar

JUN 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1940 at 7½ P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Old rheumatic endocarditis
Due to Insufficiency and stenosis of mitral valve with pulmonary and
Due to Cerebral edema
Other Conditions Chronic and acute alcoholism

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. B. Vandegrift M.D. Medical Examiner.

Date signed 6/19/40

F 70348

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

56-E F 70348 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1307 S. Carey St.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ~~xxxx~~
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1307 S. Carey St.,
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Richard Jordan

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-07-7930

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Augusta V. Jordan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1874

8. AGE: Years	Months	Days	If less than one day
65	8	21 20	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Power Plant Engineer
11. Industry or business B.&.O. R.R.

FATHER
12. Name John Parker Jordan
13. Birthplace S.C.

MOTHER
14. Maiden Name Alexine A. Barnett
15. Birthplace Cambridge, Md.

16 (a) Informant Mrs. Augusta V. Jordan
(b) Address 1307 S. Carey St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20, 1940 (month) (day) (year)
(c) Cemetery or crematory Moreland Mem. Park
Location Taylor Ave.,

18 (a) Funeral director G. Howard Strong
(b) Address 715 Light St.,

19 (a) JUN 19 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17, 1940, at 7.30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1-1940 to 6-17-1940 and that I last saw h alive on 6-17 1940

Immediate cause of death Intestinal Obstruction

Due to Tumor of large bowel.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Hirsh M. D.
Address 876 Washington Blvd Date signed 6/18/40

70349 33845 - MB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-D

F 70349 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct answer to each question is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 509 Wilson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

14-2

3 (a) FULL NAME May Kapin ✓

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/1/1914

8. AGE: Years	Months	Days	If less than one day
26	1	13	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Smith
13. Birthplace Maryland

MOTHER
14. Maiden Name Corrine ?
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) (Burial, cremation, or removal) (b) Date thereof June 14 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Kate R. William
(b) Address 321 N. Schroeder St.

19 (a) 1940 (b) Registrar
(Delivered by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-14 1940. at 1:29 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-17 1940, to 6-14 1940, and that I last saw h[illegible] alive on 6-14 1940

Immediate cause of death: Post Operative Hemorrhage → Shock — Duration 2 Hours

Due to Thoracoplasty — 2 hrs before

Due to

Other Conditions Pulmonary tbc. ?

(Include pregnancy within 3 months of death)

Major findings: Of operations Pul. tbc.

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B Hebb M. D.
Address Balt. City Date signed 6-14-40

Registrar Williams MB

VS 3

F 70350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70350 Registered No. 131-a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 211 S. East Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 76

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 211 S. East Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Metzger

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife George F.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22-1866

8. AGE: Years	Months	Days	If less than one day
73	6	25	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Ullrick Trautner
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Mary Ulsch
(b) Address 211 S. East Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21/40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

JUN 19 1940 (Date received by Registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1940, at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1939 to June 17 1940, and that I last saw her alive on June 17 1940.

	Duration
Immediate cause of death: Acute Cardiac Failure	2 days.
Due to: Cardio Vascular Renal Disease & Hypertension	8 months
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Kaufmann M. D.
Address 2939 Eastern Ave. Date signed 6/18/40

F 70351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 70351

The PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford.
(c) City or town Edgewood City (If outside city or town limits, write RURAL and give town)
(d) Street No. Rural (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elmer Bell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 7-1930

8. AGE: Years	Months	Days	If less than one day
9	9	9	hr. min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Roger Bell
13. Birthplace Virginia

MOTHER
14. Maiden Name Mabel Emmert
15. Birthplace Md.

16 (a) Informant Roger Bell
(b) Address Edgewood City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 20 40 (month) (day) (year)
(c) Cemetery or crematory Morgans Chapel Cem.
Location Woodbine.

18 (a) Funeral director H. Register Thomas
(b) Address Ellicott City, Md.

19 (a) JUN 19 1940 (Registrar) (b) Harford Co. Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-16 1940, at 9:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-10 1940, to 6-16 1940, and that I last saw h C K alive on 6-16 1940.

Immediate cause of death Wilms Tumor
Due to Generalized Metastases

Duration

Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations Removal of kidney
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Luttell M. D.
Address University Hospital Date signed 6-16

F 70352

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a

F 70352 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 826 N. Carrollton
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) City or County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 826 N. Carrollton
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ulysses G. Hawkins

3 (b) If veteran, name war
3 (c) Social Security Account No. 218-10-4038

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	M

6 (b) Name of husband or wife Nina Hawkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 12 - 1889

8. AGE: Years	Months	Days	If less than one day
51	2	6	hr. min.

9. Birthplace Baltimore Co
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name David Hawkins
13. Birthplace Virginia

MOTHER 14. Maiden Name Sally Hunter
15. Birthplace Va

16 (a) Informant Nina Hawkins
(b) Address 826 N. Carrollton

17 (a) Burial (b) Date thereof 6-22-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Dulo. National
Location Balto. City

18 (a) Funeral director Saml. W. Chase & Son
(b) Address 638 N. Gilmor St

19 (a) (b)
(Date rec'd by registrar) Registrar

JUN 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1940 at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1940 to June 18 1940, and that I last saw h[illegible] alive on June 17 1940.

Immediate Cause of death
Uremia — Duration 2 days
Due to Glomerulo-Nephritis — Duration 3 mo's
Due to
Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 8 E. Lanvale St. Date signed 6-19-40

70353

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

108

F 70353
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2410 Stockton St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Grace Franklin

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	colored	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 11, 1889

8. AGE: Years	Months	Days	If less than one day
51	4	7	hr. min.

9. Birthplace Balto - md (Town, county, and State)
10. Usual Occupation domestic
11. Industry or business

FATHER
12. Name Asbury Frogenklin
13. Birthplace Md

MOTHER
14. Maiden Name Susanna Hall
15. Birthplace Md

16 (a) Informant Madeline Lapp
(b) Address 1382 N Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thos C Nelson
(b) Address 808 Pressman St

19 (a) (Date) Received by registrar Huntington Williams, M.D. Registrar

VS 1-40

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18, 1940 at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1940, to June 18 1940, and that I last saw her alive on June 18 1940.

Immediate cause of death Lobar pneumonia — Duration 4 days

Due to

Due to

Other Conditions Hepatomegaly + severe jaundice, cause not yet determined — ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Lobar pneumonia; Hepatomegaly

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph M. Hargett Jr. M. D.
Address University Hospital Date signed 6/18/40

F 70354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 70354 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1517 E. Preston St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1517 E. Preston St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Hughes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C.	Widow

6 (b) Name of husband or wife Asbury, Hughes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years	Months	Days	If less than one day
79			hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER 12. Name unknown
13. Birthplace "

MOTHER 14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs Mamie Keene
(b) Address 1517 E. Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 20, 1940 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location Baltimore Md.

18 (a) Funeral director Mrs Ida Bailey
(b) Address 142 W Jefferson St

19 JUN 19 1940 (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-17 1940 at 10:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-11 1940 to 6-17-1940 and that I last saw h or alive on 6-16-1940

Immediate cause of death: Hypertensive cardio-vascular disease — Duration: not known

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rayner Brown

Address 1 SW E. Madeira St Date signed 6/19/40 (M.D.)

B 20355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137 F 20355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1117 Barclay St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Ader

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Catherine Ader
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 18, 1876

8. AGE: Years	Months	Days	If less than one day
63	7	29	hr. min.

9. Birthplace New Jersey (town, county, and state)
10. Usual Occupation Stationary Engineer
11. Industry or business School Board

FATHER
12. Name Adam Ader
13. Birthplace New Jersey

MOTHER
14. Maiden Name Julia ?
15. Birthplace New Jersey

16 (a) Informant Catherine Ader
(b) Address 1117 Barclay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director Bernard S. Kleinman
(b) Address 21 W. 25th St

19 JUN 19 1940 Huntington Williams, M.D. Registrar
(Date filed by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1940, at 6 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1940 to June 17 1940 and that I last saw him alive on June 17 1940

Immediate cause of death: Surgical Shock — Duration

Due to Prostatectomy

Due to Hypertrophied Prostate

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Hypertrophied Prostate

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard S. Kleinman, M. D.
Address St Joseph's Hosp Date signed 6-17-40

F 70356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F 70356

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 111 Patapsco Ave, Brooklyn
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 54
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 111 Patapsco ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Luttmann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	Widow

6 (b) Name of husband or wife Harry Luttmann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 12, 1862

8. AGE: Years	Months	Days	If less than one day
78	4	6	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Meinhard Gruenefeld
13. Birthplace Germany

MOTHER
14. Maiden Name Elberdine Bruns
15. Birthplace Germany

16 (a) Informant Johnnie Daly
(b) Address 111 Patapsco Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/40 (month) (day) (year)
(c) Cemetery or crematory St. Paul's Cem
Location Baltimore Md

18 (a) Funeral director Leonard O'Covington
(b) Address 21 W. 20th St

19 JUN 19 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/18/40 19 , at 1 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1940, to 6/18/ 1940, and that I last saw her alive on 6/17 1940.

Immediate cause of death Carcinoma of the Large bowel (Toxemia

Due to

Due to

Other Conditions Hypertensive cardio vascular disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Rubin M. D.
Address 203 Patapsco ave Date signed 6/19/40

VS 3

F 70357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

Registered No. F 70357

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4327 Enolid Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:

(a) State M (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4227 Enolid Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? 70 years

3 (a) FULL NAME Bonifacius Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Margaretha

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Nov 30-1863

8. AGE: Years 76 | Months 6 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Shoemaker Last

11. Industry or business

FATHER 12. Name Andrew Miller

13. Birthplace Germany

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Mrs Bonifacius Miller

(b) Address 4227 Enolid Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-40 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Balto. Md.

18 (a) Funeral director Geo. A. Tinley

(b) Address Fulton & Fayette

19 (a) JUN 19 1940 (b) Huntingtown Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1940, at 9 P. M.

21. I certify that death occurred on the date above stated: that I attended deceased from May 1, 1940, to June 17 1940, and that I last saw him alive on June 17 1940.

Immediate cause of death: Cerebral hemorrhage — Duration: 1 mo. 17 da.

Due to: Arteriosclerosis — Duration: ?

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Eugene L. Preston M.D.

Address 514 Drury Lane Date signed June 18, 1940

F 70358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56-B

F 70358 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. 10-12 A M

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2105 Druidhill ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2105 Druidhill ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mabel E Williams

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-3-1892

8. AGE: Years 48 | Months — | Days 14. | If less than one day hr. min.

9. Birthplace Baltimore Md.
(town, county, or state)

10. Usual Occupation School Teacher

11. Industry or business

FATHER
12. Name Minor Williams
13. Birthplace Va.

MOTHER
14. Maiden Name Ida Harmon
15. Birthplace Md.

16 (a) Informant Elmer Chester
(b) Address 1819 Madison ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave

JUN 19 1940 (b) Hunter for Williams, M.D.
(Registered by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1940. at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1940 to June 17 1940, and that I last saw her alive on June 16 1940.

Immediate cause of death	Duration
Toxemia + Acute yellow atrophy.	1 week.
Due to Pellagra + fibroid uterus	2 mos.
Due to —	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None.
Of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury HARMON
23. Signature Louis E. Harmon M. D.
Address 2340 Madison Ave Date signed 6-19-40

F 70359

F 70359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1716 Guilford Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1716 Guilford Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Mary E. Braden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	White	Widowed

6 (b) Name of husband or wife Samuel T. Braden

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1859

8. AGE: Years	Months	Days	If less than one day
80	7	13	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Samuel Glenn
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. E. Braden
(b) Address 1716 Guilford Ave.

17 (a) Buried (b) Date thereof June 20, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Mount
Location Baltimore Md.

18 (a) Funeral director Martin Fahey & Sons
(b) Address 1827 W. North Ave.

19 (a) (Date rec'd by registrar) Hunting for Williamsport

JUN 23 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18th 1940, at 5 1/4 M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 30 1940 to June 17th 1940, and that I last saw h. alive on June 17 1940.

Immediate cause of death Carcinoma of Uterus

Duration
Probably 2 years

Due to Unknown

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Wm. Conrad Forde, M. D.
Address 1900 Maryland Ave. Date signed June 19/40

F 70360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77-C

F 70360 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3044 N. Spring St
(c) Hospital or institution:
U. of A. Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3044 N. Spring St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Smith Moody

3 (b) If veteran, name war —
3 (c) Social Security Account No. 216-10-5748

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 10, 1900

8. AGE: Years	Months	Days	If less than one day
39	9	8	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Charles Moody
13. Birthplace Md

MOTHER 14. Maiden Name Nancy Moody
15. Birthplace Md

16 (a) Informant Mary Ballard
(b) Address 3046 20½ St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location [illegible]

18 (a) Funeral director Rayney Sanders
(b) Address 1412 E. Preston St.

19 (a) JUN 19 1940 (Date registered) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1940 at 12:30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Acute alcoholism — Duration

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H W Vandersluft M.D.
Medical Examiner.
Date signed 6/18/40

70361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 70361 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 86 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 512 Forest St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Fuller (53952)

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-9603

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21, 1891

8. AGE: Years	Months	Days	If less than one day
48	10	24	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Pin boy

11. Industry or business

FATHER
12. Name Benjamin (D)
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Taylor (D)
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19th 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn A. Anders. Md.

18 (a) Funeral director Bafort Thomas & Wright
(b) Address 128 McElderry St

19. JUN 19 1940 (Date received by registrar) (b) Huntington Mill Registrar, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14, 1940, at 8 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 20, 1940, to June 14, 1940, and that I last saw him alive on June 14, 1940.

Immediate cause of death: Tuberculosis of the lungs — Duration: Oct 1939

Due to

Due to

Other Conditions: Tuberculosis of intestines
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto. City Hospitals Date signed 6-14-40

PRESS WHITE FIRMLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Grave #8

70362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. F 70362

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fort McHenry Channel
(c) Hospital or institution: Harbor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Unknown
(If outside city or town limits, write RURAL and give town)
Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Unknown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
Adult	Aged	?	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location PUBLIC CEMETERY JUN 19 1940

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore.

19 (a) JUN 19 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1940, at 10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Probably Accident
(b) Date of occurrence Unknown
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. R. Van Leuven M.D. Medical Examiner.
Date signed 6/19/40

VS 6

F 70363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 ✓

Registered F 70363

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2034 Parrish Ln
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town 2034 N. Parrish St
(If outside city or town limits, write RURAL and give town)
(d) Street No. .....
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Lee A. Epps

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Single

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Essex Co Va
(Town, county, and state)

10. Usual Occupation .....

11. Industry or business

FATHER 12. Name Andrew Epps.
13. Birthplace Essex Co Va.

MOTHER 14. Maiden Name Maria Lee.
15. Birthplace Essex Co Va.

16 (a) Informant John Epps
(b) Address 1704 Etting St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19, 1940 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location .....

18 (a) Funeral director Mrs Katie R Williams
(b) Address 3221 Schroeder St.

19 (a) ..... (b) ..... (Date received by Registrar) (Registrar)

JUN 19 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1940 to June 15 1940, and that I last saw h alive on June 15 1940

Immediate cause of death
Cancer of Breast — Duration 1 year
Due to —
Due to .....
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature C. N. Pitts M.
Address 1136 W Lanvale St Date signed 6/19/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 70364 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 415 N. Parrish St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 415 N Parrish St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

19+

3 (a) FULL NAME Lucy Holmes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Married

6 (b) Name of husband or wife John H. Holmes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Essex County, Virginia
(Town, county, and state)

10. Usual Occupation housework

11. Industry or business

FATHER
12. Name George Davis
13. Birthplace Essex Co. Virginia

MOTHER
14. Maiden Name Elizabeth Cole
15. Birthplace Essex Co. Virginia

16 (a) Informant John H. Holmes
(b) Address 415 North Parrish Street

17 (a) Burial (b) Date thereof June 22, 1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Ozena
Location Essex Co. Va.

18 (a) Funeral director Katie R. Williams
per Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) Date received (Registrar) JUN 19 1940 (b) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1940 at 12:20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said [illegible] find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Cerebral infarcts and hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Saulsbury M.D.
Medical Examiner.
Date signed 6/18/40

F 70365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 70365
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) St. No. 530 N. Bruce (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur Edward West

3 (b) If veteran, name war –

3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	married

6 (b) Name of husband or wife Alberta West

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business ?

FATHER
12. Name John West
13. Birthplace Virginia

MOTHER
14. Maiden Name Nettie West
15. Birthplace Virginia

16 (a) Informant Alberta West
(b) Address 530 North Bruce St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Mrs Katie R. Williams

18 (a) Funeral director Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) JUN 19 1940 (Registrar's signature) Washington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1940, at 6 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.

Date signed 6/17/40

70366
380116

Orrin F Matthews

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-F 70366 Registered No.

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Mo 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Louisiana County La
(c) City or town Lonaconing
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Orrin F. Matthews
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Naomi
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 1904
8. AGE: Years 35 | Months 8 | Days | If less than one day hr. min.
9. Birthplace Louisiana (Town, county, and state)
10. Usual Occupation Oil supply dealer
11. Industry or business
FATHER 12. Name R. B. Matthews
13. Birthplace Louisiana
MOTHER 14. Maiden Name Budie Bond
15. Birthplace Louisiana
16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21 1940 (month) (day) (year)
(c) Cemetery or crematory Strong
Location Strong Arkansas
18 (a) Funeral director Gabby N Annacost
(b) Address 4204 Edgewood Ave
19 (a) JUN 19 1940 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19, 1940, at 7 45 A. M.
21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1940, to June 19 1940, and that I last saw h/m alive on June 18 1940.

Immediate cause of death: Lymphosarcoma, reticulum cell type — Duration 7 16 mon.
Due to
Due to
Other Conditions Terminal uremia — 8 days
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Ward W. Briggs M.D.
Johns Hopkins Hosp.
Date signed 6/19/40

VS 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr Schonfeld

F 70367

2124 W. Fayette Ave

F 70367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1938 McHenry St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1938 McHenry St.

(If rural give location)

(e) If foreign born, how long in U. S. A.) years

2023

3 (a) FULL NAME Joseph W. Krouse

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) ~~Single, married, widowed, or divorced~~: Widowed

6 (b) Name of ~~husband or~~ wife: Margaret Krouse

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7th 1866

8. AGE: Years	Months	Days	If less than one day
74	0	11	hr. min.

9. Birthplace: Balto Md. (Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business: Bricklayer

FATHER

12. Name: Joseph Krouse

13. Birthplace: Germany

MOTHER

14. Maiden Name: Margaret Sommer

15. Birthplace: Germany

16 (a) Informant: William Krouse

(b) Address: 113 S. Monkey, St

17 (a) Burial (Burial, ~~cremation,~~ or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery ~~or crematory~~ Loudon Park

Location Baltimore Md

18 (a) Funeral director William Cook

(b) Address 1217 St Paul St

19 JUN 19 1940 (b) Huntington Williams, M.D. Registrar

(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1940, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from November 1938 to June 18 1940 and that I last saw him alive on June 18 1940.

Immediate cause of death: Coronary Thrombosis — Duration: 2 yrs

Due to —

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Paul Schonfeld

Address 2124 W Fayette Ave Date signed 6/19/40

FILL IN THIS FORM, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Wm Triplett 1326 W. Lombard St Col 5260

F 70368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 70368

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3306 Ferndale Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 16
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 47 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3721 W. Garrison Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles T. Sands Sr

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) ~~Single, married, widowed, or~~ divorced.
Male	White	Divorced

6 (b) Name of ~~husband~~ wife Mollie M. Sands
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 20th 1868

8. AGE: Years	Months	Days	If less than one day
72	1	28	hr. min.

9. Birthplace Hagerstown Md
(Town, county, and state)
10. Usual Occupation Owner
11. Industry or business Restaurant

FATHER
12. Name Thomas Sands
13. Birthplace Md.

MOTHER
14. Maiden Name ? Campbell
15. Birthplace Md.

16 (a) Informant Chas. T. Sands Jr
(b) Address 4617 Eastman Ave

17 (a) Burial (b) Date thereof 6/21/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director Williams Cook
(b) Address 1217 St. Paul St

19 JUN 19 1940 Harrington Williams, M.D.
(Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18th 1940, at 2:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/23 1939, to 6/18 1940, and that I last saw him alive on 6/17 1940.

Immediate cause of death	Duration (?)
Arteria Sclerosis	
Due to	
Due to	
Other Conditions Myocarditis & fibrillation (Include pregnancy within 3 months of death)	6 mo.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William D. Tripeer M. D.
Address 326 W Lombard St Date signed 6/19/40

70369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 70369

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2010 Homewood Ave
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs 9 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2010 Homewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maurice Lyons

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1887

8. AGE: Years 53 | Months 0 | Days 9 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Patrick Lyons
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary O'Sullivan
15. Birthplace Ireland

16 (a) Informant Mr Francis Lyons
(b) Address 2010 Homewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22, 1940 (month) (day) (year)
(c) Cemetery or crematory Mount Cathedral Cemetery
Location 4300 Old Frederick Rd

18 (a) Funeral director Chas. W. Conklin & Son
(b) Address 214 E Eager St

(a) Date received JUN 20 1940 (b) Registrar Huntington Williams, M.D.

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18th, 1940, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940 to June 19 1940 and that I last saw him alive on June 9 1940.

Immediate cause of death	Duration
Due to Pleuro-pneumonia	10 days
Due to Heart failure	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Reginald F. Lyons M.D.
Address 4143 Hamilton Ave Date signed June 19th 1940

[redacted] 70370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186-a

Registered No. [redacted] 70370

1. PLACE OF DEATH:
(a) Baltimore City, Maryland JOHNS HOPKINS HOSPITAL
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 205 Windover Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marg. Goodwillie — MARY B. Goodwillie

3 (b) If veteran, name war — 3 (c) Social Security Account No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-19 1940, at 1:50 P M

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Thos. H. Goodwillie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-4-47

8. AGE: Years 93 | Months 3 | Days 15 | If less than one day ▲ hr. — min.

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Barnett
13. Birthplace N.Y.

MOTHER
14. Maiden Name Marian Underhill
15. Birthplace Ohio

16 (a) Informant Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20 1940 (month) (day) (year)
(c) Cemetery or crematory
Location Cleveland Ohio

18 (a) Funeral director Henry W. Eukens Sons Co
(b) Address McCulloh & Orchard Sts

19 (a) JUN 19 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 5

21. I certify that death occurred on the date above stated; that I attended deceased from 6-13 1940 to 6-19 1940, and that I last saw her alive on 6-19 1940.

Immediate cause of death: Bronchopneumonia
Antecedent cause: Coronary Thrombosis
Coronary Sclerosis
Due to: Fracture left hip
Due to: intracapsular
Other Conditions
(Include pregnancy within 3 months of death)

Duration
5 days
?
?
7

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6-12-40
(c) Where did injury occur? Baltimore (City or town) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fall

23. Signature Howard J. Mallory, Chief Medical Examiner per B. Burton

Address Johns Hopkins Hosp. Date signed 6-19-40 M. D.

Howard J. Mallory, Chief Medical Examiner
per B. Burton

If not buried in Baltimore, with undertaker's name, give information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

139-a Registered No. F 70371

PRINT PLAINLY IN BLACK INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Fullerton.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Putty Hill Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mattie Keene

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-15-91

8. AGE: Years	Months	Days	If less than one day
48	10	4	hr. min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Augustus Phillips
13. Birthplace Maryland

MOTHER
14. Maiden Name Laura Aaron.
15. Birthplace Maryland.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21-1940 (month) (day) (year)
(c) Cemetery or crematory Fishing Creek
Location Fishing Creek, Md.

18 (a) Funeral director Kenneth L. Thomas.
(b) Address Cambridge, Md.

19 (a) JUN 19 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19, 1940, at 5:55 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1940 to June 19 1940 and that I last saw her alive on June 19 1940.

Immediate cause of death: Pelvic peritonitis — Duration: 7 days

Due to Pelvic abscess — Duration: cirka 4 days.

Due to Operation (#1): Richardson Composite Operation

Other Conditions Urinary suppression & acidosis.
(Include pregnancy within 3 months of death)

Major findings:
Of operations Operation #2: Exploratory laparotomy with drainage.
Of autopsy None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. W. Querstreet M. D.
Address Johns Hopkins Hosp. Date signed 6-19-40

F 70372

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

180

Registered No. F 70372

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1342 N Washington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clifton C Luber

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-4150

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Eva E

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18 1899

8. AGE: Years	Months	Days	If less than one day
40	10	29	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Mariner

11. Industry or business

FATHER
12. Name Middleton B Luber
13. Birthplace Md

MOTHER
14. Maiden Name Dora Benezra
15. Birthplace Md

16 (a) Informant Mrs Eva E Luber
(b) Address 1342 N Washington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21-40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Ave

18 (a) Funeral director William M Marack
(b) Address 715 Light St

19 (a) JUN 19 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION 2:30 PM

20. DATE OF DEATH June 17 1940, at 11:2 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Burns	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6/16/40
(c) Where did injury occur? Charles Cromwell Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? Yes
(e) Means of injury Engine Room Explosion on Yacht

23. Signature H H Saunders M.D. Medical Examiner.
Date signed 6/17/40

THESE WHITE PEARL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70373 !

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X F 70373

94-W Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Redwood Sts.
(c) Hospital or institution:
University Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town Havre de Grace
(If outside city or town limits, write RURAL and give town)
(d) Street No. 209 South Union Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME HOWARD BEST

3 (b) If veteran, name war ———
3 (c) Social Security Account No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ida Best
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
69			——— hr. ——— min.

9. Birthplace N. Y. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Government Employ

FATHER
12. Name Jeremiah Best
13. Birthplace N. Y.

MOTHER
14. Maiden Name Mary Best
15. Birthplace N. Y.

16 (a) Informant Mrs. Ida Best
(b) Address Havre de Grace Md.

17 (a) ~~Burial~~ Removal (b) Date thereof June 22/940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory East Greenlawn
Location Rensselaer Co. N. Y.

18 (a) Funeral director W. Madison Mitchell
(b) Address Havre de Grace, Md.

19 (a) ——— (b) Huntington Williams M.D.
(Date received by registrar) Registrar

JUN 20 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1940, at 4:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/17/40 19 ... to 6/19/40 19 ..., and that I last saw him alive on 6/19/40 19 ...

Immediate cause of death Coronary Thrombosis — Duration 1 day

Due to ———

Due to ———

Other Conditions Subacute Cholecystitis with Cholelithiasis
(include pregnancy within 3 months of death)

Major findings:
Of operations no operation
Of autopsy no autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ———
(b) Date of occurrence ———
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury ———

23. Signature William B. Long M. D.
Address University Hospital Date signed 6/19/40

F 70374

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a F 70374 Registered No.

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3516 Cottage ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) L
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3516 Cottage ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Louis Levin

3 (b) If veteran, name war —
3 (c) Social Security Account No. 214-01-0375

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Jennie Levin
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 67 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name David Levin
13. Birthplace Russia

MOTHER
14. Maiden Name Fabie Levin
15. Birthplace Russia

16 (a) Informant Jennie Levin
(b) Address 3516 Cottage ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/40 (month) (day) (year)
(c) Cemetery or crematory Sherwood Run
Location Rigis Kirkpatrick Sigel

18 (a) Funeral director Jack Levine Bros
(b) Address 1439 E. Balto St

19 (a) [illegible] (Date rec'd by registrar) (b) [illegible] Registrar

JUN 20 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/19 1940 at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 19 39 to June 19 40 and that I last saw him alive on 6-13 19 40

Immediate cause of death Cardiac Failure — Duration

Due to Hypert. Cardiv Failure, renal syndrome

Due to Arterio-sclerosis.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry A. Sons M. D.
Address 118 Aisquith St Date signed 6/19/40

70375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-B

Registered No. F 70375

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 601 Jeffrey St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City Balto
(c) City or town Balto Md (If outside city or town limits, write RURAL, and give town)
(d) Street No. 601 Jeffrey St Brooklyn (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** DOMINEKA WROTNOWSKI

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEM	WHITE	MARRIED

6 (b) Name of husband or wife PETER WROTNOWSKI
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) AUGUST 14 1891

8. AGE: Years	Months	Days	If less than one day
48	10	6	hr. min.

9. Birthplace POLAND (Town, county, and state)
10. Usual Occupation HOUSE WORK
11. Industry or business AT HOME

FATHER
12. Name NOT KNOWN
13. Birthplace POLAND

MOTHER
14. Maiden Name NOT KNOWN.
15. Birthplace POLAND

16 (a) Informant MANUEL MARQUES
(b) Address 601 JEFFREY ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-24-40 (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS
Location A. A. Co.

18 (a) Funeral director Bernard C. Harlow
(b) Address 121 E West St

19 (a) (Signature and title) (b) Registrar

JUN 20 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1940 at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/17 1940 to 6/20 1940 and that I last saw h[illegible] alive on 6/20 1940.

Immediate cause of death (a) Carcinoma Stomach (b)

Due to

Other Conditions Metastases to liver
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
6 mos

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Miller M. D.
Address 1225 N. Charles St Date signed 6/20/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70376

Dr. Michael - 2901 Edmondson Ave.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 70376 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3314 Beech Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3314 Beech Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William S. Wood.

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	widower.

6 (b) Name of husband or wife Mary E. Wood
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 21, 1854

8. AGE: Years	Months	Days	If less than one day
86	4	28	hr. min.

9. Birthplace Maryland (City or county, and state)
10. Usual Occupation Retired
11. Industry or business Lottery Inspector.

FATHER
12. Name Wm. S. Wood.
13. Birthplace md

MOTHER
14. Maiden Name Mary Garner
15. Birthplace md

16 (a) Informant Martha B. Wood
(b) Address 3314 Beech Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22, 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Hemsley & Donovan
(b) Address 3615-17 Eastern Ave

(a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19, 1940. at 11 a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1940. to June 19 1940.
and that I last saw h alive on June 19 1940.

Immediate cause of death: Myocardial degeneration arteriosclerotic heart disease — Duration: about 4 mos.
Due to generalized arteriosclerosis
Due to
Other Conditions Chronic nephritis — duration 4 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Michael M. D.
Address 2901 Edmondson Ave Date signed June 20 '40

6/20/40

70377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 46-B

F 70377
Registered No.

Please write the causes of death clearly and legibly. Physicians: please write correct age in especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 110 N. Linwood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 110 N. Linwood Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Julia Malatesta Cuneo

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 16, 1867

8. AGE: Years 72 | Months 10 | Days 1 | If less than one day hr. min.

9. Birthplace Washington D.C.
(town, county, and state)

10. Usual Occupation Housewife

11. Industry or business home

FATHER
12. Name Benedict Malatesta
13. Birthplace Italy

MOTHER
14. Maiden Name Olivia Arata
15. Birthplace Italy

16 (a) Informant Milton Thomas
(b) Address 110 N. Linwood Ave.

17 (a) Burial (b) Date thereof June 21-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Rd.

18 (a) Funeral director Frank V. Pistorese
(b) Address 231 E. Baltimore St

19 (a) JUN 20 1940 Huntington Williams M.D.
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1940 at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/29 1940 to 6/17 1940, and that I last saw h alive on 6/17 1940.

Immediate cause of death	Duration
Acute cardiac dilatation	1 day
cachexia	7 wk.
Due to Carcinoma of stomach	3 mo
general carcinomatosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. C. Mitchell M.D.

Address 447 N. Kenwood Ave Date signed 6/18/40 M. D.

VS 3

F 70378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

F 70378 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 926 N. Washington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Visek

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-2682

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Emma Visek

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1888

8. AGE: Years 51 | Months 10 | Days 3 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Checker - Traffic Dept.

11. Industry or business United Railways

FATHER
12. Name Michael Visek
13. Birthplace Bohemia

MOTHER
14. Maiden Name Mary Turek
15. Birthplace Bohemia

16 (a) Informant Emma Visek
(b) Address 926 N Washington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Frank Grach & Son
(b) Address 1906 Eastland Ave

19 (a) JUN 20 1940 (b) [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1940, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1940 to July 18 1940 and that I last saw h[illegible] alive on July 18 1940.

Immediate cause of death: Respiratory Failure

Due to: Cardiac Failure

Due to: Hypertrophic Cardio-Vascular Disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton F. Polk M. D.
Address Mercy Hospital Date signed 6-19-40

F 70379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-C F 70379

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: No. 2036 McCulloh St., 14-3 Ward

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Thomas Eyres Waters

(a) Residence: No. 2036 McCulloh St., 14 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Waters

6. DATE OF BIRTH (month, day, year) 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Waters

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Maria Dudle

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edna L. Eyres

(Address) 2036 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loy. Lawn Cem. Date 6-20 19 40

19. UNDERTAKER Geo. K. Shipley & Son

(Address) 1401 Eutaw Pl.

20. Filed JUN 20 1940 19 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from March 15 19 40 to June 17 19 40

I last saw him alive on June 16, 1940 Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Rheumatism	over

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wade Coleman M. D.

(Address) 2037 McCulloh St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. F 1258-o

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70380

CERTIFICATE OF DEATH

97 F 70380

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1057 Myrtle ave St., 17-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Peterson Temple

(a) Residence: No. 1057 Myrtle ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susie Broxton Temple

6. DATE OF BIRTH (month, day, year) March 22, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brass Sorter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad Shop

10. Date deceased last worked at this occupation (month and year) November 1938

11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) (State or country) Chesterfield Co. Va

FATHER

13. NAME Joseph Temple

14. BIRTHPLACE (city or town) (State or country) Chesterfield Co Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Charles Edward Temple

(Address) 1057 Myrtle ave

18. BURIAL, CREMATION, OR REMOVAL Chesterfield Va

Place Gillum Cem Date 6-21 1940

19. UNDERTAKER William A Jackson

(Address) 916 Lefferts ave

JUN 20 1940

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6.18.40 19

22. I HEREBY CERTIFY, That I attended deceased from 1.27.40 19 to 6.18.40 19

I last saw him alive on 6.18.40 19 Death is said to have occurred on the date stated above, at 11:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1939

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Phy Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M Fair M. D.

(Address) 400 N. Carrollton ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 70381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

27-a.

F 70381 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene St.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Gerry Haines

3 (b) If veteran, name war X
3 (c) Social Security Account No. X

4. Sex M. | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife X
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 13, 38

8. AGE: Years 2 | Months 3 | Days 7 | If less than one day hr. min.

9. Birthplace Westminster Carroll Md.
(Town, county, and state)

10. Usual Occupation X
11. Industry or business

FATHER 12. Name Roland T. Haines
13. Birthplace New Windsor Md.

MOTHER 14. Maiden Name Anna M. Voltz
15. Birthplace Union Bridge Md.

16 (a) Informant Roland T. Haines
(b) Address E. Penn. Ave. Westminster, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 22 40 (month) (day) (year)
(c) Cemetery or crematory Winter Cem.
Location New Windsor Md.

18 (a) Funeral director J. E. Myers Jr.
(b) Address Westminster Md.

19 (a) JUN 20 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20 1940, at 2 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-19 1940, to 6-20 1940, and that I last saw him alive on 6-20 1940.

Immediate cause of death: Peripheral vascular collapse — Duration 12 hrs.
Due to: Dysentery — Duration over
Due to: —
Other Conditions: —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas M. Bugbee M. D.
Address University Hosp. Date signed 6-20 40

F 70382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97-E

F 70382 Registered No.

PRINT OR WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Caroline & Oliver

(c) Hospital or institution: St. Joseph's Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 726 McKewin Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Margaret Mannion

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Lawrence A.

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) March 18th 1895

8. AGE: Years	Months	Days	If less than one day hr.	min.
45	3	1		

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation House wife.

11. Industry or business

FATHER

12. Name Michael Mc Hale

13. Birthplace Ireland

MOTHER

14. Maiden Name Unknown

15. Birthplace Ireland

16 (a) Informant Lawrence A. Mannion

(b) Address 726 Mc. Kewin Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/1940 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore

18 (a) Funeral director Charles F. Dill

(b) Address 1501 E Fort Ave, Md.

19 (Filed) JUN 20 1940 (Rec'd by registrar) Registrar

VS 3-40

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-19 1940 at 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-14 1940 to 6-19 1940 and that I last saw her alive on 6-19 1940.

Immediate cause of death Encephalopathy

Due to Malig Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Bernard A. Kleeman M. D.

Address St Joseph's Hosp. Date signed 6-19-40

70383 55562 L RB

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

F 70383
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 571 Orchard st. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Lewis
3 (b) If veteran, name war
3 (c) Social Security Account No. ?

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: None
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1/4/23
8. AGE: Years 17 | Months 5 | Days 15 | If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Order Boy
11. Industry or business Chas. Cohen, 1001 St. Paul

FATHER
12. Name William Lewis
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha Loamx
15. Birthplace Virginia

16 (a) Informant Records
(b) Address BCH

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md.
18 (a) Funeral director Wm. Frances A. Stansbury
(b) Address 5780 W. Baltimore St.
19 (a) JUN 20 1940 (b) Hunting Park Avenue, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-19 1940 at 11:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-13 1940, to 6-19 1940, and that I last saw him alive on 6-19 1940.

Immediate cause of death: Gen. Peritonitis — Duration 1 day
Due to: Ruft. Appendix — 10 days
Due to:
Other Conditions
(Include pregnancy within 3 months of death) 6-13-40
Major findings: Of operations Appendiceal abscess
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Leroy R. Gehlert Jr. M.D.
Address Baltimore City Hosp. Date signed 6/19/40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70384 Han. 1517-1460

F 70384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95-C Registered No.

F 70384 The information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 210 East Lanvale

(c) Hospital or institution: Hoffman Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1023 Somerset St (If rural give location)

10-1

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John T. Healy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	married

6 (b) Name of husband or wife Sarah E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 2 1857?

8. AGE: Years	Months	Days	If less than one day
82 ?	8	15	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business Manager

FATHER 12. Name John T. Healy

13. Birthplace Md

MOTHER 14. Maiden Name Sarah E. Nevans

15. Birthplace Md

16 (a) Informant George W. Healy

(b) Address 3807 Gunnore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-40 (month) (day) (year)

(c) Cemetery or crematory Greenwood

Location

18 (a) Funeral director Edward Fuchs

(b) Address 5395 Garrison Blvd, Baltimore, Md.

JUN 20 1940

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1940 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1940 to June 17 1940 and that I last saw him alive on June 14 1940.

Immediate cause of death	Duration
Cardiac Decompensation	June 3
Due to Arteriosclerosis	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury —

23. Signature Edward Fuchs M. D.

Address 1304 E. Eager Date signed 6/19/40

VS 3

F 70385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

F 70385 Registered No.

F 70385

F — Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5½ hrs 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 419 E. 21st St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mildred Saylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 29 1902

8. AGE: Years 38 | Months 2 | Days 20 | If less than one day hr. min

9. Birthplace Fruitland Md (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Norman C. Ford
13. Birthplace Fairmont Md

MOTHER
14. Maiden Name Addie Toadvine
15. Birthplace Salisbury Md

16 (a) Informant Mrs Addie Ford
(b) Address 419 E. 21st Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22-40 (month) (day) (year)
(c) Cemetery or crematory Parsons Cemetery
Location Salisbury Md

18 (a) Funeral director Albert W. Perry
(b) Address 440 E North Ave

JUN 20 1940 (Date rec'd by registrar)

(b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1940 12:05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Bullet wounds of R chest and R thigh
Due to: Exsanguination
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 6/18/40
(c) Where did injury occur? 419 E. 21st St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury: Gun shot wound

23. Signature H. Williams M.D. Medical Examiner

Date signed 6/19/40

F 70386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-C

F 70386 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution Md. Gen. Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2501 Allendale Rd. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Anna D. Leonard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	M.

6 (b) Name of husband or wife Maurice B. Leonard (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) May 21, 1904

8. AGE: Years	Months	Days	If less than one day
36		28	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER

12. Name James D. Gill

13. Birthplace Balto. County Md.

MOTHER

14. Maiden Name M. Belle Myers

15. Birthplace Baltimore Co. Md.

16 (a) Informant Maurice B. Leonard

(b) Address 2501 Allendale Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22 40 (month) (day) (year)

(c) Cemetery or crematory Pleasant Grove

Location Baltimore Co. Md.

18 (a) Funeral director Albert W. Cooper

(b) Address 440 E North Ave

19 (a) (Date rec'd by registrar) JUN 20 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/19 1940 at 6.35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/29 1940 to 6/19 1940 and that I last saw her alive on 6/19 1940.

Immediate cause of death Congestive heart failure

Due to Rheumatic C.V.D.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration 6 yrs C.V.D.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Edward L. Glasgow M. D.

Address Md. Gen. Hosp. Date signed 6/19/40

Spec.—6-9-19—H. P. Co.—1000 Bks.

70387

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70387

CERTIFICATE OF DEATH.

59

1-PLACE OF DEATH

REGISTERED NO. 26-5

CITY OF BALTIMORE: (No. 704 S. Rappolla St., ST., WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Boy Edwards

(a) RESIDENCE. NO. 704 S. Rappolla St., ST., WARD.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. dys. How long in U. S., if of foreign birth? yrs. mos. dys.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) June 4, 1940

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or 4 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

PARENTS

10 NAME OF FATHER George Edwards

11 BIRTHPLACE OF FATHER (city or town) Crellin, (State or country) Garrett County, Md.

12 MAIDEN NAME OF MOTHER Mabel Boone

13 BIRTHPLACE OF MOTHER (city or town) Morgantown, (State or country) West Virgina

14 Informant (Address) Mrs. Geo. Edwards -(Mother) 704 S. Rappolla St., Balto.

15 Filed ..... 19 .....

Registrar

JUN 20 1940

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June. 4. 1940 19

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1940 19 to June 4th, 19 40

that I last saw him alive on June 4, 1940 19

and that death occurred, on the date stated above, at 11:59 PM

The CAUSE OF DEATH* was as follows:

Prematurity - 24 weeks

(duration) yrs. mos. dys.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. dys.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) [illegible] M. D.

, 19 (Address) 3 Kinship Rd, Dundalk, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Dept. of Embryology - University of Md.

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 70388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 70388

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 720 N. Gilmor St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 720 N. Gilmor St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Johns
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F. | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced. S.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/19/40 - 12 hrs.

8. AGE: Years | Months | Days | If less than one day 12 hr. min.

9. Birthplace Balto., Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Silverson Johns
13. Birthplace Va.

MOTHER
14. Maiden Name Bettie Brown
15. Birthplace Va.

16 (a) Informant
(b) Address Silverson Johns

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 20 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Mowell

19 (a) JUN 20 1940 Registrar Huntington Williams M.D. 5764

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/20/1940, at 4:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/19/1940 to 6/20/1940 and that I last saw h[illegible] alive on 6/19/1940.

Immediate cause of death Premature Delivery — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. D. Gaylor, M.D.
Address 532 Harlem Ave. Date signed 6/20/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 70389

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edmond + Lemmon
(c) Hospital or institution: Hmuniversity Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 612 W. Lanvale (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Diggs

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-1-40

8. AGE: Years | Months | Days: 16 15 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name James Diggs
13. Birthplace Md.

MOTHER — 14. Maiden Name Rosa Alton
15. Birthplace Md

16 (a) Informant James Diggs
(b) Address 612 W. Lanvale Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 20 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 JUN 20 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

5707

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1940, at 7:15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-12 1940 to 6-16 1940, and that I last saw h alive on 6-16 1940.

Immediate cause of death Acute Intestinal Emmunosis — Duration: one

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Luetsch M. D.

Address Hmuniversity Hosp. Date signed 6-17

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No. F 70390

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2424 Arunah ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2424 Arunah ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Anne J. Bloman

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Elmer F Bloman
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec 23, 1867

8. AGE: Years	Months	Days	If less than one day hr.	min.
72	5	26		

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name J. Westley White
13. Birthplace Md

MOTHER
14. Maiden Name Sarah J. Eagleston
15. Birthplace Md

16 (a) Informant Miss Leah C. Bloman
(b) Address 2424 Arunah ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Balto Md

18 (a) Funeral director A. Howard Eyan
(b) Address 1400 W. Baltimore St

JUN 20 1940 Registrar Williams M.D.
(Date received by Registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19th 1940, at 12 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940, to June 19th 1940, and that I last saw h[illegible] alive on June 15th 1940.

Immediate cause of death Coronary Occlusion

Due to Arteriosclerotic Cardiovascular Disease

Due to ____

Other Conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____

Of autopsy ____

Duration 2 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____
(Specify type of place)
(e) Means of injury ____

23. Signature [illegible]
Address 304 S. W. North Ave Date signed 6/21/40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

70391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

187 F. 20391

1. PLACE OF DEATH:
(a) Baltimore City, ~~Maryland~~
(b) Street address Eaton & Gilbert Sts
(c) Hospital or institution: St Agnes Hospital 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Sandsaune (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~Home~~ Hammonds Ferry Rd and 4th Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Charles Hoffman

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) May 5, 1925

8. AGE: Years	Months	Days	If less than one day
15	1	14	hr. min.

9. Birthplace Sandsaune, Balto Co Md (Town, county, and state)

10. Usual Occupation None
11. Industry or business School Boy

FATHER
12. Name Edward I Hoffman (deceased)
13. Birthplace Md

MOTHER
14. Maiden Name Mabel McCleod
15. Birthplace Md

16 (a) Informant Gerda Hoffman (Sister)
(b) Address Hammonds Ferry Rd & 4th Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21, 1940 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Wm Heaney & Sons
(b) Address North Ave

19 JUN 20 1940 (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1940, at 6.30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Bullet wound of Liver	
Due to Exsanguination	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6/19/40
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Around friend (Specify type of place) While at work? No
(e) Means of injury. Fired 22 rifle bullet

23. Signature [illegible] M.D. Medical Examiner.
Date signed 6/19/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0392

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

931 ✓ Registered No. F 70392

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 E. 29th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Franklin

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-5052

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mrs. Ina Franklin
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) June 20, 1890

8. AGE: Years	Months	Days	If less than one day
50	0	0	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Technician
11. Industry or business Gas & Elec. Co.

FATHER
12. Name Richard Franklin
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Teresa Steckas
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Jos. Franklin (wife)
(b) Address 1712 E. 29th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/40 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Baltimore Co., Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Avenues

19 (a) JUN 21 1940 (b) Hunting Park Ave., Balto., Md.

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1940 at 12 50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jun. 19 1940 to Jun. 20 1940 and that I last saw him alive on Jun. 20 1940.

Immediate cause of death Cerebral Hemorrhage — Duration 6-18

Due to Hypertension & Cardio-vascular disease — ?

Due to

Other Conditions Gastric Hemorrhage

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John James Bowman M.D.
Address University Hospital Date signed 6/20/40

F 70393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 70393

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison and Linden
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 332 E. 26th St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Mr. Gustav A. Romoser Sr.

3 (b) If veteran, name war Spanish Am. | 3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Minnie C. Romoser
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 4-30-1880

8. AGE: Years	Months	Days	If less than one day
60	1	18	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Police Sergt.
11. Industry or business Baltimore City

FATHER
12. Name Gustav A. Romoser
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Virginia Matthews
15. Birthplace Pennsylvania

16 (a) Informant Mrs. Minnie C. Romoser
(b) Address 332 E. 26th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/40 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pa. Avenues

19 (a) Date received (b) Filed by Registrar

JUN 20 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/18 1940, at 5:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/17 1940 to 6/18 1940, and that I last saw him alive on 6/18 1940.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. C. Post, M. D.
Address Maryland General Hosp. Signed 6/18/40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. F 70394

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1127 N. 40th St.
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-7
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(Or Street No. 1127 N. 40th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Joseph L. Dix

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-03-7513

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Minnie G. Dix
6 (c) If alive, give age / years

7. Birth date of deceased (mo., day, yr.) Aug 4-1873

8. AGE: Years	Months	Days	If less than one day
66	10	14	hr. min.

9. Birthplace Lancaster Co. Va. (Town, county, and state)
10. Usual Occupation Overseer
11. Industry or business Wm. E. Hooper & Sons Co.

FATHER
12. Name Richard Dix
13. Birthplace Virginia

MOTHER
14. Maiden Name Elizabeth Mitchell
15. Birthplace Virginia

16 (a) Informant Mrs. Minnie G. Dix
(b) Address 1127 N. 40th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21-1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Moriah (Hampden)
Location Baltimore Md.

18 (a) Funeral director Horace H. Burgee
(b) Address 3631 Falls Road

19 (a) [illegible] (b) Huntingtor Williams N.H.

JUN 20 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18- 1940, at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 13 1939, to June 18 1940 and that I last saw him alive on June 18, 1940.

Immediate cause of death: Coronary thrombosis with Infarction — Duration

Due to: Coronary Sclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: no operation
Of autopsy: No Autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jules Gilbert M. D.
Address 848 W. 36th St. Date signed June 19, 1940

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Huttenhaver

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70395 | 186a | Registered No. F 70395

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Co. Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. Reisterstown - R. F. D.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Huttenhauer

3 (b) If veteran, name war –

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lillian Huttenhauer
6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) Jan. 15, 1864

8. AGE: Years	Months	Days	If less than one day
76	5	5	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name James Huttenhauer
13. Birthplace Penna.

MOTHER
14. Maiden Name Margaret Crombie
15. Birthplace Scotland

16 (a) Informant Above Hospital - R Manfuel
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22, 1940 (month) (day) (year)
(c) Cemetery or crematory All Saints
Location Reisterstown Md.

18 (a) Funeral director J. F. Kline & Sons
(b) Address Reisterstown, Md.

JUN 20 1940 Huntington Williams M.D.
(Date received by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20-1940, at 9:20 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) Autopsy & Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Shock

Due to Thoracic hemorrhage

Due to Fractured Clavicle

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 6-19-40
(c) Where did injury occur? Reisterstown (City or town) Balto. Co. (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Farm – (Specify type of place) While at work? Yes
(e) Means of injury Fall from hay wagon

23. Signature Howard J. Uhlein M.D.
Medical Examiner.
Date signed 6-20-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-6 Registered No. F 70396

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Grant & Lombard St
(c) Hospital or institution: University Hosp., Balt md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Month
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Month

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Prin. George
(c) City or town Laurel (If outside city or town limits, write RURAL and give town)
(d) Street No. 501 5th Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Reverend Henry Davies

3 (b) If veteran, name war No
3 (c) Social Security Account No. No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Florence H.
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 11, 1864

8. AGE: Years 75 | Months 11 | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace London, England. (City, county, or state)

10. Usual Occupation Minister

11. Industry or business

FATHER
12. Name James Davies
13. Birthplace England.

MOTHER
14. Maiden Name Ellen Davies
15. Birthplace London, England

16 (a) Informant Robert S. Davies
(b) Address Laurel, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22, 1940 (month) (day) (year)
(c) Cemetery or crematory Spring Hill
Location Easton, Md.

18 (a) Funeral director Lewis Donaldson
(b) Address Main St. Laurel, Md.

19 (a) JUN 20 1940 (Date rec'd by Registrar) (b) Burial Permit Issued (Date) by Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1940, at 8:55 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/22/40 19__ to 6/20/40 19__, and that I last saw him alive on 6/20/40 19__.

Immediate cause of death: Gangrenous gall Bladder — Duration: 1 Month
Due to Carcinoma of pancreas — Duration: ?
Due to ____
Other Conditions ____
(Include pregnancy within 3 months of death)
Major findings:
Of operations Gangrenous gall bladder
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature William B. Long, M. D.
Address University Hospital Date signed 6/24/40

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70397

F 70397

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3727 Rexmere Rd. St., 9-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rebecca Katherine Williams

If U. S. Veteran specify WAR

(a) Residence: No. 3727 Rexmere Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 6, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) Feb. 1932

11. Total time (years) spent in this occupation 48 yrs

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Richard Williams,

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Bridget Kershaw

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Richard Williams - (Nephew)
(Address) 3727 Rexmere Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date June 21 1940

19. UNDERTAKER Henry Sender & Sons Inc. Eug J. Sender
(Address) North Ave & Broadway

20. FILED JUN 21 1940 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 29th, 1940, to June 19, 1940

I last saw him alive on June 17, 1940. Death is said to have occurred on the date stated above, at 7:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Asthenia - Senility	1935 ?
Hypertension	
Cerebral Hemorrhage	1935
Pneumonia	
Other contributory causes of importance	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Charles Allen Judd M. D.

(Address) 222 Westbrook Road
Baltimore Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 8

8/9

F 70398 HEALTH DEPARTMENT—CITY OF BALTIMORE F 70398

CERTIFICATE OF DEATH

61

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 50 Balto. Gen. Hosp. St. 1-5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. (69) mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Johanna Lynch

If U. S. Veteran specify WAR

(a) Residence: No. 2229 Gough St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Peter Lynch

6. DATE OF BIRTH (month, day, year) Nov. 4 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) June 1940

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry A. Lenz

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Magdalena Ragner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Peter J. Lynch

(Address) 2229 Gough St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date June 22, 1940

19. UNDERTAKER H. Sander & Son Inc.

(Address) North Ave. & Broadway

FILED JUN 21 1940 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1940 to June 18, 1940

I last saw h[illegible] alive on June 18, 1940 Death is said to have occurred on the date stated above, at 11:59 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1938
Diabetic Coma	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John P. Wolosky M. D.

(Address) South Balto. Gen. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9

F 70399

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70399

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH Edgewood Sanitarium

CITY OF BALTIMORE: (No. 6000 Bellona Ave. St. 27-17 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME William Norman Aler

If U. S. Veteran specify WAR _____

(a) Residence: No. Hutton Ave. Near Oak Drive St., Ward. Balto. Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, year): July 30th 1897

7. AGE: Years 42 | Months 10 | Days 20 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hosiery Co.

10. Date deceased last worked at this occupation (month and year): 1932

11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Howard C. Aler

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Margaret M. Silvright

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Howard Aler
(Address): Hutton Ave- Woodlawn P.O

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place: London Park Date: 6/22 19 40

19. UNDERTAKER: William Cook
(Address): 1217 St. Paul St

20. FILED ____ 19 ____ Registrar.

JUN 21 1940 Hunter G. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from 2/12/40, 19__, to 6/20/40, 19__

I last saw him alive on 6/19/40, 19__. Death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal	
Vascular disease	10 yrs
Other contributory causes of importance:	

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19__

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) W. W. Heaton M. D.

(Address) 4309 York Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 70400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. E 20400

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. TYPEWRITER, WITH UNFADING INK.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 143 N Highland Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 143 N Highland Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Elizabeth McLoughlin

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife James J McLoughlin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22 1871

8. AGE: Years 69 Months 2 Days 24/27 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Harry Bynes

13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Mitchell

15. Birthplace Baltimore Md

16 (a) Informant James McLoughlin

(b) Address 143 N Highland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22 1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore County Md

18 (a) Funeral director Hilton Co

(b) Address 1317 E Lanvale St

19 (a) (Date rec'd by registrar) (b) Huntington Williams III Registrar

JUN 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1940, at 5:38 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1939 to June 19 1940.

and that I last saw her alive on June 16 1940

Immediate cause of death: Cerebral Hemorrhage

Due to Stroke

Due to

Other Conditions Chronic Nephritis

Acute Myocarditis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Dwight L Sadler

Address 3737 E Balto Date signed June 19 1940

F 70401

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

F 70401
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4109 Newton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Shies

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 213-10-2170

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Adelaide V. Shies
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 19 1880

8. AGE: Years	Months	Days	If less than one day
59	9	0	hr. min.

9. Birthplace: Balto Md. (Town, county, and state)
10. Usual Occupation: Electrician
11. Industry or business: Bethlehem Steel Co

FATHER
12. Name: George C. Shies
13. Birthplace: Balto Md.

MOTHER
14. Maiden Name: Elizabeth Keyser
15. Birthplace: Balto. Md

16 (a) Informant: Adelaide V. Shies
(b) Address: 4109 Newton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/40 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Balto Md.

18 (a) Funeral director: William Cook
(b) Address: 127 St. Paul St

19 (a) (b) Huntington Williamsport Pa.

JUN 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1940 at 9:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1940 to June 19 1940 and that I last saw him alive on June 19 1940.

Immediate cause of death	Duration
Pneumococcus Type VII Meningitis	4 days
Due to Narcotic aspiration arch & bifurcation of aorta	5 months
Due to Lobar Pneumonia, Type VIII Pneumococcus Left Lower Lobe	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Seabove

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. O. Thompson Jr. M. D.
Address University Hosp. Date signed June 19, 1940

Dorman

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 70402 Registered No.

70402

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2301 Westwood ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 33

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2103 Westwood ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 33 years

3 (a) FULL NAME Samuel Dorman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years 73 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Real Estate

11. Industry or business

FATHER
12. Name Benjamin Dorman
13. Birthplace Russia

MOTHER
14. Maiden Name Goldie Buchmasky
15. Birthplace Russia

16 (a) Informant Martin Dorman
(b) Address 2228 Linton Pl

17 Burial (Burial, cremation, or removal) (b) Date thereof 6/21/40 (month) (day) (year)
(c) Cemetery or crematory Mash Rd
Location Ritz Chapel

18 (a) Funeral director Jack Levi Joe
(b) Address 1439 E. Balto St

19 (a) Date received by local registrar JUN 21 1940 (b) Signature of local registrar —

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1940, at 10.7 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 9 1940, to June 20 1940 and that I last saw h[illegible] alive on June 20 1940.

Immediate cause of death	Duration
Myocarditis Subacute chronica	6 mos
Due to	
Due to Hypertension	2 years
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Frederick Leitz M. D.
Address Temple Garden Date signed 6-20-40

Please write plainly. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-a

Registered No. F 70403

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4014 Woodhaven Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 29

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County B
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4014 Woodhaven Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 29 years

154

3 (a) FULL NAME Ida Spector

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Morris Spector
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Russia
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Abraham –
13. Birthplace Russia

MOTHER
14. Maiden Name Clara –
15. Birthplace Russia

16 (a) Informant Morris Spector
(b) Address 4014 Woodhaven Ave.,
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-40 (month) (day) (year)
(c) Cemetery or crematory New Wash. Blvd.
Location Wash. Blvd.
18 (a) Funeral director Jack Levin Inc.,
(b) Address 1439 E. Balto. St
19 (a) (Date received by registrar) (b) Registrar

JUN 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-21-40 19 , at 9 15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 39 to June 20 19 40, and that I last saw h[illegible] alive on June 20 19 40.

Immediate cause of death Carcinoma of esophagus — Duration 1 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Meetrw Bikur
Address 2904 Reisterstown Rd Date signed 6/24/40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

70404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70404 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 dys.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 829 Eastern Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Guarilla

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22 1934

8. AGE: Years	Months	Days	If less than one day
5	11	27	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Filip Guarilla
13. Birthplace Balto

MOTHER
14. Maiden Name Rose Lamm
15. Birthplace Balto

16 (a) Informant Rose Lamm
(b) Address 829 Eastern ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22 40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director Martin H. C. Duffy
(b) Address 37 S. Aeon St

19 (a) Filed JUN 24 1940 (Registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19th 1940, at 12 noon P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 6th 1940, to June 19 1940, and that I last saw h[illegible] alive on June 19th 1940.

	Duration
Immediate cause of death: Tuberculus Meningitis	5 weeks
Due to Pulmonary Tuberculosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Kelmenson M. D.
Address St. Joseph's Hosp Date signed 6-19-40

F70405 X ✓ F70405

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 133B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hosp. 11-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Brito - Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 21 Symington Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. William Seidel
3 (b) If veteran, name war None
3 (c) Social Security Account No. 214-03-1692
4. Sex M.
5. Color or race W.
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Thelma A. Waltemeyer Seidel
6 (c) If alive, give age 44 years
7. Birth date of deceased (mo., day, yr.) Sept. 28, 1894
8. AGE: Years 45 Months 8 Days 23 If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Engineer Sheet Metal
11. Industry or business Power Comptroller
12. FATHER Name Edward Seidel
13. Birthplace Germany
14. MOTHER Maiden Name Margaret Moedinger
15. Birthplace Maryland
16 (a) Informant Mrs. Thelma W. Seidel
(b) Address 21 Symington Ave. Catonsville
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24 1940 (Month) (Day) (Year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.
18 (a) Funeral director Easton Sons & Nice
(b) Address Edmondson Ave.
19 (a) (Local registrar) (b) Date received by Registrar JUN 21 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/20 1940, at 8:05 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 6/14 1940, to 6/20 1940, and that I last saw him alive on 6/20 1940.

Immediate cause of death	Duration
(a) Uremia	
Due to Polycystic kidneys	
Due to	
Other Conditions Hypertension Polycystic disease of liver. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Uremia, Polycystic kidneys & Cardiac hypertrophy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Edward L. Glassman, M. D.
Address Md. Gen. Hosp. Date signed 6/21/40

VS 3

F 70406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93D F 70406

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1827 Druid Hill St. 14-3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 88 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary E. Johnson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1827 Druid Hill Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Mar. 28 - 1853

7. AGE: Years 87 | Months 2 | Days 22 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Carolina Co Va

FATHER

13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Mrs Elsie Gantt

(Address) 1827 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 6-22, 1940

19. UNDERTAKER: Mrs Frances A. Hemsley

(Address) 578 N. Bidwell St.

20. FILED JUN 21 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-20, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1940 to June 20, 1940

I last saw h[illegible] alive on June 19, 1940 Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insuff.	
Chr. myocarditis	6 mos.
Other contributory causes of importance:	
Arteriosclerosis	10 yrs

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical. Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Chas J Keller M. D.

(Address) 1122 W. Monument St

VS 8

OCCUPATION is very important. See instructions on back of certificate.

F 70407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a F 70407 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 822 N. Carrollton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 822 N. Carrollton Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hattie Funk

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Fem | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1867

8. AGE: Years 73 | Months 1 | Days 19 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Not Known.

13. Birthplace

MOTHER 14. Maiden Name Not Known

15. Birthplace

16 (a) Informant A. J. Mitchell

(b) Address 822 N. Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto. Md.

18 (a) Funeral director Wm. Brauer & Bro.

(b) Address 578 W. Baltimore St. Embalmers & Funeral Directors

19 (a) JUN 21 1940 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20 1940, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1940 to June 20 1940 and that I last saw h alive on June 20 1940.

Immediate cause of death

Cerebral apoplexy — Duration 2

Due to arteriosclerosis — Duration 1

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elias J. Mueller M. D.

Address 720 Druid Hill Ave Date signed

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52297 F 70408 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 2 51
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 York St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Hinton

3 (b) If veteran, name war

3 (c) Social Security Account No. R

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Lettie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-1-1869

8. AGE: Years 70 | Months 10 | Days 8 | If less than one day hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Isaac
13. Birthplace N.C.

MOTHER
14. Maiden Name Penny Henner
15. Birthplace N.C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 21 1940
Commissioner of Health

18 (a) Funeral director
(b) Address Per M. A. Moore

19 (a) JUN 21 1940 (Date rec'd by Registrar) Huntington Williams M.D. Registrar 5708

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-9 1940 at 1.58 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-26 1940 to 6-9 1940 and that I last saw him alive on 6-9 1940.

Immediate cause of death: Carcinoma prostate with metastasis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

Duration over 5 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L.K. Woodward Jr. M. D.
Address Balto City Hosp Date signed 6-9-40

70409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 70409

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1704 Guilford Avenue

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1704 Guilford Avenue
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia Theresa Caler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Merril H. Caler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 6, 1858

8. AGE: Years	Months	Days	If less than one day
82	5	14	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name George Taylor

13. Birthplace Baltimore, Maryland

MOTHER 14. Maiden Name Mary Jordan

15. Birthplace Unknown

16 (a) Informant Mrs. Genevieve C. Bates

(b) Address 1704 Guilford Avenue

17 (a) Burial (b) Date thereof 6/22/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,

(b) Address North & Pa. Avenues.

19 (a) (Signature of registrar) (b) Thos. J. Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20, 1940, at 5:54 P.M.

21. I certify that death occurred on the date above stated: that I attended deceased from Jan 5 1939, to June 20 1940, and that I last saw her alive on June 19 1940.

	Duration
Immediate cause of death: Cardiac decompensation	4 months
Due to Cardio vascular hypertension disease	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature George M. Little M. D.

Address 2435 Maryland Ave Date signed June 21, 1940

N. D. B. 1935-6

70410 HEALTH DEPARTMENT—CITY OF BALTIMORE X B 20410

CERTIFICATE OF DEATH

92-B

1. PLACE OF DEATH Edgewood Sanitarium

CITY OF BALTIMORE: (No. 6000 Belina St. 7-12 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. 3 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances MacMurray Meads

(a) Residence: No. Pheonix Balto. Co. St. Maryland Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Sweeney

6. DATE OF BIRTH (month, day, year) Oct. 17, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) 1915

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) New Market Balto Co. Md.

FATHER

13. NAME Nathan Treadway Meads

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Sarah Jane Wantland

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

17. INFORMANT Mrs. J. Wilbur Meads
(Address) 5837 York Rd., Balto

18. BURIAL, CREMATION OR REMOVAL
Place New Freedom, Pa. Date June 23. 1940

19. UNDERTAKER Lambert M. Burky
(Address) Sparks, Md.

20. FILED JUN 21 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20-, 1940

22. I HEREBY CERTIFY, That I attended deceased from December 21, 1937 to June 20-, 1940

I last saw him alive on June 20-, 1940 Death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac dilatation + decompensation	1937
History Acute rheumatic fever + endocarditis — Mitral insufficiency	
Cardiac hypertrophy	1911

Other contributory causes of importance: Arterio sclerosis, slight - Kidneys

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Howard Brown M. D.

(Address) 2125 Maryland Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

70411

Bracken

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

F 70411

1. PLACE OF DEATH Women Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 10-1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby boy Bracken

If U. S. Veteran specify WAR .....

(a) Residence: No. 1508 Forest St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/20/40

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 45 min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME James Leland Bracken

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

MOTHER

15. MAIDEN NAME Mary Stone

16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place To Carnegie Foundation Date 19

19. UNDERTAKER —
(Address)

FILED JUN 21 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from 8:30 P.M. May 19th to 9:05 May 21st 19 40

I last saw he alive on 5/20/, 19 40. Death is said to have occurred on the date stated above, at 9:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation To Carnegie

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B. H. Hand M. D.

(Address) Hosp Women Md

OCCUPATION is very important. See instructions on back of certificate.

V6 3

F 70412

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-B

F 70412 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N. Calhoun St.
(c) Hospital or institution: Franklin Sq Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3434 Virginia Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Sillian Merritt

3 (b) If veteran, name war /

3 (c) Social Security Account No. 215-10-3007

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married.

6 (b) Name of husband or wife Wm. C. Merritt
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) May 19, 1897

8. AGE: Years	Months	Days	If less than one day
43	1	1	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Typist
11. Industry or business Bragg & Feinberg.

FATHER
12. Name Thomas J. Settzer.
13. Birthplace Md

MOTHER
14. Maiden Name Marion Lanzinger.
15. Birthplace Md

16 (a) Informant Wm. C. Merritt
(b) Address 3434 Virginia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location

18 (a) Funeral director Shenowith & Donovan.
(b) Address 3615-17 Chestnut Ave

19 (a) Date rec'd by local registrar JUN 21 1940 (b) Registered number 122 (c) Signature of local registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20-40 19 45 at 11 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-15 1940, to 6-20 1940, and that I last saw h[illegible] alive on 6-20 1940.

Immediate cause of death	Duration
(a) Generalized Peritonitis	1 day
(b) Paralytic Ileus	
Due to Intestinal Obstruction	
Due to due to Post-operative adhesions —	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: Of operations Post-operative adhesions.
Of autopsy Paralytic Ileus Generalized Peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. Thomas Woolf
Address Franklin Sq Hosp Date signed 6/21/40

Write the cause of death clearly and legibly.

F 70413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1108

Registered No. F 70413

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2326 Etting St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alfred Dickerson

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-5467

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
M	Col	married

6 (b) Name of husband or wife Mollie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 30, 1892

8. AGE: Years	Months	Days	If less than one day
47	8	17	hr. min.

9. Birthplace Accomac Co. Va.
(Town, county and state)

10. Usual Occupation Butler

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Mollie Dickerson
(b) Address 2326 Etting St.

17 (a) Burial (b) Date thereof June 21 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Long Green Md.
Location Long Green, Md.

18 (a) Funeral director Thos. Geo. H. Stallan
(b) Address 16 S. Windsor Hill Ave.

JUN 21 1940 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1940 at 3:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came
(Autopsy or Inquiry)
to h.s. death on the day stated above.

Immediate cause of death	Duration
Lobar pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Sandkroft M.D.
Medical Examiner.
Date signed 6/18/40

Please write the causes of death clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

70414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48-B

F 70414

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2014 Druid Hill Ave St. 19 3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Harriett Duffin

(a) Residence: No. 2014 Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 17, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Thomas H. Leek

14. BIRTHPLACE (city or town) Poolesville, Md. (State or country)

MOTHER

15. MAIDEN NAME Eliza Naylor

16. BIRTHPLACE (city or town) Poolesville Md (State or country)

17. INFORMANT Lilly D. Dixon

(Address) 2014 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Mem. Date 6-21, 1940

19. UNDERTAKER Mrs. Geo. H. Holland

(Address) 1631 Druid Hill Ave.

20. FILED JUN 21 1940 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 18 1940 to June 18, 1940

I last saw h.er alive on June 18, 1940 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
Other contributory causes of importance:	

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) C. R. Duffell, M. D.

(Address) 718 Dolphin St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 70415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 70415

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2223 Maryland Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2223 Maryland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma L Taylor

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Oct 12 1868
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10 12 [illegible]

8. AGE: Years 71 | Months 8 | Days [illegible] | If less than one day: hr. min.

9. Birthplace: Born New York City N Y
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER
12. Name: Louis Smith
13. Birthplace: New York

MOTHER
14. Maiden Name: Baltimore
15. Birthplace: Baltimore

16 (a) Informant: Grace E Taylor
(b) Address: 2223 Maryland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 23 40 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: New York N Y

18 (a) Funeral director: Wilson Bros
(b) Address: 1219 W Fayette St

19 (a) JUN 21 1940 (Date received by Registrar)
Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1940, at 3.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1940, to June 20 1940, and that I last saw him alive on June 19 1940.

Immediate cause of death	Duration
Cardiac Decompensation	11 days
Due to: Myocarditis	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Roger M Brooke M. D.
Address: 2435 Maryland Ave Date signed: June 20 1940

Fill in and sign in ink. Use typewriter if possible. Print plainly. Be sure to answer every question. Write the cause of death clearly and legibly.

70416

BALTIMORE CITY HEALTH DEPARTMENT 46-F

CERTIFICATE OF DEATH

56175 SD Registered No. F 70416

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1019 W. Saratoga Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME London Quinn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/13/1881

8. AGE: Years	Months	Days	If less than one day
58	11	5	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Frank Quinn (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Cassie Melvin (d)
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof June 21 1940 (month) (day) (year)
(c) Cemetery or crematory Lynnwood City
Location Worcester Co Md

18 (a) Funeral director Mrs Katie R Williams
(b) Address 327 N Schroeder St

19 (a) (Signature) (b) Huntington Williams, M.D.

JUN 21 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1940, at 4.25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1940, to June 18 1940, and that I last saw him alive on June 18 1940.

Immediate cause of death: Carcinoma of the Liver — Duration: 8 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray Luckstein M. D.
Address Balto City Hosps. Date signed 6-18-40

F 70417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1549

F 70417 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 S Bouldin (If rural give location)
(e) If foreign born, how long in U. S. A.? years

26 11

3 (a) FULL NAME Baby boy Berkheimer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/14/40

8. AGE: Years	Months	Days	If less than one day
			10½ hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Herbert Berkheimer
13. Birthplace Md

MOTHER 14. Maiden Name Josephine Standenmeier
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location

JOHNS HOPKINS MEDICAL SCHOOL JUN 21 1940 Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) 6-21-1940 (Date received by Registrar) (b) Registered No. 5781

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1940, at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death Prematurity

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry P. Goldberg
Address Johns Hopkins Hosp Date signed 6-N-40

F 70418

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1/59

F 70418
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 dd
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 S. Bouldin St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Berkheimer #2
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/14/40

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Herbert Berkheimer
13. Birthplace Md

MOTHER 14. Maiden Name Josephine Standenmein
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHNS HOPKINS MEDICAL SCHOOL JUN 21 1940
Location Commissioner of Health
18 (a) Funeral director Per H. A. Moore
(b) Address
JUN 21 1940
19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

5710

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1940 at 5 55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1940 to June 15 1940, and that I last saw alive on June 15 1940.

Immediate cause of death Prematurity — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry P. Doddsberg M.D.
Address Johns Hopkins Hosp. Date signed 6-15-40

70419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-c

F 70419 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Caroline & Oliver St.

(c) Hospital or institution:

St. Joseph's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1608 Aisquith St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Mag Telmyer

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife Harry H. Telmyer

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 5/4/1889

8. AGE: Years 51 | Months 1 | Days 17 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Thomas Smith

13. Birthplace Baltimore

MOTHER 14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Mrs. Doris Telmyer

(b) Address 1608 Aisquith St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/40 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Balto. Md.

18 (a) Funeral director George J. Pfeltz Son

(b) Address 715 Hollins Ave.

19 (a) 6-21-1940 (Date received by registrar) (b) Huntington Methodist, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21st 1940, at 1:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 18 1940 to June 21 1940, and that I last saw her alive on June 21 1940.

Immediate cause of death Uremia — Duration

Due to Pyelonephritis

Due to Cord Bladder
Central Nervous System Lues

Other Conditions
Secondary Anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harry Kilmenson M. D.

Address St. Joseph's Hosp. Date signed 6-21-40

F 70420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

125-a

Registered No. F 70420

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lyden Lane Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 511 N. Bond St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gertrude Pegnol

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Bernard Pegnol
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 14, 1911

8. AGE: Years	Months	Days	If less than one day
28	8	6	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Part time clerk
11. Industry or business

FATHER
12. Name Charles Williams
13. Birthplace Baltimore

MOTHER
14. Maiden Name Josephine Williams
15. Birthplace Maryland

16 (a) Informant Mother
(b) Address 511 N. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23rd 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn Ave Balto Md.

18 (a) Funeral director Bryon Thamis & Kerr
(b) Address 1218 McElderry St Huntington Williams, W. Va.

JUN 21 1940 (Date rec'd by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1940, at 7:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 18 1940, to June 20 1940, and that I last saw h[illegible] alive on June 20 1940.

Immediate cause of death	Duration
Acute Yellow Atrophy of Liver	
Due to	
Due to	
Other Conditions: Terminal Bronchopneumonia (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Fatty degeneration of liver, Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mark Baum M. D.
Address Lyden Lane Hosp Date signed 6/20/40

F 70421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-B Registered No. F 70421

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 462 E. Federal St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 462 E. Federal St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

125

3 (a) FULL NAME James Thomas Stewart

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Blanche M Hare
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Nov 14, 1890

8. AGE: Years	Months	Days	If less than one day
49	7	6	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Store Keeper
11. Industry or business Confectionary

FATHER
12. Name Harry M Stewart
13. Birthplace Baltimore

MOTHER
14. Maiden Name Cath Keenan
15. Birthplace Baltimore

16 (a) Informant Mrs Stewart
(b) Address 462 E Federal St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27, 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 917 Greenmount Ave

19 (a) JUN 21 1940 (Date rec'd by registrar) Plumber for Baltimore, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20th 1940, at 7:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940, to June 20 1940, and that I last saw him alive on June 19 1940.

Immediate cause of death Cirrhosis of Liver — Duration 1 Month
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip O. Yon M. D.
Address 423 E. York Ave Date signed 6-21-40

Dr. Stigmon N. Ave

70422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 [illegible] Registered No. F 70422

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2500 Hollins St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓ 20-4
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2500 Hollins St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME JUSTIN DAYLIDONIS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife PETRONE DAYLIDONIS

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 70 | Months — | Days — | If less than one day ____ hr. ____ min.

9. Birthplace LITHUANIA (Town, county, and state)

10. Usual Occupation TAILOR

11. Industry or business TAILORING

FATHER 12. Name JOZAS DAYLIDONIS

13. Birthplace LITHUANIA

MOTHER 14. Maiden Name ONA PETRAUTSKUITE

15. Birthplace LITHUANIA

16 (a) Informant PETRONE DAYLIDONIS

(b) Address 2500 HOLLINS ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6 22 40 (month) (day) (year)

(c) Cemetery or crematory LOUDON PARK

Location FREDRICK ROAD

18 (a) Funeral director Wellemin Funeral Home

(b) Address 203 McKeever St.

19 JUN 21 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-19 1940 at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1934 to 6/19 1940, and that I last saw him alive on 6/19 1940.

Immediate cause of death Coronary Thrombosis — Duration Yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature Joseph J. Bruno

Address 37 S. Stricker St. Date signed 6/21/40 (M. D.)

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51-C

Registered No. F 70423

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2206 Walbrook Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2206 Walbrook Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

57

3 (a) FULL NAME Arthur William Paul Blohm

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife ----------

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 21, 1899

8. AGE: Years	Months	Days	If less than one day
40	7	28	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Asst. Sanitary Engineer

11. Industry or business Md. State Dept. Health

FATHER
12. Name Wm. H. F. Blohm
13. Birthplace Germany

MOTHER
14. Maiden Name Lena Deininger
15. Birthplace Germany

16 (a) Informant Mr. Harry C. Blohm
(b) Address 3204 Evergreen Avenue

17 (a) Cremation (b) Date thereof 6/22/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Pa. Avenues

19 (a) JUN 21 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19, 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 18 1940, to June 19 1940 and that I last saw him alive on June 18 1940.

Immediate cause of death: Carcinoma of testicle — Duration 1½ m.

Due to (Primary, secondary) 1 year ago. —

Due to Carcinoma spread to abdominal glands.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. Pivnick, Md.
Address 2202 W. North Ave. Date signed 6-22-40 (M. D.)

Dr Pivnick

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70424 — 49-a — Registered No. F 70424

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 das.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Annaslie, Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. 726 Dunkirk Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nettie Davis (Nettie M. Davis)

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-3586

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~OR WIFE~~ Wm. R. Davis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27, 1904

8. AGE: Years	Months	Days	If less than one day
36	0	23	hr. min.

9. Birthplace Baltimore Co., Md. (Town, county, and state)
10. Usual Occupation Saleslady - Candy
11. Industry or business Martha Washington Candy Co.

FATHER
12. Name John Hurtt
13. Birthplace Maryland

MOTHER
14. Maiden Name ? Fergurson
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24, 40 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pennsylvania Avenues

19 JUN 21 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20 1940, at 11.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940, to June 20 1940, and that I last saw her alive on 6-20 1940.

Immediate cause of death Carcinoma 1 pelvis cervix & metastases to liver

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma Uterus & Hepatic Involvement
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ramsay D. Thomas M.D.
Address Linwood, Howard Co. Date signed 6-30 1940

F 70425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56496

Registered No. F 70425

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1318 Poplar Grove St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ernest Ballard

3 (b) If veteran, name war	3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-24-1881

8. AGE: Years	Months	Days	If less than one day
58	7	25	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Laborer Steam fitter
11. Industry or business W P A

FATHER
12. Name Frederick
13. Birthplace Md.

MOTHER
14. Maiden Name Anna
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 6-22-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Hope
Location Woodsboro, Md.

18 (a) Funeral director Wm. J. Fickus & Sons
(b) Address Monty & Pa Aves.

JUN 21 1940 (b) Huntington Williams M.D.
(Registrar's signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1940, at 6:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 11 1940, to June 19 1940, and that I last saw him alive on June 19 1940.

Immediate cause of death Bronchopneumonia — Duration unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosps. Date signed 6-21-40
M. D.

VS 1

F 70426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 70426

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 11 S. Fulton ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 S. Fulton ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose M. Libros

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife late Andrew J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 28 1853

8. AGE: Years	Months	Days	If less than one day
86	9	20	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Knauer
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine (Unknown)
15. Birthplace Germany

16 (a) Informant Mrs. Catherine Thompson
(b) Address 11 S. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd

18 (a) Funeral director Harry A. Wittke
(b) Address 4101 Edmondson Ave

19 (a) JUN 22 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1940, at 10:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1 1940 to June 18 1940 and that I last saw her alive on June 17 1940.

Immediate cause of death: Degenerative Myocarditis — Duration 5 yrs.
Chronic Interstitial Nephritis — 5 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Kanna M. D.
Address 8220 Baltimore St Date signed June 21. 40

VS 3

F 70427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 70427

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2108 E. Federal St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 68 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2108 E. Federal St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 68 Years years

3 (a) FULL NAME MARY BORIG

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Richard Borig
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 14, 1867

8. AGE: Years	Months	Days	If less than one day
72	8	6	hr. min.

9. Birthplace Geramny (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Don't know
13. Birthplace Geramny

MOTHER
14. Maiden Name Don't know
15. Birthplace Germany

16 (a) Informant Richard Borig
(b) Address 2108 E. Federal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22, 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore, Md.

18 (a) Funeral director John Ulluch.
(b) Address 2008 Orleans St.

19 (a) JUN 22 1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20, 1940, at 9 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 18, 1940, to June 20, 1940, and that I last saw her alive on June 18, 1940.

Immediate cause of death
Arteriosclerotic Cardiovascular Disease — Duration 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John Costantini M. D.
Address 711 S. Conkling St. Date signed 6-20-40

70428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

463

F 70428

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1601 Normal ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 Normal ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME John W. Bosley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lillian L. Bosley
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Oct 17, 1874

8. AGE: Years 65 | Months 8 | Days 23 | If less than one day: ____ hr. ____ min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Fireman Balto City

11. Industry or business Fire Dept

FATHER
12. Name Charles Bosley
13. Birthplace Dont know

MOTHER
14. Maiden Name Mary A. Rogers
15. Birthplace Plattsburg N.Y.

16 (a) Informant Lillian L. Bosley
(b) Address 1601 Normal ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24/40 (month) (day) (year)
(c) Cemetery or crematory Maryland Memorial
Location Balto Md

18 (a) Funeral director A. Howard Evans
(b) Address 1600 N. Charles

19 (a) (Date) rec'd by registrar (b) Registrar's No. 8

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/20/ 1940, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/25/ 1939, to 6/20/ 1940, and that I last saw him alive on 6/19/ 1940.

Immediate cause of death: Carcinoma of stomach — Duration: 1½ yrs.

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deitel M.D.
Address 1226 Hanover St. Date signed 6/20/40

F 70429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 70429

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4310 Forest Park Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4310 Forest Park Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helen M. Hagan

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife James A.

6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Dec. 17-1907

8. AGE: Years 32 | Months 6 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name John Garrigh
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Agnes Ford.
15. Birthplace Balto. Md.

16 (a) Informant James A. Hagan
(b) Address 4300 Forest Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24-40 (month) (day) (year)

(c) Cemetery or crematory Mem. Gdns.
Location Old Frederick Rd.

18 (a) Funeral director's name J. E. Hagan
(b) Address 3011 E. Baltimore St.

19 (a) JUN 22 1940 Huntington Williams, M.D. Registrar

V8 1

Medicine #2 Ref 0759

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1940, at 8:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw her alive on June 20 1940

Immediate cause of death: Cerebral hemorrhage
Duration: about 8 hours

Due to heart failure

Due to hypertension & chronic interstitial nephritis
Duration: Known since 1927

Due to heart fever.
Duration: at 8 yrs.

Other Conditions old rt. hemiplegia from cerebral accident Jan. 1940
(Include pregnancy within three months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charlotte McCarthy M.D. M. D.
Address 618 Medical Arts Bldg. Date signed June 21 40

W 70430 ✓ F 70430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 N. Vincent St. 191 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Smith

(a) Residence: No. 413 N. Vincent St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elsie Smith

6. DATE OF BIRTH (month, day, year): Dec. 23, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	5 6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Richmond Va.

FATHER

13. NAME: William Smith

14. BIRTHPLACE (city or town) (State or country): Richmond Va

MOTHER

15. MAIDEN NAME: Molly Brown

16. BIRTHPLACE (city or town) (State or country): Richmond Va -

17. INFORMANT: Elsie Glasco

(Address): 413 Vincent

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 22, 1940

19. UNDERTAKER: Mrs Katie R. Williams

(Address) 327 N. Schroeder St.

20. JUN 22 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 19, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 11 1940 to June 19 1940

I last saw h[illegible] alive on June 19, 1940. Death is said to have occurred on the date stated above, at 7 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	6/15
Other contributory causes of importance: Gastro enteritis	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Douglas Shepherd M. D.

(Address) 1637 W. Fayette St.

OCCUPATION is very important. See instructions on back of certificate. Exact statement

70431 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a F 70431

1. PLACE OF DEATH West Baltimore General Hospital Registered No.

CITY OF BALTIMORE: (No. ..... St. ..... (Ward) 16 b

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR

2. FULL NAME Albert Linz

(a) Residence: No. 15 Wade Ave. St., ... Ward. Catonsville Md.
(Usual place of abode) (If non-resident give City or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Europe

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Date 6/22 1940

19. UNDERTAKER Grace A. Taylor
(Address) Baltimore Maryland

20. FILED JUN 22 1940 Lexington Williamsport Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1940 to June 20, 1940

I last saw him alive on June 20, 1940 Death is said to have occurred on the date stated above, at 9:10 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute coronary infarction	
Other contributory causes of importance:	
Generalized atherosclerosis	
Coronary atherosclerosis	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. Strauss, M. D.

(Address) 1 E 84

OCCUPATION is very important. See instructions on back of certificate.

VS 9

70432

Watkins

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 70432 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1533 E. Madison St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1533 E. Madison St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Goldie Christal Watkins

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-19-1920

8. AGE: Years	Months	Days	If less than one day
20	—	—	hr. min.

9. Birthplace Chester Md. (Town, county, and state)
10. Usual Occupation School.
11. Industry or business

FATHER
12. Name Charles Watkins
13. Birthplace Chester Md

MOTHER
14. Maiden Name Blanche Treddrich
15. Birthplace Chester Md

16 (a) Informant Mrs Estelle Cooper
(b) Address 1533 E. Madison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Chesty Md
Location Eastern shore by
18 (a) Funeral director Robert E. Wickins
(b) Address 1515 Mc Elderry St

(b) Registered by registrar Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-19 1940 at 1-15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-1 1940 to 6-19 1940 and that I last saw h & r alive on 6-16 1940

Immediate cause of death: Pulmonary Tuberculosis — Duration: 1 mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rayner Browne, M.D.

Address 1500 E. Madison St Date signed 6/20/40

Rayner Browne

F 70433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

Registered No. F 70433

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 13-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Esplanade Apts. Entaw Place + Brooks Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mamie L. Hamburger

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Belle S. Hamburger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13 1857

8. AGE: Years	Months	Days	If less than one day
82	8	9	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Isaac Hamburger
13. Birthplace Germany

MOTHER
14. Maiden Name Bertha Hamburger
15. Birthplace Germany

16 (a) Informant Mrs. S. Hamburger
(b) Address Balto. Md.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 6/24/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director David Sondheim & Son
(b) Address 1902 Entaw Place

JUN 22 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/22 1940, at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/9 1940 to 6/22 1940 and that I last saw him alive on 6/20 1940.

Immediate cause of death
Cardiac Failure
Due to Arteriosclerotic Heart Disease
Due to
Other Conditions Senile Arteriosclerosis
(Include pregnancy within 3 months of death)

Duration 18 days

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John [illegible]
Address Sinai Hosp. Date signed 6/23/40 M. D.

F 70434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 70434

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U. S. A. South Balto Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 401 E Cross St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

24

3 (a) FULL NAME John C. Fitz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Mary J. Fitz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25, 1872

8. AGE: Years	Months	Days	If less than one day
67	5	27	26 hr. min.

9. Birthplace Balto, Md (Town, county, and state)
10. Usual Occupation Retired Laborer
11. Industry or business

FATHER
12. Name Adam Fitz
13. Birthplace Md

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant John C Fitz Jr
(b) Address 401 E Cross St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director H. Howard Strong
(b) Address Hillsdale Hillsdale, Md.

JUN 22 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1940 at 5 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm H Gardner Jr M.D. Medical Examiner.
Date signed 6/22/40

VS 6

F 70435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-E

F 70435 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2205 Ellamont Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2205 Ellamont Street (If rural give location)
1547
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William S. Newnam

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Emma H. Newnam
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 10,1855

8. AGE: Years	Months	Days	If less than one day
86	9	9	hr. min.

9. Birthplace Queen Anne Co., Md. (Town, county, and state)
10. Usual Occupation Policeman - Retired 18 yrs
11. Industry or business

FATHER 12. Name John Newnam
13. Birthplace Maryland

MOTHER 14. Maiden Name Benanna Stoops
15. Birthplace Maryland

16 (a) Informant Mrs. Pearl E. Williams
(b) Address 2205 Ellamont Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/40 (month) (day) (year)
(c) Cemetery or crematory Crumpton
Location Crumpton, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Pa. Avenues

19 (a) (b) Registrar

JUN 23 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19, 1940, at 4 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 8 1933 to June 19 1940, and that I last saw h im alive on June 18 1940

Immediate cause of death: Cardiac Failure — Duration 6.19.40

Due to: Myocardia insufficency

Due to: Generalized arteriosclerosis 10yr.

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. A. Kumpf

Address 3030 Edmondson Ave Date signed 6.21.40 M. D.

F 70436 (1937)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 70436

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State VA (b) County
(c) City or town Pounding Mill
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles H Trayer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Kate Harper

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-9-79

8. AGE: Years 60 | Months 8 | Days 12 | If less than one day hr. min.

9. Birthplace VA (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name John Trayer
13. Birthplace VA

MOTHER [redacted] Rebecca East
[redacted] VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (burial, cremation, or removal) (b) Date thereof June 22-40 (month) (day) (year)
(c) Cemetery or crematory Thornrose cem
Location Staunton Va

18 (a) Funeral director John O. Mitchell & Son
(b) Address 1905 Eutaw Place

19 (a) JUN 23 1940 (b) Registrar Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1940, at 10:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1940, to June 21 1940, and that I last saw him alive on June 21 1940.

Immediate cause of death: Cardiac failure with coronary occlusion — Duration 48 hrs 6 Strokes
Due to: Hypertensive Cardio-Vascular disease — ?
Due to
Other Conditions: Uremia Apoplexia
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy As above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ward W. Bright M.D.
Address Johns Hopkins Hospital Date signed 6/24/40

F 70437

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 70437 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 49 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 Etting St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alice Wilson Skinner (55288)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife Robert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27, 1906

8. AGE: Years	Months	Days	If less than one day
34	2	25	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Alfred Wilson (D)
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Wilson (D)
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 24 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Anne Arundel County, Md.

18 (a) Funeral director William A. Jackson
(b) Address 916 Pennsylvania Ave

19 JUN 23 1940 (Date Rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21, 1940, at 7 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 3, 1940 to June 21, 1940 and that I last saw her alive on June 21, 1940.

Immediate cause of death Tuberculosis of the Lungs — Duration Dec 1939

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Edelen M. D.
Address Balto. City Hospitals Date signed 6-21-40

F 70438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 W

F 70438 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 623 Lemmon St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 623 Lemmon St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sophia E Mumford

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	None	Female	White	Married

6 (b) Name of husband or wife Sidney Mumford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16 1868

8. AGE: Years	Months	Days	If less than one day
72	2	6	hr. min.

9. Birthplace Worcester Co Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George W McKee
13. Birthplace Worcester Co Md

MOTHER
14. Maiden Name Jane Tighlman
15. Birthplace Worcester Co Md

16 (a) Informant Sidney Mumford
(b) Address 623 Lemmon St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24/40 (month) (day) (year)
(c) Cemetery or crematory Methodist Protestant
Location Snow Hill Md

18 (a) Funeral director Wilson Cook
(b) Address 1219 N Fulton Ave

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 25 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1940, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1940, to June 22 1940, and that I last saw her alive on June 19 1940.

Immediate cause of death
Cerebral hemorrhage
Due to Arterio Sclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations ✓
Of autopsy ✓

Duration
6-22-40
1932

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ✓
(e) Means of injury ✓

23. Signature John S. Bishop M. D.
Address 12 E 25th St Date signed 6-22-40

F 70439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 70439 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1804 Lancaster St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Tarr

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) ~~Single, married,~~ widowed, ~~or divorced~~: Widowed

6 (b) Name of ~~husband or~~ wife: Malinda Tarr

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug 21st 1858

8. AGE: Years	Months	Days	If less than one day
81 87	10	1	hr. min.

9. Birthplace: Balto md.
(Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business: Night Watchman

FATHER
12. Name: Wm a. Tarr
13. Birthplace: Balto Md.

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Balto Md.

16 (a) Informant: William T. Tarr
(b) Address: 3105 Independence St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof: 6/25/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~: St. Vincents
Location: Balto Md

18 (a) Funeral director: William Cook
(b) Address: 1217 St Paul St

19 JUN 23 1940 (Date rec'd by registrar) (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6-22-40 19 at 12 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-19-40 to 6-22-40, and that I last saw him alive on 6-21-40.

Immediate cause of death	Duration
Arteriosclerotic Cardiovascular Disease	?
Due to decompensated.	
Due to Hypostatic bronchopneumonia	3 da.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Harry Kelmenson M. D.
Address: St. Joseph's Hosp Date signed 6-22-40

F 70440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193-D

F 70440
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 300 E Lanvale St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 300 E Lanvale St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maude E Gorman

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: John E Gorman
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Jan 19. 1889
8. AGE: Years 51 | Months 5 | Days 1 | If less than one day hr. min.
9. Birthplace: West Virginia (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: Geo W Stoops
13. Birthplace: W. Va

MOTHER
14. Maiden Name: Susan Peters
15. Birthplace: W. Va

16 (a) Informant: Mrs John E Gorman
(b) Address: 300 E Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 24 1940 (month) (day) (year)
(c) Cemetery or crematory: Leland Park
Location: Baltimore Md

18 (a) Funeral director: Milburn Lord
(b) Address: 1214 E Fayette St

19 (a) JUN 23 1940 (Received by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1940, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1940, to June 20 1940
and that I last saw h e alive on June 8 1940.

Immediate cause of death: Cardiac Pyneapse
Complete heart block
Due to R. bundle branch block
Cardiac hypertrophy
Due to Myocardial degen

Duration: 1/2 hour

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: H G Jones M. D.
Address 2818 Pk Ave Date signed 6/24/40

70441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146-B

Registered No. F 70441

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2625 Poplewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 25 years

15

3 (a) FULL NAME Solomon Rubin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	married

6 (b) Name of husband or wife Bessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
66			..... hr. ..... min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Grocer
11. Industry or business

FATHER
12. Name Abraham
13. Birthplace Russia

MOTHER
14. Maiden Name Bare
15. Birthplace Russia

16 (a) Informant Mrs. Nellie Rubin
(b) Address 2821 Parkwood Ave

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 6-23-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Mem. Park
Location

18 (a) Funeral director Jack Lewis
(b) Address 1439 E. Baltimore St.

19 (a) JUN 23 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1940, at 9:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1940 to June 22 1940, and that I last saw h.. alive on June 22 1940.

Immediate cause of death	Duration
Peritoneal carcinosis	6 months
Due to Ca of stomach	
Due to	
Other Conditions arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ca of stomach
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hyman L. Miller M. D.
Address Sinai Hospital Date signed 6/22/40

F 70442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146-B

F 70442 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3220 Garrison Blvd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Blvd
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3220 Garrison Blvd
(If rural give location)
(e) If foreign born, how long in U. S. A.? 15 years

3 (a) FULL NAME Edel Weisman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Rebecca
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1863
8. AGE: Years 77 Months Days If less than one day hr. min.
9. Birthplace Russia (Town, county and state)
10. Usual Occupation Sexton
11. Industry or business

FATHER
12. Name Nison Weisman
13. Birthplace Russia

MOTHER
14. Maiden Name Rachel
15. Birthplace Russia

16 (a) Informant Rebecca Weisman
(b) Address 3220 Garrison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Phil. Rd.

18 (a) Funeral director Jack Peurs Inc
(b) Address 1489 E. Balto St

19 (a) Filed JUN 23 1940 (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1940 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1939 to June 21 1940 and that I last saw him alive on 6/24 1940

Immediate cause of death: Carcinoma Stomach & M — Duration

Due to

Due to

Other Conditions: Pulmonary Edema — 1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. J. Daylin

Address 2040 Eutaw Date signed 6/24/40

F 70443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

129

F 70443

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1009 S. Stemwood ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3(a) FULL NAME Josephine Frances Buzgerski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21-39

8. AGE: Years	Months	Days	If less than one day
1			hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace

MOTHER
14. Maiden Name Buzgerski
15. Birthplace

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) K (Burial, cremation, or removal) (b) Date thereof June 24-40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Dundalk ave

18 (a) Funeral director John F. Pinda
(b) Address 2329 Hudson st

19 (a) (Date rec'd by registrar) (b) Huntington Williamsport Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1940 at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1940 to June 21 1940 and that I last saw her alive on June 21 1940.

Immediate cause of death
? Septicemia
Primary peritonitis
Due to organism undetermined

Due to

Other Conditions Rickets
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
?
3 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry P. Boetzky
Address Johns Hopkins Hosp Date signed 6-22-40

F 70444

Cardwell

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133

F 70444 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Garrison (If outside city or town limits, write RURAL and give town)
(d) Street No. 63 (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mary Cardwell

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Laurence Cardwell
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 2, 1889

8. AGE: Years 51 | Months 2 | Days 19 | If less than one day — hr. — min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER

12. Name John Burrows
13. Birthplace England
14. Maiden Name Elizabeth McKeown
15. Birthplace England

16 (a) Informant Mr. Laurence Cardwell
(b) Address Garrison, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/40 (month) (day) (year)
(c) Cemetery or crematory Salem Methodist
Location Upper Falls Md.

18 (a) Funeral director Sagalyn Funeral Home
(b) Address 7401 Belair Road

19 (a) — (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JUN 23 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1940, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1940, to June 21 1940, and that I last saw her alive on 6-21 1940.

Immediate cause of death Uremia — Duration

Due to Pyelonephritis Fecal fistula

Due to —

Other Conditions Pyelonitis — Localized abscesses (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Fecal fistula & Peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature J. H. Mason Kenfield M. D.

Address Phoenix Md Date signed 6/21/40

F 70445 ✓ F 70445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 D

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6111 Belair Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 6111 Belair Road (If rural give location)
261
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Magdelena Raab

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Benjamin H.
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 22-1892

8. AGE: Years	Months	Days	If less than one day
47	9	29	hr. ..... min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Joseph Bruechner
13. Birthplace Balto.

MOTHER
14. Maiden Name Katherine Grossman
15. Birthplace Balto.

16 (a) Informant Benjamin H. Raab
(b) Address 6111 Belair Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location .....

18 (a) Funeral director Leonard J. Ruck
(b) Address 5309 Harford Rd.

JUN 23 1940 (Date rec'd by registrar) (b) Huntington, Maryland

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/21/ 19 40 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 10 1933. to June 21 1940.
and that I last saw h alive on June 21 1940

Immediate cause of death: Cerebral Hemorrhage — Duration: 6 hours
Due to: Hypertension — Duration: 8 yrs.
Due to: Cardio-vascular Disease
Other Conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Karl Grossman
Address 1212 N. Patterson Park Ave. M. D. Date signed 6/22/40

F 70446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54-a

Registered No. F 70446

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 641 S. Linwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 years
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 641 S. Linwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JOSEPHINE SAVINI

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem.	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20 1936

8. AGE: Years	Months	Days	If less than one day
3	8		hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Alexander Savini
13. Birthplace Italy

MOTHER
14. Maiden Name Catherine Lanza
15. Birthplace Italy

16 (a) Informant Catherine Savini (Mather)
(b) Address 641 S. Linwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemar Cemet.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Vecchia
(b) Address 52 N. Morley St.

19 (a) JUN 29 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1940, at 11 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-22 1940 to 5-25 1940, and that I last saw h[illegible] alive on 6-20 1940.

Immediate cause of death: Brain tumor - glioma - malignant Cerebellum & 3rd ventricle — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Cerebellar tumor

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles E. Ireland M. D.
Address John Hopkins Hosp. Date signed 6-21-40

F 70447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. F 70447

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5029 Gwynn Oak Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5029 Gwynn Oak Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harriett Love Aaron

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Jennings B. Aaron
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25-1897

8. AGE: Years	Months	Days	If less than one day
43	2	26	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Home Duties
11. Industry or business

FATHER
12. Name Turner Perkins Travers
13. Birthplace Dorchester Co. Md.

MOTHER
14. Maiden Name Eleanora Linthicum
15. Birthplace Baltimore Md

16 (a) Informant Miss Marguerite Travers
(b) Address 5029 Gwynn Oak Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24-1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Baltimore Md.

18 (a) Funeral director Francis E. Tyler
(b) Address 1600 W. North Ave

19 (a) Registrar Huntington Williams, M.D.

JUN 23 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1940, at 8:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-16 1940, to 6-22 1940, and that I last saw her alive on 6-21 1940.

Immediate cause of death: Heart failure (Congenital Pulmonic Valve Stenosis)
Due to (Coarctation of Aorta)
Due to (Chr. Myocarditis.)
Other Conditions: Pyelitis
(Include pregnancy within 3 months of death)

Duration: 43 yrs / 1 wk

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. G Abbott M. D.
Address 4900 Liberty Heights Ave Date signed 6-23-40

F 70448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 70448

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital, Balt. Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or town Frederick, Md., Route 4
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elaine Whittington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 20 1939

8. AGE: Years 0 | Months 6 | Days 3 | If less than one day: hr. min.

9. Birthplace Frederick Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Douglas Whittington
13. Birthplace Virginia

MOTHER
14. Maiden Name Anna M. Stakman
15. Birthplace Middletown, Md.

16 (a) Informant Douglas Whittington
(b) Address Ferrysville, Md. R.F.D. 4 Frederick

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Lutheran Cem.
Location Middletown, Md.

18 (a) Funeral director Glatthill Co.
(b) Address Middletown, Md.

19 (a) (b)
(Date rec'd by registrar) Registrar

JUN 23 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1940, at 1 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/22/40 19 to 6/23/40 19, and that I last saw h er alive on 6/23/40 19.

Immediate cause of death: Intussusception — Duration: 2 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Intussusception bowels

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. S. Coons M. D.
Address University Hosp. Date signed 6/24/40

F 70449

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 39-c

F 70449 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene St
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 3 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Charles
(c) City or town Bel Alton
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ruth Swann Swann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1929

8. AGE: Years	Months	Days	If less than one day
11			hr. min.

9. Birthplace Bel Alton, Chas Co, Maryland
(Town, county, and state)
10. Usual Occupation School girl
11. Industry or business

FATHER
12. Name John Swann
13. Birthplace Maryland

MOTHER
14. Maiden Name Elenora Proctor
15. Birthplace Maryland

16 (a) Informant Mother
(b) Address Bel Alton, Chas Co, Md.

17 (a) Burial (b) Date thereof June 25-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Thomas
Location Bel Alton Md

18 (a) Funeral director Hurdle & Rayon
(b) Address Waldorf Md

19 (a) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

JUN 25 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-22 1940, at 9.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-22 1940, to 6-22 1940, and that I last saw him alive on 6-22 1940.

Immediate cause of death Pertig MI - Spotted fever — Duration 2 wks

Due to

Due to

Other Conditions Pneumonia, Rt. lower lobe. — Duration 3 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Francis M Laughlin M. D.
Address University Hosp Date signed 6-22-40

70450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

~~File No.~~ 70450

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1008 N. Carrollton ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Addison Kidd

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-03-4806

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	negro.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 22, 1900

8. AGE: Years	Months	Days	If less than one day
39	7	29	hr. min.

9. Birthplace Middlesex Co Va (Town, county, and state)

10. Usual Occupation Steamfitter

11. Industry or business

FATHER
12. Name James Kidd
13. Birthplace Va

MOTHER
14. Maiden Name Mattie Gresham
15. Birthplace Va

16 (a) Informant Mattie Gresham
(b) Address 1008 Carrollton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/1940 (month) (day) (year)
(c) Cemetery or crematory Middlesex Co
Location Urbanna

18 (a) Funeral director Thomas E. Kelson
(b) Address 1303 Presstman St

19 (a) Harriet Tyson Williams, M.D. (Person who filed certificate) Registrar

JUN 25 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21st 1940, at 6:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 24 1940, to June 21st 1940, and that I last saw him alive on June 21st 1940.

Immediate cause of death Pulmonary (miliary) Tuberculosis.

Due to Glandular Tuberculosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Glandular-Pulmonary Tuberculosis

Duration
6 mos.
" "

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harriet Tyson Williams M. D.
Address University Hospital Date signed 6-21-40

F 70451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/21

F 70451 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore Overlea (If outside city or town limits, write RURAL and give town)
Street No. 103 W. Overlea Ave. (If rural give location)
(f) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Lynn Pasternokas

3 (b) If veteran, name war No
3 (c) Social Security Account No. NONE

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed or divorced. S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-13-36

8. AGE: Years 3 | Months 9 | Days 10 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business —

FATHER 12. Name George J. Pasternokas
FATHER 13. Birthplace Balto. Md

MOTHER 14. Maiden Name Burla Fries
MOTHER 15. Birthplace Balto. Md.

16 (a) Informant George J. Pasternokas
(b) Address 103 W. Overlea Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St

JUN 24 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1940, at 5:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-12 1940, to 6-23 1940, and that I last saw h[illegible] alive on 6-23 1940

Immediate cause of death: Peritonitis — Duration 10 days

Due to: Infected gangrenous appendicitis — 17 days

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations see above.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. McClafferty M. D.
Address Bon Secours Hosp Date signed 6-23-40

VS 8

F 70452

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 70452

170-C Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General

(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2703 Annapolis Rd
(If rural give R.F.D. or location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM BRUCE

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: NONE

4. Sex: M | 5. Color or race: W | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband~~ wife: Sadie Bruce
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 14 1870

8. AGE: Years	Months	Days	If less than one day: hr.	min.
69	9	9		

9. Birthplace: Balto Md (Town, county, and state)
10. Usual Occupation: Heater - Steel Worker
11. Industry or business: Bethlehem Steel Co

FATHER
12. Name: Granville Bruce
13. Birthplace: Va

MOTHER
14. Maiden Name: Mary Jones
15. Birthplace: Md.

16 (a) Informant: William L. Bruce
(b) Address: 2808 Halcyon Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/25/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cedar Hill
Location: A. A. Co. Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St

19 (a) (b) Date received by Registrar: JUN 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1940, at 1 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said ~~inquest~~ (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Shock, traumatic

Duration

Due to Fracture, right radius ulna, left femur
Due to right tibia & fibula

Other Conditions Hemorrhage from wounds.
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence June 23, 1940
(c) Where did injury occur? in front of home address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place (Specify type of place) While at work? —
(e) Means of injury struck by auto while crossing street

23. Signature H. L. W. Hammelbacher M.D.
Asst Medical Examiner.
Date signed 6-23-40

70453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 70453 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2137 Homewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street 2137 Homewood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph A. Schmitzer (Smitzer)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Mary F.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 7-1863

8. AGE: Years	Months	Days	If less than one day
76	8	14	hr. min.

9. Birthplace Germany (Town, county and state)
10. Usual Occupation Retired Grocery man
11. Industry or business

MOTHER / FATHER
12. Name unknown
13. Birthplace
14. Maiden Name
15. Birthplace

16 (a) Informant Mary F. Schmitzer
(b) Address 2137 Homewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Leonard J. Rust
(b) Address 530 Huntington Ave.

19 (a) (Date received by registrar) JUN 24 1940 (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/21/40 at 10:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/17/40 to 6/21/40
and that I last saw h[illegible] alive on 6/21/1940.

Immediate cause of death

	Duration
(a) Coronary Occlusion	4 hours
Due to (b) Arteriosclerosis	1 Year
Due to (c)	
Due to (d)	

Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas J. Rust M. D.
Address 582 E 22nd St Date signed

F 70454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 70454 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1720 Harford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 Harford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph F. Kobsa

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Frieda E. Kobsa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8. 1860

8. AGE: Years 80 | Months 2 | Days 14 | If less than one day hr. min.

9. Birthplace Austria (Town, county, or state)

10. Usual Occupation Cabinet Maker Ret.

11. Industry or business Chas M. Stieff

FATHER
12. Name Franz J. Kobsa
13. Birthplace Austria

MOTHER
14. Maiden Name Wilhelmina Hesse
15. Birthplace Germany.

16 (a) Informant Oscar F. Kobsa
(b) Address 2039 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25 1940 (month) (day) (year)
(c) Cemetery or crematory Schwartzs
Location City

18 (a) Funeral director Mr & Mrs John W. Gruft Son
(b) Address 801 W. Fayette St

19 JUN 24 1940 (Date received by Registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1940 at 12:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1940 to June 22 1940 and that I last saw h[illegible] alive on June 22 1940.

Immediate cause of death

Chronic Interstitial Nephritis — Duration 1937

Due to Arteriosclerosis — 1937

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Brown

Address 1663 W. North Ave. Date signed 6/23/40 M. D.

70455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-B

F 70455 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1706 N. Smallwood
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street address 1706 N. Smallwood St 15 23
(If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Rebecca Olsan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Widow

6 (b) Name of husband or wife Louis Olsan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Abraham Olsan
13. Birthplace Russia

MOTHER
14. Maiden Name Sazia —
15. Birthplace Russia

16 (a) Informant Samuel Olsan
(b) Address 1706 N. Smallwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Phil. Rd.

18 (a) Funeral director Jack Levine Inc
(b) Address 1439 E. Balto St.

JUN 24 1940 (Date registered) (b) Huntington Williams M.D. (registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-23-40 19 at 6 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1 19 38 to 6/23 19 40.
and that I last saw her alive on 6/23 19 40

Immediate cause of death	Duration
Uterine Carcinoma	3 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Curette — Johns Hopkins Hospital
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Brumberg M. D.
Address 1111 Lee Date signed 6-23-40

F 70456

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 70456 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town White Hall (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Robert McCullough

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Minnie McCullough

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years	Months	Days	If less than one day hr.	min.
78				

9. Birthplace Balto Co (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER 12. Name Reuben McCullough

13. Birthplace Balto Co Md

MOTHER 14. Maiden Name Dont Know

15. Birthplace "

16 (a) Informant Clarence W. McCullough

(b) Address White Hall, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/40 (month) (day) (year)

(c) Cemetery or crematory Wash Liberty

Location White Hall, Md

Funeral director P. Manekamer Lord

Address White Hall, Md

19 (a) 6/24/1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1940, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1940, to June 24 1940, and that I last saw him alive on June 23 1940

Immediate cause of death

Arterio-sclerotic C.V. Disease
Cardiac hypertrophy dilatation
Pleural effusion, bil.
Congestion of viscera

Due to

Other Conditions Decubitus ulcers, bedsores
(Include pregnancy within 3 months of death)

Duration
2.
6 weeks
6 months
2 weeks

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. D. Kiyman Jr. M. D.

Address University Hosp. Date signed June 24 1940

70457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70457 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd Sts
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town Havre de Grace
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME DAISY E. COBOURN Mrs. Hiram E. Coburn (Daisy)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4 Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Hiram E. Coburn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1, 1882

8. AGE: Years 57 | Months 6 | Days 22 | If less than one day: 2 hr. 20 min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Bernard Humphrey
13. Birthplace Maryland

MOTHER
14. Maiden Name Harriet Moore
15. Birthplace Maryland

16 (a) Informant Records U. Mem Hosp
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25/40 (month) (day) (year)
(c) Cemetery or crematory Harford Cemetery
Location Aberdeen Md.

18 (a) Funeral director Leslie Mitchell Sons
(b) Address 700 Eastern Ave

19 (a) JUN 24 1940 (b) Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1940, at 2 20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 19, 1940 to June 23, 1940, and that I last saw her alive on June 22, 1940.

Immediate cause of death: Lobar pneumonia — Duration

Due to

Due to

Other Conditions: Vasomotor Collapse
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard H Pembroke M.D.
Address Univ Memorial Hosp Date signed 6/23/40

F 70458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 554

F 70458 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Maryland~~ (b) County Baltimore
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2744 Maryland ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Joseph Maurice Hunter. Joseph Maurice Hunter
3 (b) If veteran, name war ✓
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Dorcas Hunter
6 (c) If alive, give age 46 years
7. Birth date of deceased (mo., day, yr.) July 28, 1879
8. AGE: Years 60 | Months 10 | Days 5 | If less than one day: hr. min.
9. Birthplace Baltimore Co. Md. (Town, county, and state)
10. Usual Occupation Insurance
11. Industry or business Prop. Peoples Life Ins. Co.

FATHER
12. Name Joseph Hunter
13. Birthplace Balt. Co. Md.

MOTHER
14. Maiden Name Florence Klinglaff
15. Birthplace Baltimore Co. Md.

16 (a) Informant Morris J. Hunter
(b) Address 2425 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25/40 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore Md.

18 (a) Funeral director John A. Mitchell & Son
(b) Address 1900 Eutaw Place

19 (a) (Signature of registrar) (b) Huntington Md. (Registrar's address)

JUN 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1940, at 8:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1940, to June 22 1940, and that I last saw h alive on June 22 1940.

Immediate cause of death: Cardiac Failure — Duration: 6 days
Due to: Lymphosarcoma — 1 year
Due to:
Other Conditions: Rheumatic-V disease.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. J. Vollmer M. D.
Address Mercy Hosp. Date signed 6-24-40

Twin 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70459

70459 Twin #2

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bon Secours Hospital 159 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2025 W. Fayette St. Ward) 20

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Derrenbergers If U. S. Veteran specify WAR .....

(a) Residence: No. 2025 W. Fayette St. 836 S. Pulaski St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 23, 1940

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
—	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William John Derrenberger

14. BIRTHPLACE (city or town) (State or country) Balt. Md

MOTHER

15. MAIDEN NAME Ida Mae Dotson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Wm Derrenberger (Address) 836 S. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 6/24/40

19. UNDERTAKER Thos. J. Connor (Address) Hollins & Fulmer Sts

20. FILED ..... Huntington Williams

JUN 24 1940

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1940, to June 23, 1940

I last saw h.. alive on June 23, 1940. Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	
Premature	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. M. Collins M. D.

(Address) Bon Secours Hospital

70460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 70460

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 614 East 34th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 83 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 614 East 34th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louisa Kaestner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Ernest August Kaestner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 17-1856

8. AGE: Years	Months	Days	If less than one day
83	7	5	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Henry Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant John George Kaestner
(b) Address 6204 Sycamore Street
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md.
18 (a) Funeral director Charles H. Black
(b) Address 742 W. North Ave.
(c) Date received JUN 24 1940 Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1940, at 2.30 P M
21. I certify that death occurred on the date above stated; that I attended deceased from April 1937 to Jun 22 1940
and that I last saw him alive on Jun 21 1940

Immediate cause of death
Chronic Myocarditis
Arteriosclerosis — Duration 1937
Due to — 1937
Due to
Other Conditions Acute Cardiac Dilation — 1940
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature G. W. Bishop M. D.
Address 501-507 Sheridan Ave Date signed Jun 28

Dr Bishop Sheridan Ave & York Rd.

70461 HEALTH DEPARTMENT—CITY OF BALTIMORE 70461

CERTIFICATE OF DEATH

V 92-D

Registered No. 14-23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 560 Baker St. (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarena Hebb

If U.S. Veteran specify WAR

(a) Residence: No. 560 Baker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Hebb

6. DATE OF BIRTH (month, day, year) Feb 11, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leonard Town Md.

FATHER

13. NAME William Summerville

14. BIRTHPLACE (city or town) (State or country) Leonard Town Md.

MOTHER

15. MAIDEN NAME Sarena Toney

16. BIRTHPLACE (city or town) (State or country) Leonard Town Md.

17. INFORMANT Annie Hebb

(Address) 560 Baker St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Cem Date 6-24 1940

19. UNDERTAKER Mrs. Geo. F. Holland

(Address) 631 Lemmon Hillsboro

Huntingtown Prince George, Md.

20. FILED JUN 24 1940 By [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1939 to June 22 1940

I last saw h-er alive on June 21, 1940 Death is said to have occurred on the date stated above, at 12:50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease.	?
Other contributory causes of importance: Senile Gangrene of right foot	Dec 5/39

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wm Frey M. D.

(Address) 1928 Pennsylvania Ave

OCCUPATION is very important. See instructions on back of certificate.

70462 Harry M Murdock

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

F 70462 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Jenkins Memorial
(b) Street address 1000 Caton Ave
(c) Hospital or institution: Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1826 W. Saratoga St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry - Heaver M. Murdock
3 (b) If veteran, name war
3 (c) Social Security Account No. NONE

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11 1871

8. AGE: Years 69 | Months 1 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Dealer

11. Industry or business Business

FATHER
12. Name James C. Murdock
13. Birthplace Md

MOTHER
14. Maiden Name Lovina Moore
15. Birthplace Va

16 (a) Informant Jenkins Mem. Hosp
(b) Address 1000 Caton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-40 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Hanover Rd Balto Md

18 (a) Funeral director Geo A Farley
(b) Address Fulton & Fayette Sts Baltimore, Md

19 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1940, at 12 Noon M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/26 1940 to June 23 1940 and that I last saw him alive on June 23 1940.

Immediate cause of death: Carcinoma of rectum with — Duration

Due to Intestinal Obstruction

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma rectum,
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles V. Sewell M. D.
Address Jenkins Memorial Date signed 6-25-40
Hosp

70463

F 70463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1942

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5502-Elarode Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5502-Elarode Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? -- years

3 (a) FULL NAME Dennis Edward Reardon

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	None	Male	White	Single

6 (b) Name of husband or wife ----
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 12/20/1859

8. AGE: Years	Months	Days	If less than one day
80 88	6	2	-- hr. -- -- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Tavern Keeper

FATHER
12. Name Philip Reardon
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Riordan
15. Birthplace Ireland

16 (a) Informant Miss Margaret O'Sullivan
(b) Address 5502-Elarode Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.
(a) Funeral director George J. Ruth, Inc.
(b) Address 1735-Harford Ave.

19 (a) (Date received) 6/24 1940 (b) Wellington Williams M.D. (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/22 1940, at 2.30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 4th 1939 to June 22nd 1940, and that I last saw h-- alive on June 4th 1940.

Immediate cause of death Coronary Occlusion

Due to Arteriosclerosis

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Sanborn M. D.
Address 119 N. Milton Ave Date signed 6/23/40

F 70464

70464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4437 Newport Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4437 Newport Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

27 15

3 (a) FULL NAME Cora May Sunkle.

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widow.
6 (b) Name of husband or wife: Samuel H. Sunkle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24, 1875
8. AGE: Years 65 | Months 1 | Days 27 | If less than one day hr. min.
9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Housework.
11. Industry or business

FATHER
12. Name Benjamin F. Howard
13. Birthplace md

MOTHER
14. Maiden Name Clara Hedrick
15. Birthplace md

16 (a) Informant Eva N. Taylor
(b) Address 4437 Newport Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24, 1940 (month) (day) (year)
(c) Cemetery or crematory Pipe Elder
Location Delta Co. Md.
18 (a) Funeral director Rhinevault & Donovan
(b) Address 3415-17 Rhinevault Ave.
Hampton Williams (Date rec'd by registrar) Hampton Williams M.D. Registrar

JUN 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21, 1940, at 7:30 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1940 to June 21 1940 and that I last saw h[illegible] alive on June 21 1940.

Immediate cause of death: Cardio Myocardial Arteriosclerosis. — Duration: 3 years.
Due to
Due to
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —
23. Signature Thomas De Lawrence M.D.
Address 846 W 36th St. Date signed 6/24/40

LB54257
F 70465

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 70465 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mth.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1359 N. Stricker St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years.

151

3 (a) FULL NAME Edward Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Brown	married

6 (b) Name of husband or wife Edith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25, 1876

8. AGE: Years	Months	Days	If less than one day
63	10	27	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business unemployed

FATHER
12. Name Solomon Smith (d)
13. Birthplace Va.

MOTHER
14. Maiden Name Rosie Blackwell
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26 1940 (month) (day) (year)
(c) Cemetery or crematory Mount Calvary
Location Windsor Height Baltimore Co. Md.
18 (a) Funeral director Joseph A Lively
(b) Address 408 N. Mount street.
19 (a) (Date rec'd by registrar) (b) Huntington Willis M.D.

JE 2 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1940, at 3.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 30 1940, to June 22 1940 and that I last saw h alive on June 22 1940

Immediate cause of death Arteriosclerotic Heart disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. McVaugh Lee M. D.
Address Balto City Hosp. Date signed 6-23-40

70466

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 70466
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1421 McCulloh St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1421 McCulloh St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bernard Sark

3 (b) If veteran, name war —
3 (c) Social Security Account No. 216-03-2390

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	D

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1915

8. AGE: Years	Months	Days	If less than one day
24	11	14	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Bus boy
11. Industry or business

FATHER
12. Name Bernard Sark
13. Birthplace ?

MOTHER
14. Maiden Name Carrie Smith
15. Birthplace S. Car

16 (a) Informant Irene Guy
(b) Address 1421 McCulloh St

17 (a) Burial (b) Date thereof 6-25-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Balto. Co. Md

18 (a) Funeral director Mrs. Frances A. Reynolds
(b) Address 578 N. Bradford St. Baltimore, Md.

19 (a) JUN 24 1940 Huntington Williams, M.D.
(Filed by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1940, at 7 am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence
(Autopsy or Inquiry)
obtained by said —
(Autopsy or Inquiry)
find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Skull fracture Multiple	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. M. Vanderbrook M.D.
Medical Examiner.
Date signed 6/22/40

F 70467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30-D

F 70467 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1740 E. Madison
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
Street No. 1740 E. Madison St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Estelle Vann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1896

8. AGE: Years	Months	Days	If less than one day
44	3	10	hr. min.

9. Birthplace Murfreesboro, N.C.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Vann
13. Birthplace N.C.

MOTHER
14. Maiden Name Emma Reddick
15. Birthplace N.C.

16 (a) Informant Willmer Vann
(b) Address 1740 E. Madison St.

17 (a) Removal (b) Date thereof June 24 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Suffolk Virginia

18 (a) Funeral director Mrs. R. G. Elliott & Daughter
(b) Address 429 Cedar St Huntington for Williamsport, Md.

JUN 24 1940
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1940 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Syphilitic aortitis with aortic insufficiency	7
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm H Vanderhoff M.D.
Medical Examiner.
Date signed 6/22/40

VS 6

F 70468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 117-a

F 70468

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3321 Sum St. 25-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Grass

If U. S. Veteran specify WAR

(a) Residence: No. 3321 Sum St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Gross

6. DATE OF BIRTH (month, day, year): 1883

7. AGE: Years 57 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: George Gross

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Elizabeth Henson

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Elizabeth Gross

(Address) 3321 Sum St.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cemetery

Place: Remains to be buried Jun 6/26, 1940

19. UNDERTAKER: Mrs. R. A. Elliott & Daughter

(Address) 112 & 114 N. Carolina St.

20. Filed JUN 24 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Jun 22, 19 40

22. I HEREBY CERTIFY, That I attended deceased from May 15, 19 40 to Jun 22, 19 40

I last saw him alive on Jun 21, 19 40 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

Ulcer of Stomach — Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. J. Coleman M. D.

(Address) 1037 McCulloh

OCCUPATION is very important. See Instructions on back of certificate. Exact statement of

VS 3

Elmer J. Bien (Schwartz) F 70469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-C

F 70469 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 903 N. Montford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elmer J. ~~Schwartz~~ Bien (Schwartz)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-07-4665

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife Josephine Bien
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 22 1905

8. AGE: Years	Months	Days	If less than one day
34	8	29	hr. min.

9. Birthplace Balto, Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business Bethlehem Steel Co.

FATHER
12. Name Conrad Bien.
13. Birthplace Md.

MOTHER
14. Maiden Name Lilybell
15. Birthplace Md.

16 (a) Informant wife - Josephine Bien
(b) Address 903 N. Montford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Avenue.

18 (a) Funeral director CHARLES E. Schimunek.
(b) Address 2601-06 E. MADISON. ST.

19 JUN 24 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-21- 19 40, at 5 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection of Body (Autopsy or Inquiry) thereon and from the evidence obtained by Inspection of Body (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured skull and Mandible.
Due to: Multiple lacerations
Due to: Abrasions & bruised body
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6-21-40
(c) Where did injury occur? Balt: Run to Town (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? yes (Specify type of place)
(e) Means of injury Auto - Struck over turned.

23. Signature Howard J. Mendenhall M.D. Medical Examiner.
Date signed 6-21-40

VS 6

38183B 70470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

F 70470 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4220 Sheldon Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Luber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	-

6 (b) Name of husband or wife -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-21-40

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry P. Luber
13. Birthplace Md

MOTHER
14. Maiden Name Leona Hase
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24th 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director Leo S. Cook
(b) Address 1701-03 N. Patterson Park Ave

19 (a) JUN 24 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1940, at 2:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1940, to June 23 1940, and that I last saw her alive on June 23 1940.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry P. Goldberg
Address Johns Hopkins Hosp. Date signed 6-23-40

70471 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 100-B F 70471

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1224 Madison Ave St. 11-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mildred Nora Johnson If U. S. Veteran specify WAR

(a) Residence: No. 1224 Madison Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Johnson

6. DATE OF BIRTH (month, day, year) 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Bart Johnson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Nancy Wattly

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Nancy Johnson

(Address) 1224 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date 6-24 19 40

19. UNDERTAKER Chas. H. Alexander

(Address) 1200 N. Gilmor St.

FILED JUN 24 1940 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21 1940

22. I HEREBY CERTIFY, That I attended deceased from May 20 1940 to June 21 1940

I last saw h[illegible] alive on June 21 1940. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	6/21
Other contributory causes of importance: Thrombophlebitis left Leg	1 mo.

Was an operation performed? No Date of

For what disease or injury?

Name of operation None

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thorman Higgins M. D.

(Address) 2243 McCulloh Ave

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

70472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 70472 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 422. S. Wolfe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 422 S Wolfe St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maryanna Kwiatkowska

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Andrew Kwiatkowski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14. 1860

8. AGE: Years	Months	Days	If less than one day hr.	min.
79.	10	9		

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation House work
11. Industry or business at home

FATHER 12. Name Joseph Godek
13. Birthplace Poland

MOTHER 14. Maiden Name Unk.
15. Birthplace Poland

16 (a) Informant Michael Kwiatkowski
(b) Address 422 S. Wolfe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26. 40 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Gasparski
(b) Address 1930 Eastern Ave.

19 (Date) Filed by registrar Huntington Williams, M.D.

VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23. 1940 at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1940 to June 23 1940 and that I last saw h[illegible] alive on June 23 1940.

Immediate cause of death: Coronary Occlusion — Duration 6/23/40
Due to: Arteriosclerotic Hypertensive Cardio-Vascular Disease ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph T. Arenga M. D.
Address 209 S. Exeter St Date signed 6/24/40

F 70473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 70473

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Cambridge Arms Apts.
(b) Street address Charles & 34th. Sts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 89 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ####
(c) City or town Baltimore (If outside city limits, write RURAL and give town)
(d) Street No. Cambridge Arms Apts. Charles & 34th. Sts. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine A. Rother
3 (b) If veteran, name war ##
3 (c) Social Security Account No. none
4. Sex Female
5. Color or race Wht.
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug. 20, 1850
8. AGE: Years 89 Months 10 Days 3 If less than one day hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation House-Wife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Miss. Kate Boring
(b) Address 2910 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26, 1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount Ave.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

19 JUN 24 1940 (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1940, at 7:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940 to June 23 1940, and that I last saw h[illegible] alive on June 23 1940.

Immediate cause of death
Bronchial Pneumonia
Chronic Nephritis
Due to Arterio Sclerosis & Nephritis
Due to
Other Conditions Arterio-Sclerosis
(Include pregnancy within 3 months of death)
Major findings: Of operations No
Of autopsy No

Duration 1 mo. 1 yr. 1 mo.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. G. Chestnut M. D.
Address 710 N. Calvert St. Date signed June 24/40

F 70474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-2

F 70474 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1724 PORTUGAL ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1724 PORTUGAL ST.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ELSIE M. DUREST

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife HARRY DUREST

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) SEPT. 15 1901

8. AGE: Years 38 | Months 9 10 | Days 7 | If less than one day hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name WILLIAM R. DINSMORE
13. Birthplace BALTIMORE MD.

MOTHER
14. Maiden Name NELLIE NELSON
15. Birthplace BALTIMORE MD.

16 (a) Informant NELLIE DINSMORE (MOTHER)
(b) Address 1724 PORTUGAL ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 26/40 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location OLD FREDERICK RD.

18 (a) Funeral director Fally & Zumbrun
(b) Address 403 S. WOLFE ST.

19 (a) Date received JUN 28 1940 (b) Registrar Huntington Williams, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 22 1940 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1938 to June 22 1940
and that I last saw her alive on June 21 1940

Immediate cause of death: Pneumonia Coding complication
Due to: Acute Cardiac Dilatation — Duration: 7 d.
Due to: — Duration: 1 dy.
Other Conditions: Bronchial Asthma — Duration: 6 mos.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alex P. Schaefer M. D.
Address 539 S. Broadway Date signed 6/24/40

F 70475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 70475 Registered No.

Please write clearly and legibly. Use black ink or typewriter. Do not abbreviate. Use figures for dates.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp, Baltimore, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County AA Co.
(c) City or town Annapolis, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 121 Prince George St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry C. Campbell

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widowed

6 (b) Name of husband or wife Alice Campbell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 19th 1886

8. AGE: Years	Months	Days	If less than one day
53.	6	4	hr. min.

9. Birthplace Annapolis, Maryland (Town, county, and state)
10. Usual Occupation Gen Foreman - Dealer
11. Industry or business

FATHER
12. Name Henry Campbell
13. Birthplace Annapolis, Md.

MOTHER
14. Maiden Name Lillie Freeman
15. Birthplace Annapolis Md.

16 (a) Informant Henry C. Campbell Jr
(b) Address Annapolis Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25 1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Md

18 (a) Funeral director E. W. Amos Son
(b) Address 1003 W. Baltimore Street

19 (a) JUN 24 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1940, at 1.40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/18/40 19 to 6/23/40 19, and that I last saw him alive on 6/23/40 19.

Immediate cause of death	Duration
? Cerebral thrombosis	10 days
Due to	
Due to	
Other Conditions Diabetes Mellitus ? Bronchial pneumonia	? 1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. Halbrook Jr.
Address Annapolis Md Date signed 6/23/40 M. D.

70476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 ✓ Registered No. F 70476

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 4 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 410 N. Mount St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Brock
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23, 1940

8. AGE: Years	Months	Days	If less than one day
			4 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James Cecil Brock
13. Birthplace 410 N. Mount St. Balto

MOTHER
14. Maiden Name Rebecca Lee Owens
15. Birthplace 410 N. Mount St. Balto

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JUN 24 1940
18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore
19 (a) JUN 24 1940 (b) Huntington Station, Md. Registrar

VS 3

F 5714

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1940, at 1 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from June 23, 1940 to June 23, 1940 and that I last saw h[illegible] M alive on June 23, 1940.
Immediate cause of death Prematurity

Duration

Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Oscar Hartman, M. D.
Address Franklin Square Hosp. Date signed 6/24/40 M. D.

70477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A

F 70477 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State NY (b) County
(c) City or town New York City (If outside city or town limits, write RURAL and give town)
(d) Street No. 20-1 Fort Tryon Apartment (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr Abraham Lieberman Lieberman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mrs Dorothy Lieberman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-1-1886

8. AGE: Years	Months	Days	If less than one day
54	2	23	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Samuel Lieberman
13. Birthplace Poland.

MOTHER
14. Maiden Name Esther Schwartz
15. Birthplace Poland.

16 (a) Informant Harry Lieberman.
(b) Address 812 Paramount Place N.Y.

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-24-40 (month) (day) (year)
(c) Cemetery or crematory Mount Hebron N.Y. City
Location

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W Northern

JUN 24 1940 (Date rec'd by registrar)

(b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-24 1940 at 12 noon M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-23 1940, to 6-24 1940 and that I last saw h[illegible] alive on 6-24-1940

Immediate cause of death Cerebral Hemorrhage (Duration 16 hr)
MASSIVE
Due to Marked Hypertension
Due to BP 230/115
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

P

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J M Callinc M. D. M. D.
Address Bon Secours Hospital Date signed 6-24-40

VS 2

70478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 70478

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Croydon (If outside city or town limits, write RURAL and give town)
(d) Street No. 25 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Kathryn Perry

3 (b) If veteran, name war No

3 (c) Social Security Account No. [redacted]

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife James Perry

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 12, 1855

8. AGE: Years 84 | Months 10 | Days 12 | If less than one day hr. min.

9. Birthplace Thurmont, Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Joshua Stokes
13. Birthplace Thurmont, Md

MOTHER
14. Maiden Name Kathryn Weller
15. Birthplace Thurmont, Md

16 (a) Informant Mrs. R. W. Mainster

(b) Address Wilkens & Caton Ave, Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25, 40 (month) (day) (year)

(c) Cemetery or crematory Cemetery U. B.
Location Thurmont, Md.

18 (a) Funeral director M. L. Creegan & Son

(b) Address Thurmont, Md.

19. (a) JUN 24 1940 (Registrar's signature) Huntington Williams, M.D. Registrar

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1940 at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Fracture intertrochanteric left femur	
Due to Lobular pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Accident
(b) Date of occurrence 6/11/40
(c) Where did injury occur? Croydon Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury fell down steps in front of home

23. Signature Wm. H. Vanderbilt M.D.
For H. L. Wilmer Medical Examiner.
Date signed 6/24/40

F 370479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a

F 70479 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State S C (b) County
(c) City or town W. Columbia (If outside city or town limits, write RURAL and give town)
(d) Street No. Shull St. P.O. 132 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cleveland W. Dowdy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-4-85

8. AGE: Years	Months	Days	If less than one day
54	6	20	hr. min.

9. Birthplace S.C. (Town, county, and state)
10. Usual Occupation Store Keeper
11. Industry or business General

FATHER
12. Name W. H. W. H. Dowdy
13. Birthplace S. C.

MOTHER
14. Maiden Name Susan Morgan
15. Birthplace S. C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26/40 (month) (day) (year)
(c) Cemetery or crematory
Location Columbia S.C.

18 (a) Funeral director John Quitzdell & Son
(b) Address 1900 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 24 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1940, at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1940 to June 24 1940 and that I last saw him alive on June 24 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to Hypertension

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Cerebral Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles E. Jordan M. D.
Address Johns Hopkins Hosp. Date signed 6-24

Spec.—6-9-19—H. P. Co.—1000 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70480

CERTIFICATE OF DEATH.

131-B

REGISTERED NO. F 70480

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2603 Guilford Ave. ST. 12-3 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Fannie Merryman

(a) RESIDENCE. No. 2603 Guilford Ave ST., WARD.
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Merryman

6 DATE OF BIRTH (month, day, and year) March 22, 1871

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	3	0	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Moylan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Catherine Tuit

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland.

14 Informant Mrs. Millie H. Callahan (Address) 2531 Guilford ave.

JUN 24 1940

15 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 22, 1940

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1940, to June 22, 1940, that I last saw her alive on June 22, 1940, and that death occurred, on the date stated above, at 1.20 P. M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis.
Chronic Nephritis

(duration) 1 yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis Clinical Symptoms

(Signed) Frank N. Ogden, M. D.

19 (Address) 2701 N. Calvert St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Hartford Road)

DATE OF BURIAL 6/25 1940

20 UNDERTAKER CATHEDRAL CEM. L. Vernon Lemmon.

ADDRESS 4611 Park Heights

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

56735 - RB

70481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. F 70481

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2125 E. Fairmount Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

6-3

3 (a) FULL NAME John Behrens

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-2670

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Pearl

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ?

8. AGE: Years	Months	Days	If less than one day
64 ?	?	?	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Earl & Snyder, Market & Lombard

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address Balto. City Hosps.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore Md

18 (a) Funeral director Albert W Burgan
(b) Address 440 E North Ave

19 JUN 24 1940 (b) Huntington Williams M.D.
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1940, at 1:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/21 1940, to 6/21 1940, and that I last saw him alive on 6/21 1940

Immediate cause of death
Cerebral Hemorrhage

Due to

Due to

Other Conditions Hypertensive C V Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
1 hr.
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H Galabury M. D.
Address Balto City Hospitals Date signed 6/21/40

70482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 70482

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 28 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Somerset
(c) City or town Crisfield
(If outside city or town limits, write RURAL and give town)
(d) Street No. 218 Cove St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME John Roy LEWIS

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna Tyler
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1879

8. AGE: Years	Months	Days	If less than one day
60	6	6	..... hr. ..... min.

9. Birthplace Accomac County, Virginia.
(Town, county, and state)
10. Usual Occupation Fisherman
11. Industry or business Seafaring

FATHER
12. Name William H. Lewis
13. Birthplace Virginia

MOTHER
14. Maiden Name Dochie Lewis
15. Birthplace Virginia

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof June 26 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Crisfield
Location Crisfield Maryland

18 (a) Funeral director John Bradshaw
(b) Address Crisfield Maryland

JUN 24 1940
(Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24, 1940, at 11:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 26, 1940, to June 24, 1940, and that I last saw him alive on June 24, 1940.

Immediate cause of death Pernicious anemia — Duration Unknown

Due to .....

Due to .....

Other Conditions Diabetes mellitus — Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations Aspiration of sternum
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) ..... (County) ..... (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature T. B. Anderson, M.D.
Address U.S.Marine Hospital, Baltimore, Maryland. Date signed June 24 1940

70483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 70483

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 420 S Gross St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 420 S Gross St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

24

3 (a) FULL NAME Hattie B. Vetters

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife George H. Vetters
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) July 6, 1890

8. AGE: Years	Months	Days	If less than one day: hr.	min.
50	4	17		

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Julius A. Koch
13. Birthplace Germany

MOTHER
14. Maiden Name Augusta B —
15. Birthplace Germany

16 (a) Informant George H. Vetters
(b) Address 420 S Gross St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26/1940 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co Md

18 (a) Funeral director A. Howard Evans
(b) Address 1600-02 E Lake St

JUN 24 1940 (Date rec'd by Registrar) Wilton Williams, M. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/23/40 19 , at 10:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/17/40, to 6/23/40 19 , and that I last saw h alive on 6/23 19 40

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

Duration
3 months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Miller M. D.
Address 1225 St Paul St Date signed 6/24/40

VS 3

F 70484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

Registered No. F 70484

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1227 Hall alley
(c) Hospital or institution: Church Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 hrs 24
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town ~~1227~~ Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1227 Hall alley
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David Ramsey

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1934

8. AGE: Years	Months	Days	If less than one day
6	1	22	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name David L. Ramsay Sr.
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Lillian Hartburne
15. Birthplace Baltimore, Maryland

16 (a) Informant David Ramsay Sr.
(b) Address 1127 Hall Alley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25, 1940 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto. Md.

18 (a) Funeral director A. Howard Evans
(b) Address 800-S. Charles St.

JUN 24 1940

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1940, at 6 5-5 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Burns

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6/22/40
(c) Where did injury occur? 1227 Hall alley (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Explosion of kerosene stove

23. Signature Huntington Williams M.D.
Medical Examiner
Date signed 6/24/40

F 70485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

Registered No. F 70485

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1029 W Barre St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) City or County Balto
(c) City or town Balto Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1029 W Barre St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ? years

3 (a) FULL NAME Catherine M. Kelly

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: John J. Kelly.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 29 1861

8. AGE: Years 78 | Months 11 | Days 24 | If less than one day: hr. min.

9. Birthplace Ireland. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name ? McGrath.
13. Birthplace Ireland.

MOTHER
14. Maiden Name Julia Fitzsimmons
15. Birthplace Ireland

16 (a) Informant Mrs Thos. B Monahan
(b) Address 1032 W Barre St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Balto Md

18 (a) Funeral director Bernard E Foale
(b) Address 526 E West St

19 (a) JUN 24 1940 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23rd 1940, at 1:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from — 1935 to 6/23 1940, and that I last saw h-er alive on 6/22 1940.

Immediate cause of death: Chr. Myocarditis and Arterio-Sclerosis — Duration: 5 yrs
Due to
Due to
Other Conditions Senility
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury

23. Signature L. D. Culverhouse
Address 1901 Eutaw Pl Date signed 6/27/40 M.D.

VS 3

70486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 70486 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 421 E Fort Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 421 E Fort Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Clarice Streett Pyle

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Wm S. Pyle

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) July 27, 1879

8. AGE: Years 60 | Months 10 | Days 27 | If less than one day hr. min.

9. Birthplace Harford Co Md (Town, county, and state)

10. Usual Occupation Housewife -

11. Industry or business —

FATHER
12. Name Laurence Streett
13. Birthplace Harford County.

MOTHER
14. Maiden Name Elizabeth Norris
15. Birthplace Pa.

16 (a) Informant Wm S Pyle
(b) Address 421 E Fort Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27 (month) (day) (year)
(c) Cemetery or crematory Wm Hunton Cem Location Cockeysville Md

18 (a) Funeral director E J Kurtz Son
(b) Address Jarrettsville Md

JUN 25 1940 (b) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1940, at 11:23 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 3 1938, to June 24 1940 and that I last saw h alive on June 24 1940.

Immediate cause of death: Acting Carcinoma of Left Breast — Duration 21 mos

Due to: Metastatic Carcinoma of Lungs and Brain — Duration 7 mos / 4 mos

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Operations: Operated Oct 5 1938 Left Breast removed for adeno Carcinoma
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney H. Streett M. D.
Address 421 E Fort Ave. Date signed 6/25/40

VS 3

F 70487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95B

Registered No. F 70487

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2919 Westwood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2919 Westwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wilbur R Foist

3 (b) If veteran, name war
3 (c) Social Security Account No. 213-18-1171

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Elizabeth L. Foist
6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) Jan 15 1908

8. AGE: Years 32 | Months 2 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Dairy Salesman
11. Industry or business

FATHER
12. Name Charles Foist
13. Birthplace Balt Md

MOTHER
14. Maiden Name Beulah Walker
15. Birthplace Baltimore Md

16 (a) Informant Elizabeth L Foist
(b) Address 2919 Westwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd Md

18 (a) Funeral director Mc Cormick
(b) Address 214 E Pratt St

19 JUN 25 1940 (Date rec'd by Registrar) (b) Huntington Mitchell Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1940, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 23, 1940, to June 22 1940, and that I last saw h[illegible] alive on May 6 1940.

Immediate cause of death: Myocardial + Coronary insufficiency with Syncope — Duration 2 mos
Due to: Rheumatic heart disease
Due to:
Other Conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Reading Wallace M. D.
Address 2839 Walbrook Ave Date signed 6-23-40

A. L. Hollenworker, M.D. Asst. Medical Examiner E. Brantop

70488 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 70488

CERTIFICATE OF DEATH 123-BF

Registered No. 27-15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Geal Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Shipley

If U. S. Veteran specify WAR

(a) Residence: No. 2300 South Rd St., Mt. Washington

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 14th 1925

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At School

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Maurice L. Shipley

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Evelyn Heiges

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT M. L. Shipley

(Address) 2300 South Rd. Mt. Washington

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 6/26, 1940

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

20. FILED JUN 25 1940 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-24-, 1940

22. I HEREBY CERTIFY, That I attended deceased from Apr 11, 1940 to June 24, 1940

I last saw him alive on 6-24, 1940 Death is said to have occurred on the date stated above, at Noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Int obstruction	
a Acute obstruction	
Other contributory causes of importance:	

Was an operation performed? Yes Date of Apr 11, 40

For what disease or injury? Int. Obstruction

Name of operation Int. Resection

What test confirmed diagnosis? Op. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. C. Stead, M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 70489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126

F 70489 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp
(d) Length of stay in hospital or inst. (~~yrs., mos., or days~~) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) ~~City or~~ town Dundalk
(If outside city or town limits, write RURAL and give town)
~~Street~~ No. 259 Colgate Ave
(If rural give location)
(d) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine Shealey

3 (b) If veteran, name war: No
3 (c) Social Security Account No. NONE

4. Sex: Female
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed or divorced~~: Married
6 (b) Name of husband ~~or wife~~: Henry S. Shealey
6 (c) If alive, give age 69 years
7. Birth date of deceased (mo., day, yr.) Dec 2 1869
8. AGE: Years 70 | Months 6 | Days 2 | If less than one day ..... hr. ..... min.
9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name Edward Kelly
13. Birthplace Md.

MOTHER
14. Maiden Name Mary E. Livingston
15. Birthplace Ireland

16 (a) Informant Harry M. Shealey
(b) Address 2036 E. 30th St.

17 (a) Burial (~~Burial, cremation or removal~~) (b) Date thereof 6/27/40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Oak Lawn
Location Balto. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) JUN 25 1940 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1940, at 1:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-19 1940, to 6-24 1940, and that I last saw h~~im~~er alive on 6-24 1940.

Immediate cause of death
Uremia and Chronic Nephritis — Duration 15 yrs
Due to
Due to
Other Conditions Emphysema & Gall Bladder
(Include pregnancy within 3 months of death)
Major findings:
Of operations Cholelithiasis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard S. Kleiman, M. D.
Address St Joseph's Hosp Date signed 6-24-40

F 70490

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 70490 Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 839 W. Fairmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

18-1

3 (a) FULL NAME Charmaine Brooks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 2. 1939

8. AGE: Years 1 | Months 5 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md (town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name John Burks
13. Birthplace Baltimore Co. Md

MOTHER 14. Maiden Name Pearl Buffett
15. Birthplace N

16 (a) Informant Pearl Brooks
(b) Address 839 W Fairmont ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-1940 (month) (day) (year)

(c) Cemetery or crematory Mount Calvary
Location A. & A. Co.

18 (a) Funeral director Joseph A Purdy
(b) Address 408 N Mount St

19 (a) (Date received) (b) (registrar) Registrar

JN 25 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-22- 1940 at 12.42 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-19-1940 to 6-22-1940 and that I last saw him alive on 6-22-40

Immediate cause of death: Pneumococcus Meningitis — Duration: 2 days

Due to:

Due to: Lobar Pneumonia — Duration: 7 days?

Other Conditions: Retarded

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: None —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. F. Maloney M. D.
Address Provident Hosp. Date signed 6/24/40

M. D. R. 12650

F 70491

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70491

CERTIFICATE OF DEATH

✓53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2502 E. Oliver St. 8-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert S.C. Hearman (HEARMAN)

(a) Residence: No. 2502 E. Oliver St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 29 1890

7. AGE: Years 49 | Months 9 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: own business

10. Date deceased last worked at this occupation (month and year): Sept 1, 1940

11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Robert Coorse Hearman

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Margaret C. Guarenaccio

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Edwin H. Hearman

(Address) 2502 E. Oliver St

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto Mem Date: June 26 1940

19. UNDERTAKER: Phillips Sterling Funeral

(Address) 2454 Parkwood Ave

Huntington Williams M.D.

JUN 25 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1939 to June 24 1940

I last saw him alive on June 23 1940 Death is said to have occurred on the date stated above, at 5:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma of Lungs	Sept 1939

Other contributory causes of importance:

Name of operation: Amputation right thumb Date of: 9/1939

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Robt Hearman M. D.

(Address) 1412 Fulton Ave

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 70492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 W

F 70492

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2104 Carterdale Rd
(c) Hospital or institution: Mt Wash.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 15

(e) Length of stay in Baltimore (yrs., mos., or days) 15 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2104 Carterdale Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Luthill C. Hutchins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mary E. Hutchins

6 (c) If dead, give age 79 years

7. Birth date of deceased (mo., day, yr.) Feb. 21, 1865

8. AGE: Years 75 | Months 4 | Days 3 | If less than one day ... hr. ... min.

9. Birthplace Florida
(Town, county, and state)

10. Usual Occupation Silversmith

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mary E. Hutchins
(b) Address 2104 Carterdale Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Chas E. Franck
(b) Address 501 Madison Ave

JUN 25 1940
(Date rec'd by registrar)

Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1940, at 6.30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M.D.
Medical Examiner.

Date signed 6/27/40

VS 6

F 70493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 70493

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 42

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4405 Towanda Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 42 years

3 (a) FULL NAME Lena Jacobson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Jacob H. Jacobson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE Years 68 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Dr. Meyer W. Jacobson
(b) Address 1800 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-40 (month) (day) (year)
(c) Cemetery or crematory Northern Ave.
Location Northern Ave. & Belair Rd

18 (a) Funeral director Jacob Lewis Inc
(b) Address 1439 E. Balto. St

19 (a) (Signature) Thurston & Williams, U.D.
(Date rec'd by registrar) JUN 25 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-24-1940 at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/23/1940 to Death and that I last saw her alive on 6/23/1940.

Immediate cause of death	Duration
Not determined - Pending Microscopic examinations	
Due to Arteriosclerotic Cardiovascular disease,	
Due to Coronary occlusion due to arteriosclerotic heart	
Other Conditions Anemia.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Pending microscopic examinations

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Malbin M.D.
M. D.
Address Date signed

Howard J. Malbin MD
Certifying Physician - pro tem

F 70494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 70494 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hosp
(c) Hospital or institution: 340 W. Calvert St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Owings Mills
(If outside city or town limits, write RURAL and give town)
(d) Street No. St Thomas Lane
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard Espey

3 (b) If veteran, name war None

3 (c) Social Security Account No. 213-10-2440

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20 1890

8. AGE: Years 50 | Months 3 | Days 5 | If less than one day hr. min.

9. Birthplace Balto Co.
(Town, county, and state)

10. Usual Occupation Retired Balto. Transit

11. Industry or business

FATHER
12. Name Thomas Espey
13. Birthplace Balto. Co.

MOTHER
14. Maiden Name Sarah Myers
15. Birthplace Balto. Co.

16 (a) Informant Bessie M. Espey
(b) Address Owings Mills

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof June 27 1940 (month) (day) (year)

(c) Cemetery or crematory St. Thomas
Location Balto Co.

18 (a) Funeral director Wm. Edna & Son
(b) Address Reisterstown Md.

19 (a) (b)

JUN 25 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1940, at 4 00 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1940, to June 25 1940, and that I last saw h[illegible] alive on June 25 1940.

Immediate cause of death Pulmonary Edema

Due to

Due to

Other Conditions Hypertrophic Cardio Vascular Disease - Cardiac Failure
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Michael F. Golek

Address Mercy Hospital Date signed 6-25-40 M. D.

F 70495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 70495

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1445 N. Parish St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1445 N. Parish St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ella Comegys

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Married

6 (b) Name of husband or wife James
6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Lewis Jones
13. Birthplace Md

MOTHER
14. Maiden Name Letter ?
15. Birthplace Md

16 (a) Informant James Comegys
(b) Address 1445 N. Parish St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Sha. E. Kelly
(b) Address 1303 Pennsylvania Ave

19 (a) JUN 25 1940 (b) Huntington Mitchell, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1940, at 9:30 a. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. S. Gardner Gill M.D.
Medical Examiner.
Date signed 6/24/40

VS 6

F 70496 56559--MD

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193-D Registered No. F 70496

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1805 Madison Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-10-1886

8. AGE: Years: 53 | Months: 10 | Days: 13 | If less than one day: hr. min.

9. Birthplace: Balto. (Town, county, and state)

10. Usual Occupation: H.W.

11. Industry or business

FATHER
12. Name: Wm. Johnson
13. Birthplace: Md.

MOTHER
14. Maiden Name: Belle Johnson
15. Birthplace: Va.

16 (a) Informant: B.C.H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thos E. Kelson
(b) Address 383 Presstman St

19 JUN 25 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1940, at 6.55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1940, to June 23 1940, and that I last saw her alive on June 23 1940.

Immediate cause of death: Hypertensive cardiovascular disease — Duration unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Balto City Hosp. Date signed 6-23-40. M. D.

VS 3

F 70497

BALTIMORE CITY HEALTH DEPARTMENT 137a F 70497
CERTIFICATE OF DEATH 55869 SD Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1802 Maryland Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Ramsey

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife May

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4, 1875

8. AGE: Years 65 ? | Months 0 | Days 16 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Odd Jobs

11. Industry or business

FATHER
12. Name Joseph (d)
13. Birthplace Mississippi

MOTHER
14. Maiden Name Frances Bullet (d) ?
15. Birthplace Virginia

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Thos. E. Kelson
(b) Address 1303 Freshman St.

19 (a) JUN 25 1940 (Date received by registrar) (b) Hunting Park Hill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20 1940, at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-23 1940 to 6-20 1940, and that I last saw h.i.m alive on 6-20 1940.

	Duration
Immediate cause of death Uremia	5 Days
Due to Urinary extravasation	10 days
Due to Benign prostatic hypertrophy	3
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Urinary extravasation
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Gehlert Jr. M. D.
Address Baltimore City Hosp Date signed 6/24/40

VS 3

F 70498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B F 70498 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27 N Kenwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 27 N. Kenwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Chesbit V. Martinson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Oscar F.
6 (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) Mar. 6 - 1918

8. AGE: Years 22 | Months 3 | Days 18 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER 12. Name Harry Riefeline
13. Birthplace Md

MOTHER 14. Maiden Name Virginia V. Randle
15. Birthplace Md

16 (a) Informant Oscar F. Martinson
(b) Address 27 N. Kenwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/40 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Ave.

18 (a) Funeral director J. G. Moran
(b) Address 3000 E. Baltimore St.

JUN 25 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1940 at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death: Pulmonary Tuberculosis — Duration Unknown
Due to Child birth — May 19 1940
Due to
Other Conditions over

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jos. McKeiffer M.D.
Address 1470 Bond St. Date signed 6-25-40

VS 8

70499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

F 70499

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4122 Fall Road St. 13-8 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Warfield Disney
If U. S. Veteran specify WAR

(a) Residence: No. 4122 Fall Rd St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Gertrude

6. DATE OF BIRTH (month, day, year): June 24 1875

7. AGE: Years 65 | Months | Days | If LESS than 1 day, ... hrs. or ... min.: 75

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painting Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto City

FATHER
13. NAME: Josiah Disney
14. BIRTHPLACE (city or town) (State or country): Balto Co.

MOTHER
15. MAIDEN NAME: Elizabeth Owings
16. BIRTHPLACE (city or town) (State or country): Owingsmill Md

17. INFORMANT (Address): Mazie E. Disney 4122 Fall Rd

18. BURIAL, CREMATION, OR REMOVAL: Druid Ridge Date June 26 1940

19. UNDERTAKER (Address): P. D. Mong Hall 3739 Fall Road

20. FILED JUN 25 1940 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from July - 24 1939 to June 23 1940
I last saw him alive on June 23, 1940. Death is said to have occurred on the date stated above, at 11:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Coronary Thrombosis	June 23
Antecedent Cardiovascular Disease	?

Other contributory causes of importance:

Was an operation performed? ... Date of ...
For what disease or injury?
Name of operation
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrence J. Shumaysky M. D.
(Address) 3711 Edels Rd.

Vs 5

CCK

F 70500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47-D

56483 F 70500

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 820 W. 36th St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME

Martin Caldwell

3 (b) If veteran, name war

3 (c) Social Security Account No. 211-13-2586 ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ruth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 26, 1882

8. AGE: Years	Months	Days	If less than one day
57	7	26	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation City Laborer

11. Industry or business

FATHER

12. Name John

13. Birthplace Balto.

MOTHER

14. Maiden Name Mary Larkin

15. Birthplace Balto.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof June 26-1940
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cathedral Cem.

Location Frederick Road - Balto Md

18 (a) Funeral director Margaret D. Flynn

(b) Address 1482 Light St

19 (a) (b) L. M. Williams, Registrar
(Date received by registrar)

JUN 25 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-22 1940 at 1 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-11 1940 to 6-22 1940, and that I last saw him alive on 6-22 1940.

Immediate cause of death (a) Carcinoma of right lung

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Duration 1 year

Major findings:

Of operations Carcinoma of Rt. lung.

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature J. Margaret Stein M. D.

Address Balto. City Hosp. Date signed

70501

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D F 70501 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: 1451 Hull St
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED: 1451 Hull St
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.) 45 years

3 (a) FULL NAME Mike Stominski

3 (b) If veteran, name war —

3 (c) Social Security Account No. 705-07-2389

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Nov 8th 1875

8. AGE: Years 64 | Months 7 | Days 15 | If less than one day ... hr. ... min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Retired Laborer

11. Industry or business B-O Railroad

FATHER 12. Name Franciszek Stominski

13. Birthplace Poland

MOTHER 14. Maiden Name Josefa Krolewski

15. Birthplace Poland

16 (a) Informant Mary Stominski

(b) Address 1451 Hull St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27-1940 (month) (day) (year)

(c) Cemetery or crematory Holy Cross Cemetery

Location Brooklyn A.A. Co. Maryland

18 (a) Funeral director Margaret D. Flynn

(b) Address 1422 N Eight St

19 JUN 25 1940 Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24, 1940, at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1, 1940, to June 24 1940, and that I last saw h[illegible] alive on June 22, 1940.

Immediate cause of death Coronary Thrombosis — Duration 1 Day

Due to Chronic Myocardial Degeneration — 19 yr.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. J. Gallod M. D.

Address 7075 Fort Ave. Date signed 6-24-40

VS 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70502

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131-a

F 70502
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3724 Falls Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3724 Falls Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Patrick F. Reddington

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widower.

6 (b) Name of husband or wife Catherine Reddington
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1867

8. AGE: Years	Months	Days	If less than one day
73	3	9	hr. min.

9. Birthplace Ireland
(Town, county, and state)
10. Usual Occupation Retired.
11. Industry or business Confectioner.

FATHER
12. Name Michael Reddington.
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Ford.
15. Birthplace Ireland.

16 (a) Informant Mrs. Helen J. Price.
(b) Address 3724 Falls Road

17 (a) Burial (b) Date thereof June 27, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Marys.
Location Govane.

18 (a) Funeral director Chenowith & Donovan
(b) Address 3615-17 Edmondson Ave., Baltimore, Md.

19 (a) JUN 25 1940
(Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25, 1940, at 5:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 5 1939, to June 25 1940, and that I last saw him alive on June 24 1940.

Immediate cause of death: Cerebrovascular Renal Dis. — Duration: about 2 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 850 W 36 St. Date signed June 25 '40

F 70503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-D

Registered No. F 70503

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 21 N. Bond St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 21 N. Bond St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

6-25

3 (a) FULL NAME Columbus Haggans

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-03-7623

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Martha —

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Apr. 23-1890

8. AGE: Years	Months	Days	If less than one day
50	2	1	hr. min.

9. Birthplace N. Carolina
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Joseph Moore

(b) Address 433 Moore St

17 (a) Burial (b) Date thereof 6-26-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory All Calvary
Location A. A. County Md

18 (a) Funeral director William A. Peebles

(b) Address 916 Penna Ave

19 JUN 25 1940 Huntington Williams M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-25 1940, at 6:35 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said autopsy find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Acute Congestive Heart Failure — **Duration**

Due to Edema of Lungs

Due to Arteriosclerosis of Liver

Other Conditions Syphilitic Aortitis and Aortic Aneurysm
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Malone M.D.
Medical Examiner

Date signed 6-25-40

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

20504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

Registered No. E 20504

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 539 Johannsen St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME EDGAR DESKIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7, 1934

8. AGE: Years	Months	Days	If less than one day
6	2	15	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edgar Deskin
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Marie Arthur
15. Birthplace Baltimore, Md

16 (a) Informant Marie Deskin
(b) Address 539 Johannsen St

17 (a) (Burial, cremation, or removal) (b) Date thereof June 26, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) JUN 25 1940 (Date rec'd by Registrar) (b) Huntington Williams (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1940, at 7 07 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hemorrhage, cerebral	
Due to Laceration, cerebral vessels	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence June 18th, 1940
(c) Where did injury occur? in front of 533 W Lanvale (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury struck by auto while playing
23. Signature [illegible] M.D. Medical Examiner
Date signed 6-22-40

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DO NOT WRITE IN MARGIN RESERVED FOR BINDING

VS 8

70505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 70505 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 311 S Herring Ct
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
311 Street No. Herring Ct
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mary Sanders

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-4-1894

8. AGE: Years 46 Months 3 Days 21 If less than one day hr. min. 20

9. Birthplace Plymouth N C, (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business —

FATHER 12. Name Andrew Johnson

13. Birthplace N C,

MOTHER 14. Maiden Name Annie Haston

15. Birthplace N C

16 (a) Informant Daisy Williams

(b) Address 311 Herring Ct.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-40 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cemetery

Location Cedar Hill Md.

18 (a) Funeral director Elroy D. Wilson

(b) Address 1000 Brandy Ave. Huntington Williams, M.D.

19 (a) June 25 1940 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1940 at 6:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 20, 1940 to June 24, 1940 and that I last saw him alive on June 20, 1940.

Immediate cause of death Acute Lobar Pneumonia — Duration June 19 1940

Due to —

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Geo. S. Adler M.D.

Address 50 Pasquilla St Date signed 6-25-40

VS 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

70506
LB 56376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-a

Registered No. F 70506

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 640 Portland St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Joseph

3 (b) If veteran, name war — NO
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife ---
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1869

8. AGE: Years	Months	Days	If less than one day
71	4	1	hr. min.

9. Birthplace Del. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name John M. Joseph (d)
13. Birthplace Del.

MOTHER
14. Maiden Name Zella Hasting (d)
15. Birthplace Del.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (b) Date thereof 6/26/40 (Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Woodlawn, Balto. Co. Md.

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul st

19 (a) ~~Undertaker~~ (b) Huntington Williams, Md.

JUN 25 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1940, at 4.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1940, to June 23 1940, and that I last saw h~~im~~ alive on June 23 1940.

Immediate cause of death: Pernicious Anemia — Duration unknown.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Murray le Kein M. D.
Address Balto City Hosp. Date signed 6-24-40

70507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 70507

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be sure to give correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 326 S. Duncan (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Dixon

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married~~, widowed, ~~or divorced~~: Widowed
6 (b) Name of husband ~~or wife~~: Thomas Dixon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14th 1892

8. AGE: Years 48 | Months 2 | Days 10 | If less than one day hr. min.

9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business: Self

FATHER
12. Name: Anthony Dellehart
13. Birthplace: Germany

MOTHER
14. Maiden Name: Mary Krauss
15. Birthplace: Germany

16 (a) Informant
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 6/27/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location: Balto. Md.

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St.

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

JUN 25 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1940, at 1255 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1940, to June 24 1940, and that I last saw her alive on June 24 1940.

Immediate cause of death	Duration
Diabetes Mellitus with acidosis & coma	2 wks
Due to	
Due to	
Other Conditions. Suppurated gangrene left leg - Arteriosclerosis (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy Confirmatory

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W B McAllister Jr M. D.
Address Date signed

F 70508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

Registered No. F 70508

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE MORGUE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 Greenmount Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eva Wolfe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband ~~or wife~~: Theadore Wolff.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 23 1882

8. AGE: Years 57 | Months 6 | Days 24 | If less than one day hr min

9. Birthplace Balto, Md.
(Town, county, and state)

10. Usual Occupation W. P. A. (Relief)

11. Industry or business

FATHER 12. Name John Pfaff.

FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name Junker

MOTHER 15. Birthplace Germany

16 (a) Informant Frank Pfaff. (brother)

(b) Address 825 N. Luzerne Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/40 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd

18 (a) Funeral director C. E. SCHIMUNEK

(b) Address 2601-03 E. MADISON. ST.

JUN 25 1940 (Date rec'd by registrar)

(b) Hunter, Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1940 at 1:10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Carcinoma of sigmoid with perforation and abscess formation in left pelvis & at	(illegible)
Due to retroperitoneal region	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Medical Examiner

Date signed 6/20/40

F 70509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70509 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Lombard
(c) Hospital or institution: University of Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Randallstown (If outside city or town limits, write RURAL and give town)
(d) Street No. Winans Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Virginia Powell

3 (b) If veteran, name war | 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	M

6 (b) Name of husband or wife Edward B.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 26, 1898

8. AGE: Years	Months	Days	If less than one day
41	6	27	hr. min.

9. Birthplace Balto. County, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Owen Bryant
13. Birthplace Balto. County, Md.

MOTHER
14. Maiden Name Amanda Bell
15. Birthplace Granby, Md.

16 (a) Informant Mrs. Helen Mills
(b) Address Winans Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-40 (month) (day) (year)
(c) Cemetery or crematory St. Thomas Cem
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Harlind Hill Ave

19 (a) JUN 25 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1940, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1940 to June 23 1940, and that I last saw h[illegible] alive on June 23 1940

Immediate cause of death	Duration
Uremia	2 days
Due to Toxic Hepatitis ?	10 days
Due to Gangrenous Appendicitis (?)	
Other Conditions Chronic Interstitial nephritis (Include pregnancy within 3 months of death)	over

Major findings:
Of operations Uterine fibroids, gangrenous appendix.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. S. Harty M. D.
Address University Hosp. Date signed 6/23/40

F 70510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 70510

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 557 Laurens Street

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) Life time

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 557 Laurens Street (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Harry Boston

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-7371

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	A.A.	Married

6 (b) Name of husband or wife Edith Boston

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30 1894

8. AGE: Years	Months	Days	If less than one day
46 46		22	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER 12. Name George Boston

FATHER 13. Birthplace Balto. Md

MOTHER 14. Maiden Name

MOTHER 15. Birthplace

16 (a) Informant Edith Boston

(b) Address 557 Laurens Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25 1940 (month) (day) (year)

(c) Cemetery or crematory Arlington Mem. Pk.

Location Baltimore, Md.

18 (a) Funeral director Mrs. Cas. W. Holland

(b) Address 1631 Druid Hill Ave.

19 (a) Hunting & Williams, M.D. (b) Registrar

(Date rec'd by registrar) JUN 25 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/22 1940, at 10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/18 1940 to 6/22 1940 and that I last saw him alive on 6/22 1940.

Immediate cause of death	Duration
Pneumonia	3 days
Due to	
Due to Tracheo Bronchitis	7 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Carson C. Johnson M. D.

Address 1524 Penna Ave Date signed 6/25/40

F 70511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 70511

44048 SD

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louis Moore, Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
67 ?			hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Odd Jobs

11. Industry or business

FATHER
12. Name Louis Moore, Sr.
13. Birthplace Maryland

MOTHER
14. Maiden Name Jane ?
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 25 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JUN 25 1940 (Date received by Registrar) Registrar's No. 5717

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1940, at 11:10 AM

21. I certify that death occurred on the date above stated, that I attended deceased from April 21 1939, to June 13 1940, and that I last saw him alive on June 13 1940.

Immediate cause of death
Cerebral Hemorrhage — Duration 5 min.

Due to

Due to

Other Conditions Hypertensive cardio-vascular disease — unknown.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. Waghelstein M. D.
Address Balto City Hosp. Date signed 6-21-40

F 70512 K 58600--FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 70512

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 wk.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. Reedville, Va. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-25-1901

8. AGE: Years	Months	Days	If less than one day
39	2	21	hr. min.

9. Birthplace Unk. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name Madison Scott
13. Birthplace Unk.

MOTHER
14. Maiden Name Carrie
15. Birthplace Unk.

16 (a) Informant B.U.A. records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 25 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JUN 25 1940 (Date received by registrar) Huntington Williams M.D. Registrar 5716

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1940, at 7:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1940 to June 16 1940, and that I last saw h alive on June 16 1940.

Immediate cause of death: Pulmonary Tuberculosis — Duration unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Kelbe M. D.
Address Balto City Hosp. Date signed 6-24-40

F 70513 1C

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 70513 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~XXXX~~ 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2003 Girard Ave., Woodberry (If rural give location)
(e) If foreign born, how long in U. S. A.? years

13-8

3 (a) FULL NAME James Somerville (48997)

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1875

8. AGE: Years	Months	Days	If less than one day
64	9	16 9	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Odd Jobs
11. Industry or business

FATHER 12. Name John
13. Birthplace Scotland

MOTHER 14. Maiden Name Margaret Kear
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 25 1940

18 (a) Funeral director Commissioner of Health
(b) Address Per H. A. Moore

19 (a) JUN 25 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

5716

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10, 1940, at 12:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 10, 1940, to June 17, 1940 and that I last saw him alive on June 17, 1940.

Immediate cause of death: Tuberculosis of the Larynx — Duration: May 1940

Due to:

Due to: Ulceration of legs — Oct 1939

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Salvesen M. D.
Address Balto. City Hospitals Date signed 6-17-40

F 70514 K

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 120a

F 70514 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 211 S. Eden St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LILLIAN SHAW

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
27			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUN 25 1940
Commissioner of Health
Per H. A. Moore

18 (a) Funeral director
(b) Address

19 (a) JUN 25 1940 Huntington Williams M.D.
(Local Registrar) Registrar's No. 5713

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1940, at 5:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Acute hemorrhagic gastro-enteritis	
Due to Cause - pending investigation	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. A. Wollenweber M.D.
Medical Examiner
Date signed 6-13-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

USE MORGUE

M. D. B. 1262-0

F 70515 HEALTH DEPARTMENT—CITY OF BALTIMORE F 70515

CERTIFICATE OF DEATH S.S. No. 256-03-0650

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3709 Gywnoak Ave St., 28-1 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. + mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME La Roy Cunningham

(a) Residence: No. 3709 Gywnoak Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie Cunningham

6. DATE OF BIRTH (month, day, year) March 21, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. Kutz Co, Atlanta, Ga.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Abingdon, Md

FATHER

13. NAME James H Cunningham

14. BIRTHPLACE (city or town) (State or country) Abingdon, Md

MOTHER

15. MAIDEN NAME Anna M Dodd

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Nellie Cunningham
(Address) 3709 Gywnoak Ave

18. BURIAL, CREMATION, REMOVAL
Place Loudon Park Date 6/26/40 19

19. UNDERTAKER Wm. J. Tickner & Sons,
(Address) North & Pa. Avenues

JUN 25 1940 19 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 11th 1940 to June 23 1940

I last saw him alive on June 23 1940. Death is said to have occurred on the date stated above, at 3.50 a. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Lobar Pneumonia

Date of onset: unknown

Other contributory causes of importance:

Chronic Bronchitis — unknown
Pulmonary Oedema
Enlarged & Congested Liver

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. A. Evans M. D.

(Address) 4936 Park Heights Ave

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 70516

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1403 N. Longwood Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1403 N. Longwood Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1671

3 (a) FULL NAME Charles S. Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ wife Minnie M. Jackson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 4, 1859

8. AGE: Years	Months	Days	If less than one day
80	10	20	hr. min.

9. Birthplace Racine, Wisconsin (Town, county, and state)
10. Usual Occupation Retired Farmer
11. Industry or business

FATHER
12. Name George Jackson
13. Birthplace Racine, Wisconsin

MOTHER
14. Maiden Name ? Clark
15. Birthplace Wisconsin

16 (a) Informant Mrs. Minnie M. Jackson
(b) Address 1403 Longwood Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Penna. Avenues

19 JUN 25 1940 (b) Hunting for Wilkinson M.D.
(Must not be filled in by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24, 1940, at 10.10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 20 1940 to June 24 1940 and that I last saw him alive on June 24 1940.

Immediate cause of death

	Duration
Cerebral Intention Fracture	1 day
Due to	
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury ✓

23. Signature Peter Shotwell M. D.
Address 12 E. Preston St. Date signed 6/25/40

F 70517

LIENENKAMPER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 70517

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 64 N. Calvert St
(c) Hospital or institution: COLVER

2097

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 64 N. Calvert St (If rural give location)
(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Ernest Lienenkamper

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 214-01-3133

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Clara E.

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Jan 14, 1889

8. AGE: Years	Months	Days	If less than one day
51	5	10	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Tool + Dye Worker

11. Industry or business Aviation

FATHER
12. Name William Lienenkamper
13. Birthplace Germany

MOTHER
14. Maiden Name Theodora ?
15. Birthplace Germany

16 (a) Informant Clara E Lienenkamper
(b) Address 64 N. Calvert St

17 (a) London Park Cem (b) Date thereof June 27 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park Cemetery
Location 3801 Frederick Ave.

18 (a) Funeral director Charles W. Dill.
(b) Address 3109 Frederick Ave

19 JUN 25 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 4 pm

20. DATE OF DEATH June 24 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm B Yandell Greft M.D.
Medical Examiner

Date signed 6/24/40

VS 6

F 70518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70518 Registered No.

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MORGUE

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fort Baltimore Hotel
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

Hotel

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Dayton
(If outside city or town limits, write RURAL and give town)
Street No. 400 Peach Orchard Drive
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Herman J. Wildenhaus

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Audrey
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) May 2 - 1895

8. AGE:	Years	Months	Days	If less than one day
	44	1	23	hr. min.

9. Birthplace Ohio
(Town, county, and state)

10. Usual Occupation Salesman -
11. Industry or business Ingersoll Sales Co

FATHER
12. Name Herman J. Sr
13. Birthplace Cincinnati, Ohio

MOTHER
14. Maiden Name Katherine Ashbrook
15. Birthplace Germany

16 (a) Informant R. M. Pocock
(b) Address Dayton Ohio

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-40 (month) (day) (year)
(c) Cemetery or crematory Woodland Cem.
Location Dayton Ohio

18 (a) Funeral director Wm J. Zickner & Sons
(b) Address North & Pa Aves.

JUN 25 1940 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-25-1940, at 10 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Wilson M.D.
Medical Examiner
Date signed 6-25-40

F 37 1947
F 70519

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

468 ✓ Registered No. F 70519

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 713 N. Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Janie Vogtmann

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Married

6 (b) Name of husband or wife Edward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-27-85

8. AGE: Years	Months	Days	If less than one day
54	6	27	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph Wood
13. Birthplace Md.

MOTHER
14. Maiden Name Lytia Hyde
15. Birthplace Md.

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-22-40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard J. Rauch
(b) Address 6305 Harford Road

(b) by Williams, Registrar

JUN 25 1940 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1940 at 3:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1940 to June 24 1940 and that I last saw her alive on June 24 1940.

Immediate cause of death Shock — Duration 3 hrs.
Due to Hemorrhage
Due to Carcinoma, Stomach — 2 mos
Other Conditions Gastric Ulcer
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma, Stomach
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James R. Gay M. D.
Address Johns Hopkins Hosp. Date signed 6-24-40

F 70520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47c

Registered No. F 70520

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Caton Avenue
(c) Hospital or institution: Jenkins Memorial Hospl.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. 311 Brightside Ave (If rural give location)
Catonsville, Md.
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosa E. Everly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
85			hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Jenkins Memorial Hospl.
(b) Address 1000 Caton Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof 6/27/40 (month) (day) (year)

(c) Cemetery or crematory London Park

Location

18 (a) Funeral director Joseph J. Ruck

(b) Address 5309 Harford Rd.

JUN 25 1940 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1940, at 9:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1939 to June 24 1940, and that I last saw h[illegible] alive on June 24 1940.

Immediate cause of death: Bronchogenic Carcinoma — Duration: 2 years

Due to

Due to

Other Conditions Cachexia

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Max S. Sadove M. D.

Address Jenkins Memorial Date signed June 24 40

70521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. F 70521

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 606 East 27th St.
(c) Hospital or institution:

9-4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 606 East 27th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine Maria Lyston

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
75	—	—	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired Saleslady

11. Industry or business Dept Store

FATHER
12. Name James T. Lyston
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Brazel
15. Birthplace Ireland

16 (a) Informant Mrs. James Lyston
(b) Address 606 E 27th St.

17 (a) Burial (b) Date thereof 6/26/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Edmondson Ave.

18 (a) Funeral director Mary M. Hufelfeld
(b) Address 501 E. Baltimore St.

19 (a) JUN 25 1940
(Date rec'd by Registrar) Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24, 1940, at 1:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1940, to June 24 1940, and that I last saw her alive on June 23, 1940.

Immediate cause of death	Duration
Chronic Hypertension	1939
Due to Hypertensive Cardiovascular Renal Disease	1939
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 1331 N. Charles St. Date signed 6/25/40

70523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-E F 70522 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct ages especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3602 Liberty Hts. Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3602 Liberty Hts. Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary V. Mahan

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 30-1854

8. AGE: Years 86 | Months 1 | Days 24 | If less than one day hr. min.

9. Birthplace Havre de Grace Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name John Mahan
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Cantler
15. Birthplace Maryland

16 (a) Informant Viola E. Brown
(b) Address 3602 Liberty Hts. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/40 (month) (day) (year)

(c) Cemetery or crematory Angel Hill
Location Havre de Grace Md.

18 (a) Funeral director Pennington & Son
(b) Address Havre de Grace Md. R.F.D.

19 (a) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1940, at 9:15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940 to June 23 1940 and that I last saw h[illegible] alive on June 23 1940.

Immediate cause of death: Sarcoma of the glands of the neck with metastases

Duration
2 mos
7 years

Due to

Due to Gastric Stenosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Viola E. Brown

Address 1663 N. North Ave. Date signed 6/24/40 M. D.

70523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

57-D ✓ Registered No. F 70523

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Dist of Col (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. War College (If rural give location) 15
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Major John H Burns

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Frances
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-12-88

8. AGE: Years	Months	Days	If less than one day
52	2	13	hr. min.

9. Birthplace N.Y. (Town, county, and state)
10. Usual Occupation Major
11. Industry or business U.S. ARMY

FATHER
12. Name John Burns
13. Birthplace NY

MOTHER
14. Maiden Name Lucy Moran
15. Birthplace Canada

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/25/40 (month) (day) (year)
(c) Cemetery or crematory
Location Washington D. C.

18 (a) Funeral director Harold E. Labbe
(b) Address 4217-9th St, N.W.

19 (a) JUN 25 1940 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1940, at 5:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1940 to June 25 1940, and that I last saw him alive on June 25 1940.

Immediate cause of death	Duration
Undetermined Brain tumor?	
Due to Coronary thrombosis?	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Pearce M. D.
Address Johns Hopkins Hosp Date signed 6.25.40

BESONISKY

F 70524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 70524

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9
(c) Hospital or institution: [illegible]
(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible]
(e) Length of stay in Baltimore (yrs., mos., or days) [illegible]

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County [illegible]
(c) City or town [illegible]
(If outside city or town limits, write RURAL and give town)
(d) Street No. [illegible]
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helen B. Besonisky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	[illegible]

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible]

8. AGE: Years	Months	Days	If less than one day
23	3	6	17 hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation [illegible]

11. Industry or business

FATHER
12. Name D Besonisky
13. Birthplace Unknown

MOTHER
14. Maiden Name Barbara ?
15. Birthplace Unknown

16 (a) Informant Cath. Chantieu
(b) Address Cathedral & Franklin

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26 1940 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Balto Co.

18 (a) Funeral director F. J. Foley Sons
(b) Address 1818 Light St.

19 JUN 25 1940 (Date received by Registrar) Huntingtown Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 19 40, at 5 A.M. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 19 40. to June 22 19 40.
and that I last saw h[illegible] alive on June 22 19 40.

Immediate cause of death Coronary thrombosis

Duration 1 day

Due to ~~Hypertension~~ Arteriosclerosis

Due to [illegible]

Other Conditions [illegible]
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature F. J. Palmer M. D.
Address Date signed

VS 3

54885 - MB

F 70525

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

Registered No. F 70525

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo., 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 770 Vine Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Burt

3 (b) If veteran, name war	3 (c) Social Security Account No. 218-09-6037

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1896

8. AGE: Years	Months	Days	If less than one day
43	10	14	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business Unemployed

FATHER
12. Name Dock
13. Birthplace North Carolina

MOTHER
14. Maiden Name Edith Poole
15. Birthplace North Carolina

16 (a) Informant Records
(b) Address B.C.H.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/40 (month) (day) (year)
(c) Cemetery or crematory Laurel Hill Cemetery
Location Fernwood Rd. - Baltimore

18 (a) Funeral director John J. Fahey & Son
(b) Address 1318 Light St.

19 (a) JUN 25 1940 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 16 1940, at 4:35 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7 17 1942 to 6 16 1942, and that I last saw h/m alive on 6 16 1940.

Immediate cause of death: Bronchopneumonia — Duration: several days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. Kerlo Edwards Jr. M.D.
Address Balto City Hosp. Date signed 6-17-40

VS 3

F 70526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 70526

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 158 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 612 Bethel St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2-23-3

3 (a) FULL NAME Alexander Ziarnowski (51926)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Tiny
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/30/76

8. AGE: Years	Months	Days	If less than one day
64	2	20	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Frank (D)
13. Birthplace Poland

MOTHER
14. Maiden Name Frances Domonsko (D)
15. Birthplace Poland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-40 (month) (day) (year)
(c) Cemetery or crematory Locust Point Cem
Location Baltimore County Md

18 (a) Funeral director John J. Fabian & Sons
(b) Address 1121 Hanover St.

19 JUN 25 1940 (Date rec'd by Registrar) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19, 1940, at 4:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from January 12 19 40 to June 19 19 40, and that I last saw him alive on June 19, 19 40.

Immediate cause of death: Tuberculosis of Pulmonary — Duration: Died

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address Balto. City Hospitals Date signed 6-19-40 M.D.

F 70527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133-B

F 70527

Registered No.

LB 55220

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days 1 mth.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 525 N. Dennison St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Alexander

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	divorced

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1871

8. AGE: Years	Months	Days	If less than one day
68	7	13	hr. min.

9. Birthplace Missouri (Town, county, and state)
10. Usual Occupation unknown
11. Industry or business

FATHER
12. Name William Alexander
13. Birthplace Mo.

MOTHER
14. Maiden Name Levina Fole
15. Birthplace Mo.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26/40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Baltimore Md.

18 (a) Funeral director Gilbert Cook
(b) Address 1247 E Cold St

19 (a) JUN 26 1940 (Date received by Registrar) (b) Registrar
Hunter H. Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-24 1940 4:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1 1940 to 6-24 1940 and that I last saw h[illegible] alive on 6-24 1940.

Immediate cause of death: Bilateral hydronephrosis
Bilateral renal calculi
Due to

Due to

Other Conditions Gen. arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations Infected hydronephrosis left
Of autopsy

Duration
?
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald B Kelso M. D.
Address Balt City Hosp Date signed 6-24-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70528

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193-D

F 70528
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 401 E. 31st St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 401 E. 31st St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edna L. Rainey

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband ~~or wife~~ Robert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7 - 1886

8. AGE: Years 53 | Months 11 | Days 17 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles Howard Melville
13. Birthplace Balto Md

MOTHER
14. Maiden Name Anna K. Schmidt
15. Birthplace Balto Md

16 (a) Informant Howard Melville
(b) Address 3617 Old York Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St Paul St.

19 (a) JUN 26 1940 (Date received by registrar) (b) Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1939 to 6/24 1940
and that I last saw h~~er~~ alive on 6/23 1940

Immediate cause of death Cerebral Embolism — Duration 3 hrs
Due to Arterio Sclerosis — 20 yrs
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature [illegible]
Address 2020 N. Charles St, Date signed 6/25/40 M. D.

M. D. B. 1268-9

F 70529

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70529

CERTIFICATE OF DEATH

131-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 N. Fremont ave St., Ward.)

Registered No. 17-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche Treburne

(a) Residence: No. 819 N. Fremont ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 20, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) January 1937

11. Total time (years) spent at this occupation 40

12. BIRTHPLACE (city or town) (State or country) East Port Va

FATHER

13. NAME Robert Treburne

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sarah Nelson

16. BIRTHPLACE (city or town) (State or country) Eastport Va.

17. INFORMANT Pinkie Watkins

(Address) 819 N. Fremont ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date June 26 1940

19. UNDERTAKER James A. Stanger

(Address) 1424 Harlem Ave

Huntington Williams, M.D.

JUN 26 1940 19.....

Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6.23.40 , 19

22. I HEREBY CERTIFY, That I attended deceased from 1.26.37 , 19 , to 6.23.40 , 19

I last saw her alive on 6.22.40 , 19 . Death is said to have occurred on the date stated above, at 6:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1.26.37

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Phy Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James M Carr M. D.

(Address) 400 N Caroline

F 70530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-B

F 70530 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 509 Rossiter ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 54 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 509 Rossiter ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

27 10

3 (a) FULL NAME Frederick Anton Wermann

3 (b) If veteran, name war XXXXXXXX

3 (c) Social Security Account No. XXXXXXXX

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna M. Wermann
6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Nov 12 th 1861

8. AGE: Years	Months	Days	If less than one day
78	7	12	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Tobbaconist
11. Industry or business retired

FATHER
12. Name Karl F. Wermann
13. Birthplace Germany

MOTHER
14. Maiden Name Francisca Vogel
15. Birthplace Germany

16 (a) Informant Mrs Anna Wermann
(b) Address 509 Rossiter ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26th 40 (month) (day) (year)
(c) Cemetery or crematory Westerly Cemetery
Location Baltimore

18 (a) Funeral director John Ulrich
(b) Address 2005 Allens St

19 (a) (Registrar) (b) Registered JUN 26 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 th 1940 19 , at 11.30 M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 16, 1940, to June 24 1940 and that I last saw h alive on June 23, 1940

Immediate cause of death
Carcinoma of Stomach

Duration About 1 yr.

Due to

Due to

Other Conditions Myocarditis * Pulmonary Edema
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Several Wks.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore H. Morrison M. D.
Address 1013 N. Charles St Date signed 6/24/40

3806 F 70531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55-a

F 70531 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Cockeysville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adeline Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband of wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-3-36

8. AGE: Years 3 | Months 10 | Days 21 | If less than one day hr. min.

9. Birthplace Maryland (City, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Edith Johnson
15. Birthplace Maryland

16 (a) Informant Recrds —
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-40 (month) (day) (year)
(c) Cemetery or crematory Druid Hill
Location Baltimore Co. Md

18 (a) Funeral director Mrs Frances E Heyser
(b) Address 578 N. Bridge St

19 (a) (Date rec'd by registrar) JUN 26 1940 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1940, at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1940, to June 24 1940, and that I last saw her alive on June 24 1940.

Immediate cause of death: Adrenal carcinoma — Duration: 6 weeks
Surgical shock
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Large malignant tumor abot Rt Kidney
Of autopsy "

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ethel Halbert M. D.
Address Baltimore Date signed

F 70532

BALTIMORE CITY CCK HEALTH DEPARTMENT

CERTIFICATE OF DEATH 123

Registered No. 58084 F 70532

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1521 Argyle Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mamie Young

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24, 1882

8. AGE: Years	Months	Days	If less than one day
58	3	0	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Robert Smith
13. Birthplace Pa.

MOTHER
14. Maiden Name Annie Stewart
15. Birthplace D.C.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Balto. Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 N. Bridge St.

19 (a) JUN 26 1940 (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-24 1940, at 9:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-23 1940, to 6-24 1940, and that I last saw her alive on 6-23 1940

Immediate cause of death: Myocardial failure ?
Ged. arteriosclerosis

Due to

Due to

Other Conditions: Fibromyomata of uterus ? Rectal stricture
(Include pregnancy within 3 months of death)

Major findings:
Of operations Rectal stricture 5-27-40
Of autopsy

Duration
?
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Fekler Jr. M. D.
Address Balt. City Hosp. Date signed 6-24-40

F 70533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

Registered No. F 70533

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 516 Chapel Gate Lane
(c) Hospital or institution:
Hill-Top Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town White Hall
(If outside city or town limits, write RURAL and give town)
(d) Street No. 25-1
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel W. Taylor

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27, 1863

8. AGE: Years	Months	Days	If less than one day
77	2	27	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Farm Labor - 6 yrs ago
11. Industry or business

FATHER
12. Name Mr. Taylor
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Balto. County Welfare Dept.
(b) Address Towson, Md.

17 (a) Burial (b) Date thereof June 26, 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Govans, Md.

18 (a) Funeral director [signature]
(b) Address 1003 W. Baltimore St.

JUN 26 1940 (b) [signature] Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24, 1940 19 , at 2.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 13 1940, to June 24 1940, and that I last saw him alive on June 24 1940.

Immediate cause of death Chronic myocarditis

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward A Morgan M. D.
Address 1216 W. Fayette St. Date signed 6/25/40

F 70534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940 a

F 70534 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5415 Omaha Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5415 Omaha Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Johanna Schaub

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 2nd 1861

8. AGE: Years 79 | Months 5 | Days 23 | If less than one day hr. min.

9. Birthplace Balto City
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Ludwig E. Schaub
13. Birthplace German

MOTHER
14. Maiden Name Amelia Melchior
15. Birthplace Germany

16 (a) Informant Mrs. Philippi
(b) Address Omaha Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27th 40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto City

18 (a) Funeral director Hagan Funeral Home
(b) Address 7401 Belair Rd.

19 (a) (Date rec'd by registrar) JUN 26 1940 (b) Huntingdon Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25th 1940, at 12:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-8 1940, to 6-25 1940, and that I last saw her alive on 6-24 1940.

Immediate cause of death	Duration
Cerebral Thrombosis	
Due to Arteriosclerosis	
Due to	
Other Conditions Coronary Thrombosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John Costantini M. D.
Address 211 S. Conkling St. Date signed 6-25-40

70535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70535 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Carline and Oliver St.
(c) Hospital or institution:
St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. Margaret Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosalind Goldbeck

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 28 1874

8. AGE: Years	Months	Days	If less than one day
65	10	26	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER 12. Name Wm. H. Goldbeck

13. Birthplace Germany

MOTHER 14. Maiden Name Elizabeth Kaphorn

15. Birthplace Germany

16 (a) Informant Christopher Goldbeck

(b) Address 2410 E. Monument St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6 (month) 28 (day) 40 (year)

(c) Cemetery or crematory Oak Lawn

Location Eastern Ave.

18 (a) Funeral director John A. Miller

(b) Address 2334 Jefferson St.

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1940, at 6:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1940, to June 25 1940, and that I last saw her alive on June 24 1940.

Immediate cause of death Gastro-Intestional Hemorrhage — Duration 1 day

Due to Malignancy of the Stomach

Due to

Other Conditions Generalized Arterio-sclerosis.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Kelmenson M. D.

Address St. Joseph's Hospital Date signed 6-25-40

F 70536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47C

F 70536 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1458 Riverside Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1458 Riverside Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W. Joeckel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna Laumann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept. 15-1875

8. AGE: Years: 64 | Months: 9 | Days: 8 | If less than one day: hr. min.

9. Birthplace: Balto. Md. (Town, county, and state)

10. Usual Occupation: Druggist

11. Industry or business

FATHER 12. Name: Charles Joeckel

FATHER 13. Birthplace: Not Known

MOTHER 14. Maiden Name: Not Known

MOTHER 15. Birthplace: Not Known

16 (a) Informant: Anna Joeckel

(b) Address: 1458 Riverside Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29/40 (month) (day) (year)

(c) Cemetery or crematory: Schwartz's Ce.

Location: O. Donnell St.

18 (a) Funeral director: John F. Miller

(b) Address: 2334 Jefferson St.

19 (a) (Date rec'd by registrar) (b) Huntington Hill, Registrar

JUN 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 24 1940, at 1.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 23 1939 to June 24 1940 and that I last saw h[illegible] alive on June 23 1940

Immediate cause of death: Asthenia — Duration:

Due to: Carcinoma Bronchogenic

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury:

23. Signature: E. Howard Iannella, M. D.

Address: 817 Park Ave. Date signed: 6/26/40

Lammi

70537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 63-B Registered No. 70537

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 82 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ——
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 703 Ponca St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 7 years

3 (a) FULL NAME Mrs Hannah Lammi

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Wht	Married

6 (b) Name of husband or wife Oskar Lammi
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4, 1893

8. AGE: Years	Months	Days	If less than one day
46	9	18	hr. min.

9. Birthplace Finland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John Pesonen
13. Birthplace Finland

MOTHER
14. Maiden Name Mary ?
15. Birthplace Finland

16 (a) Informant Oskar Lammi
(b) Address 703 S. Ponca St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28, 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Md.

18 (a) Funeral director H. SANDER & SON Inc.
(b) Address North Ave. & Broadway

19 (a) —— (b) —— Registrar
(Date rec'd by registrar)

JUN 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1940, at 5:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/31 1940, to 6/22 1940, and that I last saw her alive on 6/22 1940.

Immediate cause of death
Diffuse toxic goiter
Due to
Due to
Other Conditions rheumatic heart disease
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy confirmatory

Duration 4 mo

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. T. A. Ruell Jr. M. D.
Address University Hosp. Date signed 6/22/40

F 70538

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D F 70538
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3278 Callin Ave
(If rural, give location)
3314 W. North Ave.
(e) If foreign born, how long in U. S. A.? years

2056

3 (a) FULL NAME miss margaret Mc Donald

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years	Months	Days	If less than one day
78			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name James McDonald
13. Birthplace Ireland

MOTHER
14. Maiden Name Ann McCall
15. Birthplace Ireland

16 (a) Informant Mrs. Le Cron
(b) Address 3314 W. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28 1940 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Geo. Weisfield
(b) Address 914 Gramm [illegible] Ave

JUN 26 1940 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 – 25 1940, at 9:53 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-24 1940, to 6-25 1940 and that I last saw her alive on 6-25 1940.

Immediate cause of death: Acute Cardiac Dilatation
Due to Degenerative fatty changes of the Cardiac Vasc.
Due to
Other Conditions Pulmonary Edema
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. D. Doctor
Address St Agnes Date signed 6-25-40

F 70539

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
93-D

F 70539
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 526 W. Conway St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 526 W Conway St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles. F. Schroeder. Sr.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, widowed, or ~~divorced~~.
Male	White	Widowed

6 (b) Name of husband or wife Mary.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1883

8. AGE: Years	Months	Days	If less than one day
56	11	29	hr. min.

9. Birthplace BALTIMORE (Town, county, and state)
10. Usual Occupation Grocer. Buss.
11. Industry or business

FATHER
12. Name Henry. Schroeder
13. Birthplace BALTIMORE

MOTHER
14. Maiden Name HENA. ?
15. Birthplace BALTIMORE

16 (a) Informant Harry Schraeder
(b) Address 526 W. Conway St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave

18 (a) Funeral director Joseph Kazimska Jr.
(b) Address 602 W Washington Blvd

19 (a) [illegible] (b) [illegible] for William M.D.
(Date received by registrar) JUN 26 1940 (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1940 at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1940. June 25 1940. and that I last saw him alive on June 24 1940.

Immediate cause of death
Cardio-Vascular Disease
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
1939

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
25. Signature Edward T. Mulcahy M. D.
Address 82 Washington Blvd Date signed 6-27-40

70540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70540
Registered No. 164-c

THE MORGUE

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) less than 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 402 Ritchie Highway. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2423

3 (a) FULL NAME Norman O. Wilkerson

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-3038

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	divorced

6 (b) Name of husband or wife Ada Wilkerson
6 (c) If alive, give age ← years

7. Birth date of deceased (mo., day, yr.) Oct. 8, 1898

8. AGE: Years	Months	Days	If less than one day
41	8	17	hr. min.

9. Birthplace Brooklyn, A.A. Co. Md. (Town, county, and state)
10. Usual Occupation Clerk - Grocery
11. Industry or business

FATHER
12. Name Joseph W. Wilkerson
13. Birthplace A.A. Co. Md.

MOTHER
14. Maiden Name Cora V. Anderson
15. Birthplace A.A. Co. Md

16 (a) Informant Nina J. Jung
(b) Address Fairhaven Heights - AA Co Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27-40 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Mareck
(b) Address 715 Light St
(c) (Signature of person filling by registrar) Huntington Williams, M.D.

JUN 26 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-25-1940 at 5 20 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy / Inquiry thereon and from the evidence obtained by said Autopsy / Inquiry had that said deceased came to his death on the day stated above.

Immediate cause of death Hemorrhage of Brain — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 6-25-40
(c) Where did injury occur? Brooklyn, A.A. Co. Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home - (Specify type of place) While at work? No
(e) Means of injury Self inflicted gun shot wound of head

23. Signature Howard J. Wheeler M.D. Medical Examiner.
Date signed 6-25-40

70541

CK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B

Registered No. 70541

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 629 N. 28th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lettie Brewington

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married (Sep)

6 (b) Name of husband or wife Preston
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 16, 1875

8. AGE: Years	Months	Days	If less than one day
65	5	8	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Aaron Gross
13. Birthplace Md.

MOTHER
14. Maiden Name Cecelia Curtis
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 6-27-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Curtis
Location Balto. Co.

18 (a) Funeral director Saml. W. Grove & Son
(b) Address 638 N. Eutaw St

19 (a) JUN 26 1940 (b) Huntington Ave. Md.
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1940, at 8 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1940, to June 24 1940, and that I last saw h[illegible] alive on June 24 1940.

Immediate cause of death	Duration
Cerebral thrombosis	18 days.
Due to	
Due to	
Other Conditions Terminal bronchopneumonia	6 days.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. McVaughey Hoffman M. D.
Address Balto City Hosp. Date signed 6-25-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70542

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-a Registered No.

F 70542

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1305 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 Druid Hill Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stephen H. Shepherd

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-7122

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	Col	married

6 (b) Name of husband or wife Bettie Shepherd
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 1- 1873

8. AGE: Years	Months	Days	If less than one day
67	3	22	hr. min.

9. Birthplace Balto - Md (Town, county, and state)
10. Usual Occupation Valet
11. Industry or business Mis. Clerk

FATHER
12. Name Thomas Shepherd
13. Birthplace Md.

MOTHER
14. Maiden Name Edith Baily
15. Birthplace Md

16 (a) Informant Alma D. West
(b) Address 315 Prospect Ave N. Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet Cemetery
Location Balto. Co.

18 (a) Funeral director Saml. M. Shaw Jr.
(b) Address 638 N. Gilmor St.

19 (a) (Date rec'd by registrar) (b) Huntingtown, Md. Registrar

JUN 26 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1940, at 4.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1940 to 19 ; and that I last saw h alive on 19 .

Immediate cause of death
Cardio Vascular Renal Disease — Duration 2
Due to — 1
Due to
Other Conditions Epistaxis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None (omitted)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. B. Hughes M. D.
Address 1443 Druid Hill Ave Date signed June 24-40

F 70543

55141-FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70543 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 26 days.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1042 Pennsylvania Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leonard Aulton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-17-1908

8. AGE: Years	Months	Days	If less than one day
31	6	7	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Bowling Alley Work
11. Industry or business

FATHER
12. Name John Aulton
13. Birthplace Md.

MOTHER
14. Maiden Name Annie
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Geo. H. Kelson
(b) Address 1343 Presstman St.

19 (a) JUN 26 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-24 1940 at 4:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2-8 1940, to 6-24 1940, and that I last saw h.i.m. alive on 6-23 1940.

Immediate cause of death	Duration
Pyelonephritis	1 week
Due to Urethral Stricture	?
Due to Urinary extravasation	8 weeks
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Urinary extravasation
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney R. Peters Jr. M.D.
Address Balt. City Hosp. Date signed 6-28-40

F 70544 55551--FD

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-5

F 70544 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo. 14 das.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1118 Linden Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clifford Blake

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	colored	Married

6 (b) Name of husband or wife Marie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-16-1898

8. AGE: Years	Months	Days	If less than one day
42	5	8	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Lemuel Blake
13. Birthplace Va.

MOTHER
14. Maiden Name Matilda Thomas
15. Birthplace Va.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 6/29/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Dy Cr Co Md.
18 (a) Funeral director Jos. M. Skinner
(b) Address 927 N. Mount St.
19 JUN 26 1940 (Signature of Registrar) Hunter G. Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1940, at 11 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1940, to June 24 1940, and that I last saw him alive on June 24 1940.

Immediate cause of death: Carcinoma of the Stomach — Duration: Intervening

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Carcinoma of stomach.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Clarke M. D.
Address Balto City Hosp. Date signed 6-25-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 70545 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the correct age is especially important. Give the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6. Hammond St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) One
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 N. Eutaw St (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Morris Gottlieb

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Pauline Saltzman
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years 56 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (town, county, and state or foreign country)
10. Usual Occupation Hat Manufacturer
11. Industry or business Hat Mfg.

FATHER
12. Name Isaac Gottlieb
13. Birthplace Poland

MOTHER
14. Maiden Name Rosa Ostrach
15. Birthplace Poland

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/40 (month) (day) (year)
(c) Cemetery or crematory Pikesville
Location Pikesville Md

18 (a) Funeral director Jack Levin Inc
(b) Address 1137 E. Balto St

19 JUN 26 1940 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1940, at 8:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940, to June 26 1940, and that I last saw h[illegible] alive on June 26 1940.

Immediate cause of death — Duration
Pulmonary edema.
Due to coronary occlusion
Due to arteriosclerosis
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. Goldstein
Address Sinai Hospital Date signed 6/23/40 M. D.

VS 3

0546 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 20546

CERTIFICATE OF DEATH 131 B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1151 N. Carey st St., 16-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Rose M. Thompson

If U. S. Veteran specify WAR

(a) Residence: No. 1151 N. Carey st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ford Thompson

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Catonsville Md.

MOTHER FATHER

13. NAME Charles Dorsey

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Martha Kelly

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Ford Thompson (Husband)

(Address) 1151 N. Carey st.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date June 27th 40

19. UNDERTAKER Elroy C Welch

(Address) 1400 Brandley Co

20. JUN 26 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-24- , 1940

22. I HEREBY CERTIFY, That I attended deceased from 6-3- , 1940, to 6-24- , 1940

I last saw h. alive on 6-24- , 1940. Death is said to have occurred on the date stated above, at 10 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6-1-40

Other contributory causes of importance:

Nephritis.	5 yrs

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Louis E. Thomas M. D.

(Address) 2340 Madison Ave.

No. 5—WHITE (CARBON), WITH ONE CARBON COPY. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 2

70547 F 70547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

518 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1217 St James St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1217 St James St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Kane

3 (b) If veteran, name war | 3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	C	Married

6 (b) Name of husband or wife Lucy Kane
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Dec 1868

8. AGE: Years	Months	Days	If less than one day
71	6		hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Lucy Kane
(b) Address 1217 St James St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26th 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery Cem.
Location Brooklyn Md
18 (a) Funeral director Bryson & James W. Knight
(b) Address 1218 McElderry St
19 (a) JUN 26 1940 (b) Hunting to Will Received

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-24 1940, at 7 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-16 1940 to 6-24 1940 and that I last saw h i.m. alive on 6-22 1940.

Immediate cause of death — Duration

Carcinoma of prostate gland — Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Raymond Browne, M.D.
Address 1500 E. Madison St Date signed 6-26-40

F 70548

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

119a

F 70548 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 559 Dolphin St (If rural, give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Roland Jones.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Infant

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April-4. 1939

8. AGE: Years 1 | Months 15 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Infant.

11. Industry or business

FATHER 12. Name Henry Jones.

13. Birthplace Castleville S-C.

MOTHER 14. Maiden Name Maggie McFadden

15. Birthplace Cartersville S.C

16 (a) Informant Henry Jones

(b) Address 559 Dolphin St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL JUN 26 1940

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (c) June 21 1940 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-21- 1940. at 6.10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-15- 1940. to 6-21- 1940 and that I last saw alive on 6-21- 1940.

Immediate cause of death: Marasmus

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations \
Of autopsy —

Duration
?
over

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. F. Maloney M.D.

Address Provident Hosp Date signed 6/26/40

F 70549

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D ✓ Registered No. F 70549

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood + Green Sts.
(c) Hospital or institution: Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 416 N. Bruce St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Roy Pisking

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
NO	NO	M	W	DIVORCED

6 (b) Name of husband or wife PEARL ELIZABETH AUSTIN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APRIL 1882

8. AGE: Years	Months	Days	If less than one day
57	2		hr. min.

9. Birthplace NEW WINDSOR, MD
(Town, county, and state)
10. Usual Occupation PLUMBER
11. Industry or business PLUMBING BUSINESS

FATHER
12. Name JOHN TYLER PISKING
13. Birthplace MD, U.S.A

MOTHER
14. Maiden Name KATIE BLOOM
15. Birthplace MD, USA

16 (a) Informant JAMES ROLAND PISKING JR
(b) Address 2622 HAFER ST.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location UNIVERSITY MEDICAL SCHOOL JUN 26 1940

18 (a) Funeral director Commissioner of Health
(b)

19 AUG 21 1940 Per M. Remington Williams, M.D.
(Date received by registrar) Registrar

F 5721

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/21 1940, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/20 1940 to 6/21 1940, and that I last saw him alive on 6/21 1940.

Immediate cause of death Coronary occlusion

Due to Thrombosis c.V.D.

Due to

Other Conditions Diabetes (?)
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Henry Haas
Address Univ. Hosp. Date signed 6/21/40

F 03187

70550

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

161-A F 70550 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ~~Baltimore~~ Charles
(c) City or town ~~Baltimore~~ Baltimore County Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 410 Paul St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME James Henry Bollar

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ~~1-12-1940~~ 12-6-39

8. AGE: Years	Months	Days	If less than one day: hr.	min.
	6	16		

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry Bollar
13. Birthplace N. Carolina

MOTHER
14. Maiden Name Annie Poss
15. Birthplace Virginia

16 (a) Informant Mother
(b) Address 410 Paul St.

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory UNIVERSITY MEDICAL SCHOOL JUN 26 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 ~~June 21 1940~~ Huntington Williams M.D.
VS 1 5720

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-22-40 19 , at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-19 19 40 to 6-22 19 40 and that I last saw h(im) (her) alive on 6-21 19 40.

Immediate cause of death: Pneumonia — Duration 1 day

Due to: ..... — Duration: own

Due to: .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frances M. Laughlen M. D.
Address University Hosp Date signed 6-23-40

70551
381500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

561 Registered No. F 70551

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Cuba (b) County
(c) City or town HAVANA (If outside city or town limits, write RURAL and give town)
(d) Street No. 559 Prado Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 17 days years

3 (a) FULL NAME Elso G. Rosales
3 (b) If veteran, name war Cuban Army
3 (c) Social Security Account No. ✓
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife Mercedes
6 (c) If alive, give age 22 years
7. Birth date of deceased (mo., day, yr.) 7-17-09
8. AGE: Years 30 | Months 11 | Days 7 | If less than one day ... hr. ... min.
9. Birthplace Cuba (Town, county, and state)
10. Usual Occupation Lieut. ARMY OFFICER
11. Industry or business Cuban Army
FATHER 12. Name Alberto Rosales
FATHER 13. Birthplace Cuba
MOTHER 14. Maiden Name Antonia Martinez
MOTHER 15. Birthplace Cuba
16 (a) Informant Records
16 (b) Address JOHNS HOPKINS HOSPITAL
17 (a) burial (Burial, cremation, or removal) (b) Date thereof June 30/40 (month) (day) (year)
17 (c) Cemetery or crematory Havana
Location Cuba
18 (a) Funeral director John O. Mitchell & Son
18 (b) Address Eutaw Place
JUN 28 1940 (Date received by registrar)
(b) Huntington Ave. Williamsport Pa.

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 24 1940, at 10 10 P M
21. I certify that death occurred on the date above stated; that I attended deceased from JUNE 15 1940 to JUNE 24 1940, and that I last saw him alive on JUNE 24 1940.

Immediate cause of death	Duration
Brain Tumor (Benign)	
Due to supra-sellar	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations supra-sellar tumor removed
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. L. Pecquet M. D.
Address 3 W. Mt. Vernon Place, signed

VS 3

627 S. H.

70552

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

920 Registered No. F 70552

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 626 W. Montgomery St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 2 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 626 W. Montgomery St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gardener Henderson

3 (b) If veteran, name war ? | 3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Unknown

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day: hr.	min.
49	?	?		

9. Birthplace N. C. (town, county, and state)
10. Usual Occupation Farm hand
11. Industry or business

FATHER
12. Name Haywood Henson
13. Birthplace Person Co. N. C.

MOTHER
14. Maiden Name Katy Anderson
15. Birthplace N. C.

16 (a) Informant Helen Nash.
(b) Address 2205 Huntly St. Balto. Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof 6 27 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Baltimore Md.

18 (a) Funeral director Walter B. Sayer
(b) Address 1329 Williamsburg St.

(c) Registrar Huntington Williams, M.D. Registrar

JUN 26 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1940 at 12.40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1940 to June 19 1940, and that I last saw h— alive on June 19 1940.

Immediate cause of death	Duration
Acute Cardiac Dilatation	
Due to Chronic Aortic Insufficiency	about 6 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. H. Cassell M. D.
Address 911 Warner St Date signed 6/19/40

F 70553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a F 70553 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 St. Paul St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 St. Paul Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma I. Colein

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1871

8. AGE: Years	Months	Days	If less than one day
68	11	28	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John F. Colein
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Sarah E. Maguire
15. Birthplace St. Johns, New Brunswick

16 (a) Informant Miss Anne S. Colein
(b) Address 1700 St. Paul Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27, 1940 (month) (day) (year)
(c) Cemetery or crematory Saters, Balto. Co., Md.
Location Baltimore Co., Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.,
(b) Address North & Penna. Avenues

19 (a) [illegible] (Registrar) Huntington Williams, M.D.
(b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1939 to June 25 1940 and that I last saw her alive on June 24 1940

Immediate cause of death Myocardial Insufficiency
Arteriosclerosis

Duration

Due to

Due to

Other Conditions Chr. Nephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Bourey M. D.
Address 1121 N. Broadway Date signed 6/26/40

F 70554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

F 70554 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6 Monument st

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15

(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 30

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1733 N. Appleton (If rural give location)

(e) If foreign born, how long in U. S.? 30 years

3 (a) FULL NAME Benjamin Jamm

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 58 Months Days If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER 12. Name Abraham Stars

FATHER 13. Birthplace Russia

MOTHER 14. Maiden Name Daily

MOTHER 15. Birthplace Russia

16 (a) Informant Mrs. Stars

(b) Address 1800 Walbrook ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26-40 (month) (day) (year)

(c) Cemetery or crematory Rosedale

Location Rosedale

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E. Balto st

19 (a) [illegible] (b) Registrar Huntington Williams, M.D.

JUN 26 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1940, at 10 00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1940, to June 26 1940, and that I last saw ~~him~~ alive on June 26 1940.

Immediate cause of death: Acute coronary occlusion — Duration 2 5 days

Due to: Arteriosclerosis of coronary arteries — ? Yrs.

Due to: —

Other Conditions: Pulmonary Fibrosis — ? Yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature S Soberlis M. D.

Address Sinai Hospital Date signed 6/26/40

F 70555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 70555 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Ye correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1641 N. Patterson Park Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Adolph Riedel

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17, 1895

8. AGE: Years	Months	Days	If less than one day
45	2	8	hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name FREDERICK RIEDEL
13. Birthplace Saxony, Germany

MOTHER
14. Maiden Name Fredericka Scharfe
15. Birthplace Denmark

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof June 27th 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Govanstown

18 (a) Funeral director Leo G. Logue
(b) Address 1701 N Patt Park Ave

19 (a) [illegible] (Registrar) Huntington W. Jones M.D.

JUN 26 1940
VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25, 1940 19 , at 1:50 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 16, 1940, to June 25, 1940, and that I last saw him alive on June 25, 1940.

Immediate cause of death Acute purulent phlebitis of head with acute septic meningitis and septico-pyemia — Duration: 1 week

Due to

Other Conditions Diabetes mellitus — Duration: Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operations
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. M. H. Audrey M.D.
Address U.S.Marine Hospital Baltimore, Maryland. Date signed 6/25/40

70556 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 70556

CERTIFICATE OF DEATH

93D

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. So. Balto. Gen. Hosp. St. 18-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 (life) yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Emma [redacted] Sansonde — If U. S. Veteran specify WAR

(a) Residence: No. 47 S. Poppleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank LaMonde

6. DATE OF BIRTH (month, day, year) [redacted] June 28th 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Isaac

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Lula Steward

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs B. Oberlander

(Address) 604 S. Eaton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date June 27th 1940

19. UNDERTAKER Leo J. Gilcoch

(Address) 1701 N. Pitt Park Ave

Filed JUN 25 1940 19 Hattie F. Williams Registrar

JUN 26 1940

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1940 to June 24, 1940

I last saw h[illegible] alive on June 24, 1940 Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis and Hypertension	
Cerebral Hemorrhage	6/22

Other contributory causes of importance:

Hypertension, Nephritis, Diabetes mellitus, Goiter

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John A. Urlock Jr. M. D.

(Address) South Balto. Gen. Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Wiedeck

F 70557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

463 F 70557 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: ST. JOSEPH HOSPT. 264
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
Street No. 3400 NOBLE ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Regina Wiedeck

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced. WIDOW

6 (b) Name of husband or wife FREDERICK WIEDECK

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT. 25- 1886

8. AGE: Years 53 54 | Months 7 | Days 30 29 | If less than one day hr. min.

9. Birthplace GERMANY (Town, county, and state)

10. Usual Occupation HOUSE WORK

11. Industry or business AT HOME

FATHER
12. Name MELCHOIR WIEDECK
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace GERMANY

16 (a) Informant MARGARET WIEDECK (DAUGHTER)
(b) Address 4300 NOBLE ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-27-40 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BEIAIR ROAD

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) [illegible] (Registrar) (b) Huntington/Wilkens, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-24 1940 at 1 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-3 1940 to 6-24 1940 and that I last saw her alive on 6-17 1940.

Immediate cause of death	Duration
Post operative Intestinal obstruction	
Due to adhesions	
Due to	
Other Conditions Carcinoma of Pylorus & Head of Pancreas (Include pregnancy within 3 months of death)	

Major findings:
Of operation Carcinoma of Pylorus & Head of Pancreas
Of autopsy Obstruction of Jejunum & Pancreatic Carcinoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bernard J. Sebastiani M. D.
Address St Jos Hosp Date signed 6-27-40

F 70558

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D

55710 Registered No. F 70558

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1240 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 925 S Fremont Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Hawk

3 (b) If veteran, name war
3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Lucy Hunker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 31, 1859

8. AGE: Years	Months	Days	If less than one day
80	7	24	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Salvation Army
11. Industry or business

FATHER
12. Name Daniel
13. Birthplace Pa.

MOTHER
14. Maiden Name Mary Hunker
15. Birthplace Pa.

16 (a) Informant records
(b) Address Baltimore City Hospitals

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 26-40 (month) (day) (year)
(c) Cemetery or crematory
Location Greensburg Penna

18 (a) Funeral director Nora J. Fickus & Son
(b) Address Main St. Penna Avenue

19 JUN 26 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-25 1940, at 9:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-17 1940, to 6-25 1940 and that I last saw him alive on 6-25 1940.

Immediate cause of death	Duration
Gen. arteriosclerosis.	
Arteriosclerotic heart disease	3 years
Due to Myocardial failure	
Due to	
Other Conditions Various ulcers	2
Syphilis.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry F. Rogdon M. D.
Address Balt. City Hosp. Date signed 6-25-40

70559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

F 70559
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correction is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 310 22½ St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Burrell ~~John Burrell~~

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age 89 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 43 45 | Months | Days | If less than one day: hr min

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Silas Burrell
13. Birthplace Va

MOTHER
14. Maiden Name Ellenor Burrell
15. Birthplace Va

16 (a) Informant Silas Burrell
(b) Address 2307 Hunter St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. R. Co

18 (a) Funeral director Rayner Sanders
(b) Address 1812 E. Preston St

19 (a) 26 1940 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-25- 1940, at 12:15 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Lobar pneumonia
Acute organic Peritonitis — Duration

Due to Multiple wounds

Due to wounds of abdomen

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence 6-22-40
(c) Where did injury occur? Abv mines (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Multiple gunshot wounds

23. Signature Howard J. Madden M.D.
Medical Examiner.

Date signed 6-25- Rec'd Unknown

70560

DLB

38767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 70560

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4240 Eastern Avenue

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days 1yr. 7mos

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. no home (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma Kute Hill

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Color	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?--?-? 1866

8. AGE: Years	Months	Days	If less than one day
74	?	?	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation unknown

11. Industry or business

FATHER

12. Name John Hill

13. Birthplace Maryland

MOTHER

14. Maiden Name Rosa ?

15. Birthplace Md.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location A. R. Co

18 (a) Funeral director Rayner Sanders

(b) Address 1412 E Preston St

19 (a) 6-26-40 (Date received by registrar) (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1940, at 1:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 7 1938, to June 24 1940, and that I last saw h[illegible] alive on June 24 1940

Immediate cause of death Generalized Arteriosclerosis — Duration unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address Balto City Hosp Date signed 6-25-40

70561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-B

F 70561

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address ~~4101 Bonner Road~~

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Month

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4101 Bonner Rd. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Robert Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Cora Rebecca Anderson

6 (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) July 6 - 1871

8. AGE: Years	Months	Days	If less than one day
68	11	20	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Produce Dealer

11. Industry or business

FATHER

12. Name Horace Alfred Anderson

13. Birthplace Texas Maryland

MOTHER

14. Maiden Name Mary Miller

15. Birthplace Maryland

16 (a) Informant Charles Raymond Anderson

(b) Address Catonsville Manor Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29-40 (month) (day) (year)

(c) Cemetery or crematory Mount Olivet

Location Baltimore Md.

18 (a) Funeral director Charles H. Black

(b) Address 742 W. North Ave. Huntington Station, Md.

JUN 27 1940 (Date filed by registrar)

Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1940, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1940 to June 26 1940 and that I last saw him alive on June 26 1940

Immediate cause of death

Arteria-sclerotic C.V.D.

Cirrhosis of Liver ~~Duration~~ 2 yrs.

~~Duration~~ Terminal uremia 2 weeks

Due to

Other Conditions Chronic bronchitis & Empysema

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B. C. Thomas Jr. M. D.

Address University Hosp. Date signed 6/26/40

38199 F 70562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54a

F 70562 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Pa (b) County

(c) City or town Clairton CLAIRTON (If outside city or town limits, write RURAL and give town)

(d) Street No. 50 & - 5th St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John T - Holleran

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-25-19

8. AGE: Years	Months	Days	If less than one day
20	11	1	hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John Holleran

13. Birthplace Pa -

MOTHER 14. Maiden Name Mary Moxley

15. Birthplace W - Pa -

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29-40 (month) (day) (year)

(c) Cemetery or crematory St. Pl Cres

Location Clairton Penna.

18 (a) Funeral director John. J mitchell

(b) Address 1900 Eutaw Pl.

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1940 at 6.58 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1940. to June 26 1940. and that I last saw him alive on June 26 1940.

Immediate cause of death Cerebellar glioma - malignant

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Cerebellar glioma

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Charles A. Troland M. D.

Address Johns Hopkins Hosp. Date signed 6-26

Deshields

F 70563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33-B

F 70563 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2224 Mond. Ave.

(c) Hospital or institution: ✓

(d) ~~Length of stay~~ in hospital or inst. (yrs., mos., or days) 13

(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2224 Mond. Ave (If rural give location)

(e) ~~If foreign~~ born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Hallie Dashiell

3 (b) If veteran, name war ✓

3 (c) ~~Social Security~~ Account No.

4. Sex F.

5. Color or race C

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Thomas Dashiell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/18/84

8. AGE: Years 29 Months 4 Days 22 If less than one day hr. min.

9. Birthplace Norfolk Co., Va. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

MOTHER / FATHER

12. Name William Dugan

13. Birthplace Norfolk Co

14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Agatha Dashiell

(b) Address 2224 Mond. Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27 40 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem.

Location A.A. County, Md.

18 (a) Funeral director Mrs R. A. Elliott's daughter

(b) Address 1129 N. Caroline St.

19 (a) JUN 27 1940 (Registrar) (b) [signature] Deputy Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 19 40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/24/40 19 to 6/25/40.

and that I last saw him alive on 6/24/40.

Immediate cause of death Uremia

Due to Pyelonephritis

Due to Diabetes

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [signature] M. D.

Address 2224 Mond. Ave Date signed 6/25/40

F 70564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-31-D

F 70564 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made in permanent ink. Use typewriter if possible. Do not abbreviate. Give full name of deceased. Do not use initials. Write out fully the name of the city, town or county. Give the usual residence of deceased, whether inside or outside city limits, and the name of the street and number if any. Fill in all items. If unknown or not applicable, write "unknown" or "N. A." Be sure to answer all questions. Physicians: please write the causes of death clearly and legibly. Please state the disease causing death, or in deaths from violence, state the nature of injury, and the means of injury. Do not state the mode of dying, as "heart failure," "asphyxia," "exhaustion," etc. Please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3410 Duvall Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3410 Duvall Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry George Bunnecke

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Clara Keech Bunnecke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8, 1866

8. AGE: Years	Months	Days	If less than one day
74	1	17	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Builder & Contractor
11. Industry or business Retired

FATHER
12. Name George Bunnecke
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace Germany

16 (a) Informant Mrs. R. R. Rever,
(b) Address 209 Kemble Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28, 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Penna. Avenues

19 (a) Date received by registrar JUN 27 1940 (b) Registrar [illegible]

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25, 1940, at 7:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1939 to June 25 1940, and that I last saw him alive on 6/14 1940.

Immediate cause of death Chronic Bright's Disease — Duration Years

Due to

Due to

Other Conditions Arteriosclerosis Heart Disease — Duration Yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide none
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? none (Specify type of place) While at work? no
(e) Means of injury —

23. Signature H. C. Hearn, M. D.
Address 3907 Harrison Blvd Date signed 6/26/40

F 70565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-D

F 70565 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4400 Ethland Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2812
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4400 Ethland Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Everett Darius Cummings
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of ~~husband~~ or wife Emma Mary Cummings
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) January 11, 1875
8. AGE: Years 65 Months 5 Days 14 If less than one day hr. min.
9. Birthplace Clarence, New York (Town, county, and state)
10. Usual Occupation Branch Mgr. Ret. 5 yrs.
11. Industry or business International Harvester Co
FATHER
12. Name Bertram Cummings
13. Birthplace Clarence, N. Y.
MOTHER
14. Maiden Name Deborah Brace
15. Birthplace Clarence, N. Y.
16 (a) Informant Mrs. Emma M. Cummings
(b) Address 4400 Ethland Avenue
17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 27, 1940 (month) (day) (year)
(c) Cemetery or crematory Eldred Cemetery
Location Clarence, N. Y.
18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Penna. Avenues

JUN 27 1940 Date rec'd by registrar Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25, 1940, at M
21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940 to 19 , and that I last saw him alive on June 25 1940.

Immediate cause of death Carcinoma of rectum — Duration about 7 yrs.
Due to
Due to
Other Conditions Carcinoma metastasis in pelvis
Major findings:
Of operations —
Of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Walter E. Tibbett M. D.
Address 220 Garrison Date signed June 27/40

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 70566

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 505 Millington Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 505 Millington Lane.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

2065

3 (a) FULL NAME Baby Bullinger (Boy)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26/40.

8. AGE: Years	Months	Days	If less than one day
			hr. 35 min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Luther A. Bullinger
13. Birthplace Maryland

MOTHER 14. Maiden Name Carrie Wolf
15. Birthplace Maryland

16 (a) Informant Mrs. Pearl Bullinger
(b) Address 505 Millington Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27/40. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director Harry F. Luckie
(b) Address 4101 Edmondson Ave.

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

JUN 27 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26. 1940. at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-26 1940. to 6-26 1940. and that I last saw him alive on 6-26 1940.

Immediate cause of death prematurity - (6 Month)
Pulmonary Atelectasis — Duration 35 hours

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Rosen
Address 206 S. Ogden St. Date signed 6/28/40

F 70567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

31-a F 70567 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5005 Gwynn Oak Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5005 Gwynn Oak Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Augustus Thalheimer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Celestia A Thalheimer
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Oct 16 1864

8. AGE: Years	Months	Days	If less than one day
75	8	9	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Cheif Marine Clerk
11. Industry or business U.S. Customs

FATHER
12. Name Joseph Thalheimer
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Dill
15. Birthplace Germany

16 (a) Informant Mrs. John G. Reese
(b) Address 4312 Wentworth Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Harry R. Anacost
(b) Address 4204 Ridgewood Ave

JUN 27 1940 (Date received by registrar) Washington Williams (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1940 at 9:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 18 1939 to June 25 1940 and that I last saw him alive on June 25 1940.

Immediate cause of death
1 - Bronchial pneumonia — Duration 2 days
Due to - Chronic infectious arthritis — 15 yrs?
Due to - Chronic Glomerular nephritis — 2 yrs?
Other Conditions - General rigid Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy - No.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Earl L. Chambers M. D.
Address 4108 Liberty Hts. Date signed 6/27/40

F 70568

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 70568 Registered No.

137a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution:
Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Towson, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 432 E Pennsylvania Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin B. Cole

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4, 1863

8. AGE: Years 76 | Months 8 | Days 23 | If less than one day hr. min.

9. Birthplace Cuba, Balto. Co. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Charles Cole
13. Birthplace Cuba, Balto. Co. Md.

MOTHER
14. Maiden Name Lucinda Boyer
15. Birthplace Cuba, Balto. Co. Md.

16 (a) Informant Benjamin A. Cole
(b) Address 430 W. Mt. Pleasant Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-40 (month) (day) (year)
(c) Cemetery or crematory Pleasant Hill
Location Towson Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) JUN 27 1940 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1940, at 1:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-12 1940 to 6-24 1940, and that I last saw him alive on 6-24 1940.

Immediate cause of death	Duration
Acute Uremia	
Retention with Hypertrophied prostate	
Due to	
Due to	
Other Conditions Arteriosclerosis, acute nephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations Suprapubic prostatectomy
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. Franklin Phillips M. D.
Address 1514 Division Date signed 6-27-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 3

F 70569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B

F 70569

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Age correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1041 N. Eutaw St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County .....

(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 1041 N. Eutaw St (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Henry Jackson

3 (b) If veteran, name war .....

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	widowed

6 (b) Name of husband or wife Millie Jackson

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 6 5 83

8. AGE: Years	Months	Days	If less than one day
57	—	19	hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business .....

FATHER 12. Name Jackson

FATHER 13. Birthplace Va

MOTHER 14. Maiden Name Emil Bates

MOTHER 15. Birthplace Va

16 (a) Informant Martha Boone

(b) Address 517 Robert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-40 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem Park

Location Balto Co. Md.

18 (a) Funeral director Mrs Geo. H. Hoffland

(b) Address 1631 Druid Hill Ave

19 (a) JUN 27 1940 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1940, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feby 3 1940 to June 24 1940, and that I last saw him alive on June 24 1940.

Immediate cause of death	Duration
Chronic Nephritis	About a year
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury .....

23. Signature H. C. Patterson M. D.

Address 517 Hamilton Ave Date signed .....

VS 3

F 70570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 70570 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 104 N. Pearl St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 104 N. Pearl St (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Pasquale Lamartina

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Marie Lamartina
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25-1868

8. AGE: Years: 72 | Months: 3 | Days: - | If less than one day: hr. min.

9. Birthplace: Italy (Town, county, and state)
10. Usual Occupation: Fruit Dealer
11. Industry or business: Lexington Market

FATHER
12. Name: Vincent Lamartina
13. Birthplace: Italy

MOTHER
14. Maiden Name: Liberto
15. Birthplace: Italy

16 (a) Informant: Mrs. Marie Lamartina
(b) Address: 104 N. Pearl St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 28-1940 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Baltimore Md.

18 (a) Funeral director: George L. Lefmark
(b) Address: 2101 Frederick ave.

19 (a) Date received by (Registrar) Hunting Town Indiana M.D. Registrar
JUN 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/25/1940, at 5-30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to 6/25/1940, and that I last saw him alive on 6/24/1940.

Immediate cause of death	Duration
Myocardial Failure	
Due to Arteriosclerotic cardiovascular disease	
Due to Asthma (Bronchial)	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: -
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: D. J. Battaglia M.D. M. D.
Address 5829 Belair Rd. Date signed 6/27/40

F 70571 HEALTH DEPARTMENT—CITY OF BALTIMORE F 70571

CERTIFICATE OF DEATH

83-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 Letitia Ave 75 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth 75 yrs. ... mos. ... ds.

2. FULL NAME Ludwig Makusis

If U.S. Veteran specify WAR ...

(a) Residence: No. 2003 Letitia Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of Ursula Makusis

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. RR

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Motajus Makusis.

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Antonette Venslauskaite

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Constantine Makusis
(Address) 2003 Letitia Av

18. BURIAL, CREMATION, OR REMOVAL Meadow Ridge Memorial Date June 27, 1940

19. UNDERTAKER E. Williams Kirkpatrick
(Address) 703 McHenry St.

20. FILED JUN 27 1940 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1940, to June 24, 1940

I last saw him alive on June 22, 1940 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6-20-40
due to Arteriosclerosis	
Other contributory causes of importance:	
Bronchitis Asthma	1939

Was an operation performed? No Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? - Date of injury ..., 19...

Where did injury occur? - (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place -

Manner of injury -

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Edward J. Mulen, M. D.

(Address) 6211 Eastern Ave Balto

VS 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

70572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 70572

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1218 Brevard St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1218 Brevard (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Archie Reed

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-7623

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Separated

6 (b) Name of husband or wife Annie Reed

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) July 1883

8. AGE:	Years	Months	Days	If less than one day
	56	11	—	hr. min

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Abraham Reed
13. Birthplace Virginia

MOTHER
14. Maiden Name Robinson
15. Birthplace Virginia

16 (a) Informant Annie Reed
(b) Address 875 Fremont ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-28-40 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director A. Hahn & Son
(b) Address 918 Druid Hill Ave

(Date received by registrar) Registrar

JUN 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-25-1940, at 7 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cardio-renal Anemia	
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Malone M.D. Medical Examiner

Date signed 6-25-40

VS 6

F 70573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1243

F 70573 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 437 S. Cornwall St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto. City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 437 S. Cornwall St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Charles F. Graham

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sadie

6 (c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): Aug. 8/1882

8. AGE: Years: 57 | Months: 10 | Days: 18 | If less than one day: ..... hr. ..... min.

9. Birthplace: Balto. Md
(Town, county, and state)

10. Usual Occupation: Conductor Pen. R.R.

11. Industry or business: R.R.

FATHER
12. Name: George Graham
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Mollie Spann
15. Birthplace: Balto. Md

16 (a) Informant: Sadie Graham (Wife
(b) Address: 437 S. Cornwall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29/40 (month) (day) (year)
(c) Cemetery or crematory: Parkwood Cem.
Location: Taylor Ave.

18 (a) Funeral director: Tilly & Zeller Inc
(b) Address: 403 S. Wolfe St.

JUN 27 1940 (Date rec'd by registrar) Waiting for William's Report

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June. 26 1940 at 1am M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940, to June 26 1940, and that I last saw him alive on June 26 1940.

Immediate cause of death: Chronic myocarditis & arteriosclerosis — Duration: 4 mos

Due to: arteriosclerosis — 1 yr

Due to:

Other Conditions: Thrombosis (arterial ?) cirrhosis of the liver ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: —
(b) Date of occurrence: —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Louis H. Krummen M. D.
Address: 722 N. Glenwood Ave Date signed JUN 26 1940

F 70574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70574 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Hanover (If outside city or town limits, write RURAL and give town)
Street No. 501 York St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Carrie Waltersdorf

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	M

6 (b) Name of husband or wife Edward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 8, 1890

8. AGE: Years	Months	Days	If less than one day
40 50	3	8	hr. min.

9. Birthplace Hanover Pa (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edward Laughman
13. Birthplace Pa

MOTHER
14. Maiden Name Jain Luckenbach
15. Birthplace Pa

16 (a) Informant W. A. Feiser Undertaker
(b) Address 205 Carlisle St Hanover Pa

17 (a) (Burial, cremation, or removal) (b) Date thereof 6/29/40 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Hanover Pa

18 (a) Funeral director Wm Good
(b) Address 1247 St Paul St

19 (a) JUN 27 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1940, at 9 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Hypertension	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. M. Sandenhurst M.D. Medical Examiner.
Date signed 6/27/40

F 70575

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 70575 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 234
(c) Hospital or institution Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 10 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2318 Asquith St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lynne Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 3 1939

8. AGE: Years	Months	Days	If less than one day
1	2	21	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name George Williams
13. Birthplace Barton, Md.

MOTHER 14. Maiden Name Margaret Foote
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. George Williams
(b) Address Bungie, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/40 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location

18 (a) Funeral director Marion L. Williams
(b) Address Catonsville, Maryland

19 (a) Huntington Williams, M.D. Registrar

JUN 27 1940
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27, 1940, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6th 1940, to June 27 1940, and that I last saw her alive on June 27 1940.

Immediate cause of death Miliary Tuberculosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
4½ mos. own

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. J. Vollmer M. D.

Address Mercy Hosp Date signed 6-27-40

70576

HEALTH DEPARTMENT—CITY OF BALTIMORE

70576

CERTIFICATE OF DEATH

131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 941 W. Fayette St., 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Robert B. Garnish.

If U. S. Veteran specify WAR

(a) Residence: No. 941 W. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Bertina Garnish

6. DATE OF BIRTH (month, day, year): 1882.

7. AGE: 58 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Common Labor

10. Date deceased last worked at this occupation (month and year): 1939

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Troffs Maryland

FATHER

13. NAME: Charles Garnish

14. BIRTHPLACE (city or town) (State or country): Eastern Shore Md.

MOTHER

15. MAIDEN NAME: Sarah ?

16. BIRTHPLACE (city or town) (State or country): Eastern Shore Md.

17. INFORMANT: Bertina Garnish
(Address) 941 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Loan Necke, Md. Date: June 30, 1940

19. UNDERTAKER: Mrs. Katie R. Williams
(Address) 322 N. Bethnedel St.

20. FILED JUN 27 1940 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/25. 1940

22. I HEREBY CERTIFY, That I attended deceased from May 30th 40 to June 25th 40

I last saw him alive on June 25th 40 Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemo Plegia Post Paralysis with Myocarditis	6/25/40
Other contributory causes of importance: Interstitial Nefritis with Hypertension	2/1940

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. E. Hanna M. D.
(Address) 522 Warlington Ave

Information should be carefully supplied. AGE should be stated EXACTLY. Particulars must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VD 5

F 70577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117 F 70577 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) ~~10~~ 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County A & E Co
(c) City or town Patapsco Park (If outside city or town limits, write RURAL and give town)
(d) Street No. Camp Meade Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Wilson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: negro | 6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Helen
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1888
8. AGE: Years 52 | Months | Days | If less than one day: hr. | min.
9. Birthplace: Balto Md (Town, county, and state)
10. Usual Occupation
11. Industry or business: Laborer

FATHER
12. Name: Daniel Wilson
13. Birthplace: Md

MOTHER
14. Maiden Name: Martha Wilson
15. Birthplace: Md

16 (a) Informant: Helen M. Wilson wife
(b) Address: Shipley Heights Md
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27th 1940 (month) (day) (year)
(c) Cemetery or crematory: Mt Calvary
Location: Brooklyn Md
18 (a) Funeral director: Leroy O. Wilson
(b) Address: 100 N Huntington Ave, Balto Md
19 JUN 27 1940 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25th 1940, at 4-45 P.M
21. I certify that death occurred on the date above stated; that I attended deceased from June 25th 1940, to June 25th 1940, and that I last saw him alive on June 25th 1940.

Immediate cause of death	Duration
Peritonitis, Generalized	6 hrs.
Due to Perforated Peptic Ulcer	24 hrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Perforated Peptic Ulcer

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Louis Calmi Garcia M. D.
Address University Hospital Date signed 6-26-40

VS 3

70578 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 70578

CERTIFICATE OF DEATH

126

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital St. 27-12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 8 mos. 19 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mildred S. Robinson

If U. S. Veteran specify WAR .....

(a) Residence: No. 5104 Springlake Way St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry L. Robinson

6. DATE OF BIRTH (month, day, year) 10/5/96

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John F. Schroeder

14. BIRTHPLACE (city or town) (State or country) ----- Germany

MOTHER

15. MAIDEN NAME Frances Corrie

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Harry L. Robinson

(Address) 5104 Springlake Way

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 6/28 1940

19. UNDERTAKER H. W. Mears and Sons

(Address) 805 N. Calvert Street

20. FILED JUN 27 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25 1940

22. I HEREBY CERTIFY, That I attended deceased from 6/18/40 to 6/25/40

I last saw her alive on 6/21/40 Death is said to have occurred on the date stated above, at 1:47 p.m.

The principal cause of death and related causes of importance were as follows:

pulmonary embolism — Date of onset 6/22/40

post-operative cholecystectomy

Other contributory causes of importance:

Carcinoma of uterus

mild arteriosclerosis generalized

Was an operation performed? Yes Date of 6/19/40

For what disease or injury? Chronic cholecystitis and cholelithiasis

Name of operation Cholecystectomy

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Merrill T. Eliot, M. D.

(Address) Women's Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 27 1940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

70579 — 94a — Registered No. F 70579

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 15 W. Barney St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) St. No. (If rural give location) 15 W. Barney St
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary Anne Hoffman
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Harry C. H —
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 12/12, 1874

8. AGE: Years	Months	Days	If less than one day
66	4	15	hr. ..... min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Parks
13. Birthplace Balto

MOTHER
14. Maiden Name Mary Anne ?
15. Birthplace Balto

16 (a) Informant Mrs. John Easter
(b) Address Barney St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-40 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North Ave.

18 (a) Funeral director J. J. McCully
(b) Address 130 E. Fort Ave

19 JUN 27 1940 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1940 at 10 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration .....
Due to .....
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm B Vandegrift M.D.
Medical Examiner
Date signed 6/27/40

VS 6

F 70580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-M

Registered No. F 20580

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7516 Harford Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 7516 Harford Rd (If outside city or town limits, write RURAL and give town)
(d) Street No. 2716 Belair (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert James Fields

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 212-18-3462

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Kunigunda Fields
6 (c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): May 3, 1869

8. AGE: Years	Months	Days	If less than one day
71	1	23	hr min

9. Birthplace: Salisbury Md (Town, county, and state)
10. Usual Occupation: Manager
11. Industry or business: Provisions

FATHER
12. Name: Perry Fields
13. Birthplace: Md

MOTHER
14. Maiden Name: Mary Cookson
15. Birthplace: Md

16 (a) Informant: Kunigunda Fields
(b) Address: 7516 Harford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/40 (month) (day) (year)
(c) Cemetery or crematory: Parkwood
Location: Parkville Md

18 (a) Funeral director: William Cook
(b) Address: 1217 St. Paul St
(c) Date rec'd by registrar: JUN 27 1940 Huntington Avenue Williams Funeral Home Registrar

MEDICAL CERTIFICATION about 11 a

20. DATE OF DEATH June 26 1940, at 1. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Carbon monoxide poisoning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6/26/40
(c) Where did injury occur? 7516 Harford Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Garage-Home (Specify type of place) While at work? No
(e) Means of injury Inhaled carbon monoxide gas - Fire department
23. Signature W. T. Smith M.D. Medical Examiner
Date signed 6/26/40

VS 6

CGK

F 70581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-a

56545 F 70581 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 717 S. Bond St. (If rural give location)
(e) If foreign born, how long in U. S. A? years

3 (a) FULL NAME Edward Devlin

3 (b) If veteran, name war NO
3 (c) Social Security Account No. ? NONE

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-24-1890

8. AGE: Years 49 | Months 9 | Days 1 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name James F. Devlin
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Farley
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Wilbur Cook
(b) Address 1219 E Fayette St

19 (a) (Date received by registrar) (b) Signature of Registrar Arlington Williams, M.D.

JUN 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-25 1940, at 7 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-13-40 1940, to 6-25 1940, and that I last saw him alive on 6-24 1940.

Immediate cause of death Coronary thrombosis — Duration ?

Due to Gen. arteriosclerosis

Other Conditions Tachycardia
Coarcts joint - left knee
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry L. Ryder M. D.
Address Balt. City Hosp. Date signed 6-25-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to write the causes of death clearly and legibly. Correct age is especially important. Physicians: please write

F 70582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45-D

Registered No. F 70582

PLEASE WRITE PLAINLY, with ink. DO NOT USE PENCIL. Fill in all blanks. Physicians: please write correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1111 E. Preston St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1111 E. Preston St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

10-1

3 (a) FULL NAME William H. Siegmund

3 (b) If veteran, name war NO | 3 (c) Social Security Account No. NONE

4. Sex Male | 5. Color or race White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband or~~ wife Lena Siegmund
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 2nd 1873

8. AGE: Years	Months	Days	If less than one day
66	10	24	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Grocer
11. Industry or business Own

FATHER
12. Name Charles Siegmund
13. Birthplace Germany

MOTHER
14. Maiden Name Fredericka Ortman
15. Birthplace Balto Md

16 (a) Informant Mrs Lena Siegmund
(b) Address 1111 E. Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28/40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) (Signature of registrar) (b) Date received JUN 27 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26th 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940 to June 26 1940 and that I last saw h[illegible] alive on June 22 19[illegible]

Immediate cause of death: Carcinoma of Lower Jaw & Buccal Cavity — Duration: about 6 mos (Apx.)
Due to (Bone) Hemorrhage.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma.
Biopsy Squamous Cell Ca.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J. Cook M.D.
Address 2530 E Baltimore Date signed 6/26/40

F 70583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

F 70583 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 4yrs 8mos 17ds
(e) Length of stay in Baltimore (yrs., mos., or days): 9yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give name)
(d) Street No.: 539 N. Lanvale St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Carolyn Gerrell

3 (b) If veteran, name war: —
3 (c) Social Security Account No.:
4. Sex: Female
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Oct. 8, 1930
8. AGE: Years: 9 Months: 8 Days: 17 If less than one day: min.
9. Birthplace: Balto. Md. (town, county, and state)
10. Usual Occupation: Student
11. Industry or business:

FATHER
12. Name: Otto Gerrell
13. Birthplace: Md.

MOTHER
14. Maiden Name: Annie Albright
15. Birthplace: N. C.

16. (a) Informant: Otto Gerrell
(b) Address: 539 N. Lanvale St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/28/40 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary
Location:
18. (a) Funeral director: Joseph Young
(b) Address: 804 E. Caroline St
19. Filed: JUN 27 1940 Registrar: Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 25 1940 at 4:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 5/25/40 to 6/25/40 and that I last saw him alive on 6/24/40.

Immediate cause of death: Peritonitis
Due to: Ruptured Appendix
Due to:
Other Conditions: Postoperative Atelectasis

(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operation: Ruptured Appendix 6/25/40. Releasing & suturing Postoperative adhesions 6/26/40
Of autopsy: None

PHYSICIAN: Underline the cause to which death should be assigned statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Waddell M. D.
Address: Provident Hosp. Date signed

PLEASE WRITE PLAINLY. Fill in all blanks. Be sure and write the causes of death clearly and legibly. Give correct age. Information is especially important. Physicians: please write

F 70584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-G ✓ Registered No. F 70584

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 24 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2417 E. Hoffman Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Geroam Willett

3 (b) If veteran, name war	3 (c) Social Security Account No.
SAW	Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Florence Behler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1880

8. AGE: Years	Months	Days	If less than one day
60	5	24	hr. min.

9. Birthplace Stevensport, Connecticut
(Town, county, and state)
10. Usual Occupation Car Inspector
11. Industry or business Railroad, Pennsylvania

FATHER
12. Name John Willett
13. Birthplace Union County, Conn.

MOTHER
14. Maiden Name Henrietta Fort,
15. Birthplace Stevensport, Conn.

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28-40 (month) (day) (year)
(c) Cemetery or crematory Carroll Lakeside
Location Greenspring Valley Rd.

18 (a) Funeral director J. J. Disney & Son
(b) Address 3001 Eutaw Place

19 (a) JUN 27 1940 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25, 1940 /s/ at 3:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 3, 1940, to June 25, 1940 and that I last saw h im alive on June 25, 1940.

Immediate cause of death	Duration
Carcinoma of ampulla of vater and head of pancreas	Unknown
Due to	
Due to	
Other Conditions Cirrhosis of liver	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations Peritoneoscopy; Paracentesis
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. B. M. Anderson
Address U.S.Marine Hospital Baltimore, Maryland. Date signed 6/25/40 M. D.

PLEASE WRITE PLAINLY with unfading ink and avoid the use of abbreviations. Be sure to write the causes of death clearly and legibly. Statement of age is especially important. Physicians: please write your names plainly.

70585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 70585

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write to the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 704 Lennox Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 Lennox Street (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Luther Gladding Gadd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Grace Kirby Gadd

6 (c) If alive, give age: 49 years

7. Birth date of deceased (mo., day, yr.) May 6, 1861

8. AGE: Years 79 | Months 1 | Days 19 | If less than one day: hr. ..... min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Clerk

11. Industry or business: City of Balto.

FATHER
12. Name: Luther Gadd
13. Birthplace: Va.

MOTHER
14. Maiden Name: Emily Gladding
15. Birthplace: Va.

16 (a) Informant: Mrs Luther Gadd
(b) Address: 704 Lennox street

17 (a) June 28 1940 (Burial, cremation, or removal) (b) Date thereof: Burial (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cem
Location: East North Ave

18 (a) Funeral director: John O. Mitchell & Sons
(b) Address: 1900 Eutaw Place

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

JUN 27 1940

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1940 19 ..., at 9:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1940, to June 25 1940, and that I last saw him alive on June 25 1940.

Immediate cause of death: Bronchopneumonia — Duration: 24 hrs

Due to: Cardiac decompensation — 2 wks

Due to: Arteriosclerotic Cardio-vascular renal disease — years.

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Lawrence L. Lewis Jr. M. D.
Address 1938 Linden Ave Date signed 6/27/40

F 70586

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 70586

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 2129 Druid Park Drive
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2129 Druid Park Drive
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas A. Benjamin

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 8 1883

8. AGE: Years	Months	Days	If less than one day
57	5	18	hr. min.

9. Birthplace Mass.
(Town, county, and state)
10. Usual Occupation Jobbing
11. Industry or business —

FATHER
12. Name Not known
13. Birthplace Do U.S.A.

MOTHER
14. Maiden Name Not known
15. Birthplace U.S.A.

16 (a) Informant Benjamin F. Harris.
(b) Address 2012 Druid Park Drive

17 (a) Burial (b) Date thereof June 29 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Chenowith & Norman
(b) Address 3615 Pennsylvania Ave.

19 (a) (b)
(Date received by registrar) Huntington Williams, M.D. Registrar

JUN 27 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1940, at 1:35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1940 to June 26 1940 and that I last saw him alive on June 26 1940.

Immediate cause of death Heart failure

	Duration
Due to Angina Pectoris	1 day
Due to Cardiac Arterio-Sclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. A. Forsyth, M.D.
Address 1605 N. Broadway Date signed 6/27/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70587

Social Security # 215-05-1322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56-a F 70587

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. South Balt Gen Hosp. 25-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth 20 yrs. mos. ds.

2. FULL NAME Mrs Olga Staruss (Burneek) If U. S. Veteran specify WAR

(a) Residence: No. 2447 Wash. Blv'd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

3a. If married, widowed or divorced HUSBAND of (or) WIFE of Andrew Staruss

6. DATE OF BIRTH (month, day, year) ? - 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russian

FATHER

13. NAME Joseph Burneek

14. BIRTHPLACE (city or town) (State or country) Russian

MOTHER

15. MAIDEN NAME Petonsala ?

16. BIRTHPLACE (city or town) (State or country) Russian

17. INFORMANT Mr. Andrew Staruss
(Address) 2447 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place Morelock Memorial Chapel Date June 28, 40

19. UNDERTAKER John A. Grebenstein Jr.
(Address) 1423 S. Paca St.

20. FILED JUN 27 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-25, 1940

22. I HEREBY CERTIFY, That I attended deceased from 6-23, 1940 to 6-25, 1940

I last saw her alive on 6-25, 1940 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

Date of death 6-25-40

Gangarenous Ovarian Cyst Birth twisted pedicle

Other contributory causes of importance:

Pulmonary Embolism 6-29-40

Was an operation performed? Yes Date of 6-23-40

For what disease or injury? Ovarian Cyst

Name of operation Exploratory Laparotomy

What test confirmed diagnosis? Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John P. Valadez Jr. M. D.

(Address) South Balt. Gen Hosp

information should be carefully supplied. Age, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

V2 2

70588

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

13-B

F 70588

Reg. Dist. No.

1. PLACE OF DEATH: (1811 Sexton St.)
County Balto
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 mo.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Balto
City or town Balto
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1811 Sexton St.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Alice Virginia Quinlan

3. (b) Social Security Number

4. Sex: F
5. Color or race: W
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: James A. Quinlan
6.(c) If alive, give age: 27 years
7. Birth date of deceased (mo., day, yr.): April 22 - 1916
8. AGE: Years 24 Months 2 Days 3 If less than one day: hrs. min.
9. Birthplace: Issups Md. (Town, county, and state)
10. Usual occupation: housewife
11. Industry or business:

FATHER
12. Name: Oliver Mirow
13. Birthplace: Md.

MOTHER
14. Maiden name: unknown
15. Birthplace: "

16. Informant: James A. Quinlan
Address: 1811 Sexton St Balto.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 28th 1940 (month) (day) (year)
Cemetery or crematory: Private Burial Ground
Location: Brynmawr Md.
18. Funeral director: Lloyd Lauer
Address: Laurel Md.
19. JUN 27 1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 25 1940, at 11:35 P M
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 1940 to June 25 1940
and that I last saw h ct alive on June 14 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	10 mos.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE David Schwenden M.D.
M. D. or other
Address 1211 N Milton Ave Date signed 6-26-40

F 70589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 70589 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert-
(c) Hospital or institution: Union Memorial Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) none.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -Cecil-
(c) City or town Port Deposit.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Mr. Henry Ellis Cox

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: wh | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Mrs. Henry Cox
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Jan 21, 1894

8. AGE: Years 46 | Months 65 | Days 6 | If less than one day ... hr. ... min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation farmer
11. Industry or business

FATHER
12. Name George Cox (d)
13. Birthplace Virginia

MOTHER
14. Maiden Name Nancy Puckett (d)
15. Birthplace virginia

16 (a) Informant Mrs Henry Cox
(b) Address Port Deposit, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1 1940 (month) (day) (year)
(c) Cemetery or crematory Brookview md
Location Rising Sun md.

18 (a) Funeral director J. E. Tyson.
(b) Address Rising Sun md.

19 JUN 28 1940 Date received by registrar Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June - 27 1940, at 11 06 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1940 to June 27 1940, and that I last saw him alive on June 27 1940.

Immediate cause of death: Uremia — Duration 5 days

Due to Hypertensive Cardio-vascular renal disease.

Due to ...

Other Conditions ...

(Include pregnancy within 3 months of death)

Major findings:
Of operations ...

Of autopsy ...

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard M Zimbrick M. D.
Address Union Memorial Hosp. Date signed 6/27/40

F 70590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-E

F 70590 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry of information under each item is necessary. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Modestown (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Brantley Mason

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ or wife Evelyn Mason

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
about 50				

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Barrell Mfg

11. Industry or business

FATHER
12. Name Middleton Mason
13. Birthplace Acco Co Va

MOTHER
14. Maiden Name Sarah Mear
15. Birthplace Near Modestown Va

16 (a) Informant J D Johnson
(b) Address J. P. Parksley Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Modestown Cem
Location Modestown Va

18 (a) Funeral director J D Johnson Sons
(b) Address Parksley Va

19 (a) Hunting Tow Middlesex Va (Date rec'd by registrar) Registrar

JUN 28 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1940, at 10.58 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 18 1940, to June 27 1940, and that I last saw him alive on June 27 1940.

Immediate cause of death: Intestinal Obstruction — Duration 4 days

Due to Carcinoma Descending Colon — 4 Months

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Descending Colon
Carcinomatosis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William B. Long M. D.

Address University Hospital Date signed 6/27/40

F 70591

Max Rief

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163-41 Registered No. F 70591

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 421 W Pratt St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 2307 Callow Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. Same
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Max Rief

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Rebecca
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1895

8. AGE: Years	Months	Days	If less than one day hr.	min
45	5			

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Clothing

FATHER
12. Name Morris Rief
13. Birthplace Russia

MOTHER
14. Maiden Name Rozelow
15. Birthplace Russia

16 (a) Informant Nathan Rief (Bro)
(b) Address 2222 Brookfield ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28/40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Burying Ground
Location Bowley's Lane

18 (a) Funeral director Sol Levinson & Bro
(b) Address 1124-26 W North ave

19 (a) (Registrar) (b) Huntington Williams M.D. Registrar

JUN 28 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1940, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Carbon Monoxide Poisoning (Illuminating Gas)

Due to Asthma

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Suicide
(b) Date of occurrence 6/26/40
(c) Where did injury occur? 421 W. Pratt St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes (Specify type of place)
(e) Means of injury Gas from unattached hose to

23. Signature Wm Danke Jr M.D.
Medical Examiner.

Date signed 6/27/40

F 70592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 58-B

F 70592 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. Use only standard abbreviations. Do not use ditto marks. Be sure that the answer to each question is complete. Do not omit any item if you know the answer, and do not write "unknown" if you can obtain the information. Please see that your certificate is correct and complete. Omissions and errors cause unnecessary correspondence, annoyance and delay. Be particularly careful to see that the date of death is correct and that the cause of death is stated in such a way that it can be clearly understood. Do not report "old age" as the cause of death, but state the primary cause which resulted in the old age condition. Please see that your certificate is correct and complete. Omissions and errors cause unnecessary correspondence, annoyance and delay. Be particularly careful to see that the age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: U S Marine Hospital Wyman Park Drive and 31st Street
(d) Length of stay in hospital or inst. (yrs., mos., or days) Lifetime
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 942 Booth Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Melvin SHEPPARD

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Martha Weldon

6 (c) If alive, give age 1[illegible] years

7. Birth date of deceased (mo., day, yr.) Oct. 14, 1[illegible]

8. AGE: Years	Months	Days	If less than one day
41 [illegible]	8	12	hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)

10. Usual Occupation Husker

11. Industry or business

FATHER
12. Name Melvin Sheppard,
13. Birthplace West Point, Virginia.

MOTHER
14. Maiden Name Mary Jane Allen,
15. Birthplace West Point, Virginia.

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29-40 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location

18 (a) Funeral director James A. Stamps
(b) Address 1142 Wilkens Ave

19 (a) (Date received by Registrar) (b) [illegible] Registrar

JUN 28 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26, 1940, at 9:41 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 24, 1940, to June 26, 1940, and that I last saw him alive on June 26, 1940.

Immediate cause of death: Subacute vegetative endocarditis — Duration: Unknown

Due to: Rheumatic endocarditis — Duration: Unknown

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No operations
Of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. W. Anderson

Address U.S. Marine Hospital Baltimore, Maryland. Date signed 6/27/40 (M. D.)

70593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30-F

Registered No. E 70593

PLEASE WRITE PLAINLY WITH UNFADING INK. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1081 N. Fairmount (If rural give location)
(e) If foreign born, how long in U. S. A.? years

18

3 (a) FULL NAME Alice Carroll

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1940

8. AGE: Years	Months	Days	If less than one day: hr.	min.
73	17			

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Lola Carroll
15. Birthplace Md.

16 (a) Informant Viola Carroll
(b) Address 1081 N. Fairmount.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md.

18 (a) Funeral director Mrs. Frances O. Hemsley
(b) Address 578 N. Biddle St.

19 (a) 6-28-1940 (Date received by registrar) (b) [illegible] for William [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-27 1940, at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-26 1940, to 6-26 1940, and that I last saw h e r alive on 6-26 1940.

Immediate cause of death Congenital Syphilis
Cachexia

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. N. Rutledge M. D.
Address University Hospital Date signed 6-27-40

70594
382079

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93-D

F 70594
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Washington
(c) City or town Hagerstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 534 W Franklin
(If rural give location)
(e) If foreign born, how long in U. S. A.? 13 years

3 (a) FULL NAME Frank Jay Kronawelter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Marie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-26-85

8. AGE: Years	Months	Days	If less than one day
55	5	7	hr. min.

9. Birthplace Ger (Town, county, and state)
10. Usual Occupation RR Engineer
11. Industry or business Western Md.

FATHER
12. Name John
13. Birthplace Ger

MOTHER
14. Maiden Name Barbara Krona Welter
15. Birthplace Ger

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-40 (month) (day) (year)
(c) Cemetery or crematory Rose Hill
Location Hagerstown Md

18 (a) Funeral director C. M. Deuter & Sons
(b) Address Hagerstown Md

19 (a) Filed by [illegible] (b) [illegible] Registrar

JUN 28 1940
VS 5

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1940, at 10:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1940 to June 28 1940, and that I last saw him alive on June 28 1940.

Immediate cause of death: Cardiac failure — Duration: 2 wks
Due to: Arteriosclerotic heart disease — 2 yrs
Due to:
Other Conditions: Pulmonary emphysema — ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward W. Bright M.D.
Johns Hopkins Hosp. Date signed 6/28/40

F 70595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 70595 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver St.
(c) Hospital or institution:
St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hours
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7412 Raspe Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Gertrude I. FRISINO

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife JOSEPH FRISINO
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 6 1893

8. AGE: Years	Months	Days	If less than one day
46	9	21	hr. min.

9. Birthplace BALTO MD. (Town, county, and state)
10. Usual Occupation AT HOME
11. Industry or business

FATHER
12. Name ROBERT DRANE
13. Birthplace BALTO MD

MOTHER
14. Maiden Name KATHERINE BARRY
15. Birthplace WALES.

16 (a) Informant JOSEPH FRISINO
(b) Address 7412 RASPE AVE.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-40 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location

18 (a) Funeral director Leonard J. Roch.
(b) Address 5200 Harford Road

19 (a) [illegible] (Registrar) [illegible] Maryland
JUL 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1940 at 12 30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1940 to June 27 1940, and that I last saw her alive on June 27 1940.

Immediate cause of death Uremia & Acidosis

Due to Arteriolar Nephrosclerosis

Due to Hypertensive Cardio-Vascular Renal Disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Kelmenson M. D.
Address St. Joseph's Hosp Date signed 6-27-40

F 70596

F 70596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46-6

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave. (Govans)
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3505 Englewood Ave. INCARSDALE (If rural give location)
(e) If foreign born, how long in U. S. A.? 26 yrs years

3 (a) FULL NAME Salvatore Vizzini

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: late Rose Vizzini
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15, 1860

8. AGE: Years 79 | Months 9 | Days 12 | If less than one day: hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Shoemaker

FATHER
12. Name John Vizzini
13. Birthplace Italy

MOTHER
14. Maiden Name Adamowicz
15. Birthplace Italy

16 (a) Informant Mr. Philip J. Vizzini
(b) Address 3904½ Boarman Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director John J. Govans & Son
(b) Address 901 Hollins Street

JUN 28 1940 (Date received by local registrar) (b) Huntington Williams, M.D. (Signature of local registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1940, at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940 to June 27 1940 and that I last saw him alive on June 26 1940.

Immediate cause of death: Carcinoma of Pancreas.
Due to
Due to
Other Conditions: Metastasis to Liver.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: ? / 3 mo.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Zuzgnuniello M.D.
Address Medical Arts Bldg. Date signed 6/28/40

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

F 70597

BALTIMORE CITY HEALTH DEPARTMENT 83-a

CERTIFICATE OF DEATH

F 70597 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1909 Mc Cullah St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1909 Mc Cullah St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 14

3 (a) FULL NAME Susie Evans

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Arthur Evans

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Aug 12, 1881

8. AGE: Years	Months	Days	If less than one day hr.	min
59 58	10	15		

9. Birthplace Virginia - Washington Co. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Smith
13. Birthplace Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace Va.

16 (a) Informant Arthur Evans
(b) Address 1909 McCullah St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md.

18 (a) Funeral director Archibald A. Liddie
(b) Address 2100 Mc Cullah St

19 (a) (Registrar) (b) Huntington Williams, M.D. Registrar

JUN 28 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1940 at 3 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm H Landcraft M.D. Medical Examiner.
Date signed 6/27/40

F 70598 — HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 70598

CERTIFICATE OF DEATH

Soc-Sec-No 216-09-1436

93D Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 Gold St. 15th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Stewart

If U.S. Veteran specify WAR

(a) Residence: No. 710 Gold St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Adeba Stewart

(Address) 710 Gold St.

18. BURIAL, CREMATION OR REMOVAL

Place Mt Calvary Date June 29 1940

19. UNDERTAKER J. Brooks

(Address) 1463 Argyle St

20. FILED JUN 28 1940 Huntington Williams M.R. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1940, to June 26, 1940

I last saw him alive on June 26, 1940 Death is said to have occurred on the date stated above, at 9.45 P. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Hypertension

Other contributory causes of importance:

Pyelo Rectal abscess

Date of onset ? 6/15/40

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. William Frey M. D.

(Address) 1728 Penna Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 70599

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61 F 70599 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 129 N Paterson Pk Ave
(c) Hospital or institution:

6-3

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 129 N Paterson Pk Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years

3 (a) FULL NAME Yetta Chonsky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Meyer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Morris
13. Birthplace Russia

MOTHER
14. Maiden Name Yetta Bluma
15. Birthplace Russia

16 (a) Informant Meyer Chonsky
(b) Address 129 N Paterson Pk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-40 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location

18 (a) Funeral director Jack Lewis Son
(b) Address 1479 E Balto St

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

JUN 28 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1940, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/5 1928, to 6/27 1940, and that I last saw h[illegible] alive on 6/27 1940.

Immediate cause of death	Duration
Coronary Thrombosis	6/27/40
Due to Diabetes Mellitus	1928
Due to	1928
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Zinter, M.D.
Address 1010 Eutaw St Date signed 6/27/40

F 70600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

463

Registered No. F 70600

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or Town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4301 Reisterstown Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Sarah Pressman

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: 1873
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 69 | Months | Days | If less than one day: hr. min.

9. Birthplace: Russia (Town, county, and state)
10. Usual Occupation: House Wife
11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Russia

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Russia

16 (a) Informant
(b) Address: Son

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/40 (month) (day) (year)
(c) Cemetery or crematory: Rosedale
Location: Philadelphia Rd.

18 (a) Funeral director: Jack Lewis Inc.
(b) Address: 1439 E. Baltimore St.

19 (a) Filed JUN 28 1940 (b) Huntingtown Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1940, at 9:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-20 1940 to 6-28 1940, and that I last saw her alive on 6-28 1940

Immediate cause of death: Carcinoma of the Stomach — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: A. Bradley Daugharthy M. D.
Address: Franklin Sq. Hosp. Date signed 6-28-40

PLEASE WRITE PLAINLY, WITH INK. Fill in all blanks. Give correct age in years, months, days, or hours. Be sure to state the causes of death clearly and legibly. Physicians: please write the correct age in especially important.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

70601 — Registered No. F 70601

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Georgia (b) County —
(c) City or town Atlanta (If outside city or town limits, write RURAL and give town)
(d) Street No. 2955 Andrews Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME John Burlow Campbell

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
Male	White	Married

6 (b) Name of husband or wife Laura Campbell
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1871

8. AGE: Years	Months	Days	If less than one day
68	6	13	4 hr. 10 min.

9. Birthplace Atlanta, Georgia (Town, county, and state)
10. Usual Occupation President of Eagle Co
11. Industry or business Atlanta Ga

FATHER
12. Name John B. Campbell
13. Birthplace Georgia

MOTHER
14. Maiden Name Virginia Arme
15. Birthplace Georgia

16 (a) Informant Mrs Ford
(b) Address Atlanta Ga

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28/40 (month) (day) (year)
(c) Cemetery or crematory Atlantta
Location Georgia

18 (a) Funeral director H H Jenkins & Son
(b) Address Orchard - Merkellole Sts

19 (a) JUN 28 1940 (b) —
Registrar

Irvington Williams, N.Y.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28, 1940 at 4.15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 22, 1940 to June 28, 1940 and that I last saw him alive on June 27, 1940.

Immediate cause of death Coronary occlusion — Duration 6 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard H Pembroke Jr. M. D.
Address Union Memorial Hosp Date signed 6/28/40

F 70602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157-E Registered No. F 70602

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1526 Orleans St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME George Edward Greenwell

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-21-40

8. AGE: Years	Months	Days	If less than one day
—	—	5	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Edward Laurence (?)
13. Birthplace ?

MOTHER
14. Maiden Name Marie Greenwell
15. Birthplace md.

16 (a) Informant Marie Greenwell
(b) Address 1526 Orleans St., Baltimore, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL JUN 28 1940
Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) (Date received by registrar) Huntington Williams, M.D. Registrar

JUN 28 1940

VS 5724

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-26-1940, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-21 1940, to 5-26 1940, and that I last saw him alive on 5-26 1940.

Immediate cause of death Cardiac failure — Duration

Due to congenital abnormalities atresia, mitral orifice,

Due to aortic orifice, absence of left ventricle, patent

Other Conditions ductus arteriosus

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. W. Greenfrent

Address Johns Hopkins Hosp. Date signed 6-27-40 M. D.

F 70603 STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH — 131-a — F 70603

County ..... Registration Dist. No. .....

Village or City Baltimore — No. 1280 Baltimore Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jarrett Merryman Dear — 24-3

(a) Residence: No. 1280 Baltimore Ave St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): 10/19/1871

7. AGE: Years 68 | Months 8 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Geo. J Dear

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Margaret Merryman

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs Roberts

(Address) 1275 Baltimore Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Date 6/29/40 19

19. UNDERTAKER: J. J. Daly & Sons

(Address) 1308 Light St

20. [illegible] JUN 28 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: June (Month) 27 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 17 1940, to June 27, 1940

I last saw him alive on June 27, 1940; death is said to have occurred on the date stated above, at ..... m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	6 mos
Other Contributory Causes of importance:	
Arterio Sclerosis	1 yr
Chronic Nephritis	1 yr

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) O B Wheeler M. D.

(Address) 1279 Millard Pl

CAUSE OF DEATH [illegible] TION is very important. See instructions on back of certificate.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

F 70604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70604 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Charles
(c) City or town La Platte (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HILDA M. LANGLEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24-1940

8. AGE: Years	Months	Days	If less than one day
	1	3	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Lawrence Langley
13. Birthplace

MOTHER
14. Maiden Name Erma
15. Birthplace

16 (a) Informant Katherine Wurtzel
(b) Address La Platte, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29 1940 (month) (day) (year)
(c) Cemetery or crematory
Location La Plata Md.

18 (a) Funeral director Hyatt & Ryon
(b) Address Waldorf Md. R.F.D.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JUN 28 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1940, at 8:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1940, to June 27 1940, and that I last saw her alive on June 27 1940.

Immediate cause of death

Br. Pneumonia — Duration 4 days

Due to Pertussis — 10 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mat Baum, M. D.
Address Sydenham Hosp. Date signed 6/28/40

F 70605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

F 70605 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 Cedar Crofs Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 Cedar Crofs Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louise L. Webb

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Warren D Webb, deceased

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 6 1898

8. AGE: Years 41 | Months 9 | Days 21 | If less than one day: hr. min.

9. Birthplace Cambridge Maryland (Town, county, and state)

10. Usual Occupation Home - mfe

11. Industry or business

FATHER
12. Name John Le Compte
13. Birthplace Cambridge, Maryland

MOTHER
14. Maiden Name Louise [redacted] Corsey
15. Birthplace Cambridge Maryland

16 (a) Informant Shirley Webb
(b) Address 700 Cedar Crofs Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1, 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Penna. Avenues

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 28 [illegible] Huntingtown Prince Georges, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-27- 1940, at 6 40 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy, Inquiry thereon and from the evidence obtained by said Autopsy, Inquiry and that said deceased came to her death on the day stated above.

Immediate cause of death: Chr. Pulmonary Tuberculosis — Duration

Due to Hemoptysis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Malone M.D.
Medical Examiner

Date signed 6-27-40

F 70606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87-B

E 70606 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2216 Walbrook Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15-X

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2216 Walbrook Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Orlando A. Wilkinson

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-1228

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of wife Dahlia N. Wilkinson
6 (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) February 9, 1908

8. AGE: Years	Months	Days	If less than one day
32	4	16	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Salesman Cooper's Novelty Co.
11. Industry or business

FATHER
12. Name Orlando A. Wilkinson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Magdelene Hechter
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Dahlia Wilkinson
(b) Address 2216 Walbrook Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Penna. Avenues,

19 (a) (Date rec'd by registrar) (b) Registrar's signature

JUN 28 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27, 1940, at 6:40A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1940. to June 27 1940. and that I last saw h/ alive on June 26 1940.

Immediate cause of death Pulmonary Embolus.
Due to Pulmonary Congestion.
Due to Neuritis
Other Conditions Extraction of Teeth

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. E. Shannon M.D.
Address 700 N. Fulton Ave. Date signed 6/28/40

Spec.—2-29-29—L. F. S.—500 Blks.

Social Security account 215-03-9562

'70607

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70607

CERTIFICATE OF DEATH

43-D

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 5203 Putney Way ST. 27-12 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James T Griffin

(a) RESIDENCE NO. 5203 Putney Way WARD

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Avis Quinn Griffin

6 DATE OF BIRTH (month, day, and year): May 7-1883

7 AGE — Years: 57 | Months: 1 | Days: 19 | If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Engineer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer: Western Electric Co.

9 BIRTHPLACE (city or town) (State or country): Holyoke Mass.

PARENTS

10 NAME OF FATHER: James Griffin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Holyoke Mass

12 MAIDEN NAME OF MOTHER: Nora Rohan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Mass.

14 Informant: Mrs Avis Quinn Griffin

(Address) 5203 Putney Way.

15 Filed JUN 28 1940, 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 26 1940

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1940 to June 26, 1940

that I last saw him alive on June 26, 1940

and that death occurred, on the date stated above, at 6.20 P m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio-Vascular Disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocarditis

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) L. V. D. Wack M. D.

19 (Address) 513 East 39th St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Druid Ridge Cem. — DATE OF BURIAL: June 29. 1940

20 UNDERTAKER: Wm. A. Moran — ADDRESS: 300 E. Balt.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

F 70608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117-a

F 70608 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 Warwick Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Francis D. Rohrer

3 (b) If veteran, name war: Co

3 (c) Social Security Account No. 717-07-6147

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Pearl Rohrer
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) March 22 1876

8. AGE: Years	Months	Days	If less than one day
64	3	5	hr. ..... min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Tin Smith
11. Industry or business Pa R. R.

FATHER
12. Name Louis T. Rohrer
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Sabina Osborne
15. Birthplace Md

16 (a) Informant Mrs Pearl Rohrer
(b) Address 1004 Warwick Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof July 1st 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Moreland Park
Location Parkville Md

18 (a) Funeral director William Cook
(b) Address 1217 Mt Royal Ave Huntington Williams, M.D.

19 (a) JUN 28 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/27 1940, at 5 07 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/23/40 19 , to 6/27/40 19 , and that I last saw him alive on 6/27/40 19 .

Immediate cause of death	Duration
Ruptured Gastric Ulcer & Peritonitis	4 days
Due to Cardiac Decompensation	1 day
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ruptured Gastric Ulcer & Peritonitis
Of autopsy Peritonitis, Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Frederick Johnston Jr. M. D.
Address Md. General Hosp Date signed 6/27/40

F 70609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52-B

F 70609 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1809 Ashburton st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1809 Ashburton Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Celia Noel Redden

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed
6 (b) Name of husband or wife: Wm Pierce Redden
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 5th 1868
8. AGE: Years 72 | Months 5 | Days 22 | If less than one day hr. min.
9. Birthplace: Balto Md (Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business: Self

FATHER
12. Name: William A. Noel
13. Birthplace: Balto Md.

MOTHER
14. Maiden Name: Sarah Rothrock
15. Birthplace: Balto Md.

16 (a) Informant: Zula M. Johnson
(b) Address: 709 Edgewood St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/29/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~: Mt Olivet
Location: Balto Md

18 (a) Funeral director: William Cook
(b) Address: 121 Huntington Ave Mt Washington, Md.

19 JUN 28 1940 (b) (Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27th 1940, at 7:50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1940 to June 27 1940 and that I last saw her alive on June 27 1940.

Immediate cause of death — Duration

Carcinoma of Urinary Bladder — 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Harry Coleman
Address: 1712 W North Ave Date signed 6/28/40

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

F 70610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

F 70610 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2606 Wendover Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Hartman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Catherine E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 29, 1912

8. AGE: Years	Months	Days	If less than one day
27	8	27	hr. min.

9. Birthplace York County, Penna.
(Town, county, and state)
10. Usual Occupation Gas & Electric Co
11. Industry or business "

FATHER
12. Name Harry Hartman
13. Birthplace Penna.

MOTHER
14. Maiden Name Mary Jamison
15. Birthplace Penna

16 (a) Informant Records
(b) Address St. Joseph's Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29, '40 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location Hanover Penna.

18 (a) Funeral director Martin W. E. Dippy
(b) Address 1600 Garrison Ave. Carrington Pikesville, Md.

19 JUN 28 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 35

20. DATE OF DEATH June 26 1940 at 3 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1940 to June 26 1940 and that I last saw him alive on June 26 1940

Immediate cause of death: Intestinal

	Duration
Due to Ruptured Appendix	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address St. Joseph's Hosp Date signed 6-28-40

VS 8

F 70611

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 70611

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1814 Aiken St.
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) St. and No. 1814 Aiken St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 35 years

3 (a) FULL NAME Winifred D. Healy

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John J. Healy
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) April 27, 1882

8. AGE: Years 58 | Months 2 | Days 6 | If less than one day: hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Home wife
11. Industry or business at Home

FATHER
12. Name Darby Craig
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Owens
15. Birthplace Ireland

16 (a) Informant Mrs. Margaret Morris
(b) Address 1814 Aiken St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location 4300 Old Frederick Rd.

18 (a) Funeral director Edmund W. Conklin Jr.
(b) Address 924 E. Eager St.

JUN 28 1940 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27, 1940 at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 2, 1939, to June 27 1940; and that I last saw her alive on June 27 1940;

Immediate cause of death: Carcinoma of Left Breast — Duration: 1 yr.
Antecedent Conditions: Metastatic Carcinoma of Liver & Spine — Duration: 7 mo.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Radical Carcinoma of Left Breast
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmund W. Conklin Jr. M. D.
Address 1331 E. North Ave. Date signed June 28 1940

VS 3

F 70612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-a

Registered No. F 70612

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5106 Liberty Heights Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 68 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5106 Liberty Heights Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ada P. Saumenig

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Francis M. Saumenig
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 16 1871

8. AGE: Years	Months	Days	If less than one day
68	8	12	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name John H. Reed
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Frances Gerber
15. Birthplace Baltimore Md

16 (a) Informant Frederick E. Saumenig
(b) Address Windsor Mill Road Woodlawn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1 1940 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Harry G. Sinnacork
(b) Address 4204 Ridgewood Ave. Washington Heights, Md

19 (a) JUN 29 1940 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1940, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1940, to July 28 1940
and that I last saw her alive on June 28 1940.

Immediate cause of death — Duration
Intestinal Obstruction — 4 days
Due to Adeno Carcinoma — 5 yrs
Due to Cervix

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature Geo. N. Straus M.D.
Address 1400 N Charles Date signed 6/28/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70613

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-N

Registered No. F 70613

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 400 Lorraine Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 400 Lorraine Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel David Sullivan

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Landowner
6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 2, 1856

8. AGE: Years 83 | Months 11 | Days 24 | If less than one day hr. min.

9. Birthplace Cisna Twp. (Town, county, and state)
10. Usual Occupation Cabinet maker
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Blumberg
(b) Address 452 E. Lorraine Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/40 (month) (day) (year)
(c) Cemetery or crematory Larkwood
Location Taylor Avenue

18 (a) Funeral director Mary M. Fairfield
(b) Address 217 E. 22nd St.

19 (a) JUN 28 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27, 1940, at 11:40 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1940, to June 27 1940, and that I last saw him alive on June 27, 1940.

Immediate cause of death	Duration
Nephritis — chronic interstitial	?
Due to	
Other Conditions Myocarditis (chronic)	2

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Evan L. Pearson M. D.
Address 510 Dorsey Pem Date signed June 27, 1940

VS 3

10453

F 70614

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 197-D

Registered No. F 70614

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4000 White Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 4000 White Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Annie Louise South

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife John Walter Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 28, 1886

8. AGE: Years 53 | Months 109 | Days 17 28 | If less than one day hr. min.

9. Birthplace Wilson N. C. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Geo Franklin Lamm
13. Birthplace Unknown.

MOTHER
14. Maiden Name Ida May Brownley
15. Birthplace Wilson, N. C.

16 (a) Informant John Walter Smith
(b) Address 4000 White Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto.

18 (a) Funeral director Lorenz Myers
(b) Address 5005 Belair Road Ave.

19 (a) (Local Registrar) (b) Huntington Williams M.D.

JUN 29 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1940 at 9 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5 1939, to June 26 1940. and that I last saw h[illegible] alive on June 25 1940.

Immediate cause of death Heart failure — Duration 4 Wks

Due to Endocarditis + myocarditis in early life.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry A. McCarty M. D.
Address 37 W. Preston Date signed 6-27-40

F 70615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170-C

Registered No. F 70615

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 N. Central Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Hellman

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-05-0916

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Annie R. Hellman

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 7-1878

8. AGE: Years	Months	Days	If less than one day
62 61	5	20	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Machinist - W. Clev Bld Shop

11. Industry or business

FATHER
12. Name Wm Hellman
13. Birthplace Germany

MOTHER
14. Maiden Name Fredricka Manning
15. Birthplace Germany

16 (a) Informant Howard L. Hellman
(b) Address 792 N. Cross St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-40 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem
Location Balto Md

18 (a) Funeral director Bernard C Harle
(b) Address 121 E West St

JUN 29 1940 (Registered by) Huntington Williams M.D.

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-27- 1940, at 7 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Lobar Pneumonia — Duration

Due to Contributory - Fracture right leg bones.

Due to

Other Conditions Acute fibrinous pericarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy -

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident - Contributory
(b) Date of occurrence May 26 - 1940
(c) Where did injury occur Johnston, Carroll, Maryland (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Auto (Specify type of place) While at work? [illegible]
(e) Means of injury Struck by auto while crossing street.

23. Signature Howard L. Hellman M.D.
Medical Examiner
Date signed 6-28-40

F 70616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B

Registered No. F 70616

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2635 Maisel St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2635 Maisel St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** John Ronald Baker.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16. 1931

8. AGE: Years 9 Months 0 Days 11 If less than one day hr. min.

9. Birthplace Balto City (Town, county, and state)

10. Usual Occupation Student

11. Industry or business —

MOTHER / FATHER

12. Name John T. Baker

13. Birthplace Balto Md.

14. Maiden Name Myrtle Vickers

15. Birthplace Balto Md.

16 (a) Informant Mrs. John T. Baker.

(b) Address 2635 Maisel St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 6/29/40 (month, day, year)

(c) Cemetery or crematory Cedar Hill

Location Annapolis Md

18 (a) Funeral director Geo H. Lyntheath

(b) Address 525 N. Lyntheath St

19 JUN 29 1940 Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 27 June 1940, at 3:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7 July 1939 to 27 June 1940 and that I last saw him alive on 27 June 1940.

Immediate cause of death Uraemia — Duration 3 days

Due to Ch. Nephritis 1 yr 5 mos.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations None performed.

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thaumanal Wheeler M. D.

Address 2910 Hollins Ferry Rd Date signed 27 June 40

Balto Md

BENARICK

70617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 70617

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No Sparrows Point Md. (If rural give location) Rural
(e) If foreign born, how long in U. S. A.? 37 years

3 (a) FULL NAME Andrew Benarick

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-0690

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Barbara
6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) Nov 30 - 1874

8. AGE: Years 65 | Months 6 | Days 28 | If less than one day hr. min.

9. Birthplace Gecko Slovakia (Town, county, and state)

10. Usual Occupation Motorman

11. Industry or business Sparrows Point

FATHER 12. Name John Benarich
13. Birthplace Gecko Slovakia

MOTHER 14. Maiden Name Mary Harnicar
15. Birthplace Gecko Slovakia

16 (a) Informant Henry Benarich
(b) Address Sparrows Point Md

17 (a) X (Burial, cremation, or removal) (b) Date thereof July 1 - 40 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Fernwood Hill Rd

18 (a) Funeral director Jos J. Duda
(b) Address 2829 Hudson St

19 JUN 29 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27, 1940, at 9:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1940 to June 27 1940, and that I last saw him alive on June 27 1940.

Immediate cause of death: Pulmonary edema, Cardiac failure — Duration 4 days
Due to Arteriosclerotic heart disease 3 yrs?
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy Hepatic cirrhosis, arteriosclerosis

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? SCHERLIS
(e) Means of injury

23. Signature [redacted] Address Sinai Hospital Date signed 6/28/40 M. D.

VS 3

F 70618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D

Registered No. F 70618

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry item of information on this certificate is necessary. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 409 Denison Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 409 Denison Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

207

3 (a) FULL NAME G. Elsie Kopp

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~if~~ Ferdinand W. Kopp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 13, 1879

8. AGE: Years	Months	Days	If less than one day
60	7	14	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William T. Biddison
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Miller
15. Birthplace Maryland

16 (a) Informant Mr. Ferdinand Kopp
(b) Address 409 Denison Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Penna. Avenues

19 (a) JUN 29 1940 (b) Signature of local registrar Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27, 1940, at 8:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1934 to 6-27 1940, and that I last saw ~~him~~ alive on June 27 1940.

	Duration
Immediate cause of death Generalized arteriosclerosis	
Cerebral embolism	
Due to Endo-carditis & myo-carditis	
Due to Pelvic abscess drainage	5.13.40
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Pelvic Abscess
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. A. Kopp M.D.
Address 3030 Edmondson Ave. M.D.
Date signed 6-28-40

M. D. B. 1208-9

F 70619 HEALTH DEPARTMENT—CITY OF BALTIMORE F 70619

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 North Hilton St 20-7 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Hilton Hoffmeister

(a) Residence: No. 2 N. Hilton St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Elizabeth Hoffmeister

6. DATE OF BIRTH (month, day, year) Sept 30, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd Jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. fraternal order

10. Date deceased last worked at this occupation (month and year) Nov 1937

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John H. Hoffmeister

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Elizabeth Volker

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs Virginia Hoffmeister

(Address) 2 N. Hilton St.

18. BURIAL, [redacted]

Place Druid Ridge Cem. Date July 1, 1940

19. UNDERTAKER Wm. J. Tickner & Sons,

(Address) North & Pennsylvania Avenues

20. JUN 29 1940 Huntington Williams, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from November, 1937, to June 28, 1940

I last saw him alive on June 27, 1940 Death is said to have occurred on the date stated above, at 6:15 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach
Extension & Metastases

Date of onset

Other contributory causes of importance:

Arteriosclerosis
Coronary Disease

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jesse M. Carman M. D.

(Address) 244 N. Hilton St.

N. B.—WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should be stated EXACTLY. PHYSICIANS should be careful to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

70628 1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 70620

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Sinai Hospital
(b) Street address — Monument St Rutland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) — 2 y 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State — Md (b) County
(c) City or town — Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. — 3140 Virginia Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — 30 years

3 (a) FULL NAME — Fannie Hoffman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife — Late Samuel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1879

8. AGE: Years	Months	Days	If less than one day
61 60			hr. min.

9. Birthplace — Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business — House Wife

FATHER
12. Name — Hyman Goldman
13. Birthplace — Russia

MOTHER
14. Maiden Name — Sophia ?
15. Birthplace — Russia

16 (a) Informant — Harry Hoffman
(b) Address — 3526 OverView Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30/40 (month) (day) (year)
(c) Cemetery or crematory — Hebrew Herring Run
Location — Bowley Lane

18 (a) Funeral director — Wolf Levenson Bros
(b) Address — 1124-26 W North Ave

19 (a) JUN 29 1940 Huntington Williams, M.D.
(b) (Signature of Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH — June 28, 1940, at 8:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 17, 1940, to June 28 1940, and that I last saw h[illegible] alive on June 28 1940.

Immediate cause of death — Heart failure — Duration

Due to — Coronary occlusion

Due to — Arteriosclerosis

Other Conditions — Diabetes Mellitus

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature — Herman A. Winfield, M.D.
Address — [illegible] Date signed — 6/29/40

F 70621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81-a ✓

Registered No. F 70621

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. Physicians: please write the causes of death clearly and legibly. Be sure that age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution Church Home & Inf
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2201 Ellamont St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MR WELDON E STANSBURY

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 213-09-3983

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs Alice M. Stansbury

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Nov 11, 1889

8. AGE: Years 50 | Months 7 | Days 16 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation accountant

11. Industry or business

FATHER
12. Name John H. Stansbury
13. Birthplace Maryland

MOTHER
14. Maiden Name Laura Arnecourt
15. Birthplace Maryland

16 (a) Informant Mrs Weldon E Stansbury
(b) Address 2201 Ellamont St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1-1940 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount Md

18 (a) Funeral director Edw. Tipton
(b) Address Hampstead Md

JUN 29 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1940, at 8:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1940, to June 27 1940, and that I last saw h[illegible] alive on June 27 1940.

Immediate cause of death Bacterial Meningitis (Streptococcus) — Duration: 1 week

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John F. Callahan M. D.

Address Church Home & Inf Date signed 6-27-40

GAVIGAN

F 70622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106-B

Registered No. F 70622

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Jessup.
(If outside city or town limits, write RURAL and give town)
Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Gavigan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Maggie Gavigan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Maryland.
(Town, county, and state)
10. Usual Occupation Laborer.
11. Industry or business

FATHER
12. Name William Gavigan
13. Birthplace Md.

MOTHER
14. Maiden Name Emma Anderson
15. Birthplace Maryland.

16 (a) Informant Head Relative.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28th 40 (month) (day) (year)
(c) Cemetery or crematory Guilford Cem
Location Guilford Md

18 (a) Funeral director Elston Sons
(b) Address Ellicott City

19 (a) (b) Huntington Williamsport Md.

JUN 29 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28th 1940, at 7:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/24 1940, to 6/28 1940, and that I last saw him alive on 6/28 1940

Immediate cause of death unknown. — Duration

Due to

Due to

Other Conditions chronic bronchitis pulmonary emphysema — 1 yr.
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no evidence of
(b) Date of occurrence unk.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B. O. Thomas Jr. M. D.
Address University Hosp Date signed 6/29/40

Howard L. Mason M. D.
Chief Medical Examiner

381585 F 70623 BALTIMORE CITY HEALTH DEPARTMENT 30-J. F 70623
CERTIFICATE OF DEATH Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 116 S Patterson Pk Apo (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Rybicki

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3 - ? - 77

8. AGE: Years 63 62 | Months 3 | Days | If less than one day hr. min.

9. Birthplace GER (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James Rybicki
13. Birthplace GER

MOTHER
14. Maiden Name Cath Rybicki
15. Birthplace GER

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location German Hill Road

18 (a) Funeral director M. F. Sadowski & Son
(b) Address 808 Eastern Ave

19 (a) JUN 29 1940 (Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1940, at 6:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1940, to June 28 1940, and that I last saw him alive on June 28 1940.

Immediate cause of death Ruptured aorta
Duration: 36 hrs.
Due to Endocarditis
Due to Syphilis, contributory cause to fatal termination of Cardiovascular Syphilis
Other Conditions CVS - arteriosclerotic

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Ruptured aorta, Endocarditis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. F. Jonas M. D.
Address The Johns Hopkins Hospital Date signed 6/28/40

VS 2

F 70624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. F 70624

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 639 Jasper St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 639 Jasper St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARTHA BAYNAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 59 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Richmond County, Virginia
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business Various employers

FATHER
12. Name Henry Lewis
13. Birthplace Richmond Co. Va

MOTHER
14. Maiden Name Pauline Harris
15. Birthplace Richmond Co. Va

16 (a) Informant Mrs Addie Fisher
(b) Address 639 Jasper St

17 (a) ... (Burial, cremation, or removal) (b) Date thereof 6/29/40 (month) (day) (year)
(c) Cemetery or cemetery Mt Calvary
Location Chas Rd Baltimore

18 (a) Funeral director Chas Baltimore
(b) Address 1200 McCulloh

(a) ... (b) ...

JUN 29 1940 Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1940, at 12 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Arteriosclerotic heart disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H L Woldenmaben M.D.
Medical Examiner.

Date signed 6-26-40

F 70625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70625 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 904 E. Saratoga St
(c) Hospital or institution:
D.O.A Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 730 E. Pratt St Room 18
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James E. Bailey

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Divorced

6 (b) Name of husband or wife Clara Schaffer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1873

8. AGE: Years	Months	Days	If less than one day
67	0	11	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Marine Engineer
11. Industry or business Maritime

FATHER
12. Name John H. Bailey
13. Birthplace Va

MOTHER
14. Maiden Name Lizzie Cromwell
15. Birthplace Va

16 (a) Informant Veterans Adm. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1-40 (month) (day) (year)
(c) Cemetery or crematory National
Location Balto

18 (a) Funeral director Jos. J. Stein & Son
(b) Address 309 W. Lafayette Ave

19 (a) (b) Huntington Williams, M.D. Registrar

JUN 29 1940

VS 6

MEDICAL CERTIFICATION 5P

20. DATE OF DEATH June 26 1940 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death	Duration
Coronary arteriosclerosis with occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D. Medical Examiner.
Date signed 6/27/40

F 70626 ✓ F 70626

BALTIMORE CITY HEALTH DEPARTMENT 83-a Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2329 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2329 Eutaw Place (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARTHA GREENBAUM LEVY.

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Sol A. Levy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 26, 1863

8. AGE: Years 76 | Months 9 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Isaac Greenbaum,
13. Birthplace Germany.

MOTHER
14. Maiden Name Mina Frank,
15. Birthplace Germany.

16 (a) Informant Mr. Herman F. Levy,
(b) Address 3400 Sheffield Ave. Phila. Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/40. (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Baltimore, Md.

18 (a) Funeral director David Londsman & Son
(b) Address 1902 Eutaw Place.

19 (a) JUN 20 1940 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28th. 1940, at A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/5 1937, to 6/28 1940, and that I last saw h er alive on 6/28 1940.

	Duration
Immediate cause of death: Cerebral Hemorrhage	6/28/40.
Due to: Hypertension	1937
Due to: Generalized Arteriosclerosis	1927
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 2320 Eutaw Place. Date signed 6/28/40.

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

F 70627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-B F 70627

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1924 N. Augusta St. 9-8 Ward)

Length of residence in city or town where death occurred 22 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Albert Johnson

If U.S. Veteran specify WAR

(a) Residence: No. 1924 N. Augusta St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 18/1917

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Johnson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Fannie Thornton

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Fannie Johnson

(Address) 1924 N. Augusta St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 6/29 1940

19. UNDERTAKER Rayner Sanders

(Address) 1412 E. Preston St

20. FILED JUN 29 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1940 to June 26 1940

I last saw him alive on June 26 1940. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1938

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jno. S. Sullivan M.D.

(Address) 1324 E. 23rd St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No. F 70628

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Elkridge
(If outside city or town limits, write RURAL and give town)
(d) Street No. 25
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LEWIS L. VERMILLION

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-5392

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Mattie E Vermillion

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 9, 1879

8. AGE: Years 61 62 | Months 4 | Days 19 | If less than one day hr. min.

9. Birthplace Prince George County
(Town, county and state)

10. Usual Occupation retired (4 yrs)

11. Industry or business Nickel Plater

FATHER
12. Name Joseph M Vermillion
13. Birthplace maryland

MOTHER
14. Maiden Name Mary Annie Earp
15. Birthplace Elkridge Md

16 (a) Informant James O Vermillion
(b) Address Elkridge, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1 '40 (month) (day) (year)
(c) Cemetery or crematory Melville Methodist
Location Elkridge, Md.

18 (a) Funeral director E. Leroy Stoffler, Inc.
(b) Address 12 S E Northeast

19 JUN 29 1940 Huntington Williams, M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1940, at 11:20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hypertensive cardiovascular disease	
Due to	
Due to	
Other Conditions NS	

(Include pregnancy within 3 months of death)

Major findings:
Of operations NS
Of autopsy NS

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenwaber M.D.
Medical Examiner.
Date signed 6-29-40

VS 6

F 70629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-B

Registered No. F 70629

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AVOID ERASURES FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Jenkins Mem. Hospl.
(b) Street address 1000 Caton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 5 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) "

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Prince George
(c) City or town Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. 951 Carroll Ave. Hyattsville, Md
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William G. Hardy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 7/15/58

8. AGE: Years	Months	Days	If less than one day
81 years	11		hr. min.

9. Birthplace Prince George Co. Md.
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Md.

MOTHER
14. Maiden Name Mathilda Warren
15. Birthplace Montgomery Co. Md.

16 (a) Informant Jenkins Mem. Hospl.
(b) Address 1000 Caton Ave.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 7-1-40 (Month) (Day) (Year)
(c) Cemetery or crematory Cedar Hill Cemetery
Location Washington D. C.

18 (a) Funeral director Wm. J. Fleishmann & Son
(b) Address North & Pa. Ave.

19 (a) JUN 29 1940 (b) Huntington Williams M.D.
(Registrar's signature) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29th 1940, at 6 15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 26, 1940, to June 29, 1940, and that I last saw ~~he~~ alive on June 29, 1940.

Immediate cause of death	Duration
Cerebral Thrombosis	
Due to Hypertension	
Due to Carcinoma	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mary S. Sadler M.D.
Address 21 Agnes Date signed 6/29/40

FL 70638 64

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 70630

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mth. 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr. 53 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2523 Woodbrook Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Sutch

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-9648

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mary (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1867

8. AGE: Years	Months	Days	If less than one day
72	9	17	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Monumental Life Insurance

FATHER
12. Name Daniel
13. Birthplace Md.

MOTHER
14. Maiden Name Anna Raddish
15. Birthplace Scotland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1 - 1940 (month) (day) (year)
(c) Cemetery or crematory Eastern Cemetery
Location Baltimore

18 (a) Funeral director Maurice Cook Byer
(b) Address 16 [illegible] Huntington Williams, N.Y.

19 (a) JUN 29 1940 (Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1940, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1939, to June 28 1940, and that I last saw him alive on June 28 1940.

Immediate cause of death: Hypertensive Cardiovascular disease — Duration unknown.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Greeley M. D.
Address Baltimore City Hospital Date signed 6/25/40

VS 3

F 70631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 70631

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland June 27/40
(b) Street address 1607 Braddish Ave.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1607 Braddish Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mrs Ida V. McClane

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Wh	Widow

6 (b) Name of ~~husband~~ or wife Hiram McClane
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18/1861

8. AGE: Years	Months	Days	If less than one day
79	4	9	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at Home

FATHER
12. Name —
13. Birthplace Va

MOTHER
14. Maiden Name Not known
15. Birthplace Va

16 (a) Informant Mrs Emma R. Thomas
(b) Address 1607 Braddish Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. City

18 (a) Funeral director Herman Lemmon
(b) Address 2411 Park Heights Ave

19 (a) JUN 29 1940 (Date received by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1940; at 7.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1940 to June 27 1940, and that I last saw h[illegible] alive on June 27 1940.

Immediate cause of death Uremia & Nephritis & Myocarditis — Duration 1 Mo.
Due to Diabetes — 5 yrs
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature [illegible]
Address 1000 N. Monroe Date signed 6/27/40 M. D.

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

70632 — CERTIFICATE OF DEATH — F 70632

131-W

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 163 Druid Hill St., 14th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cora Elizabeth Johnson

If U.S. Veteran specify WAR .....

(a) Residence: No. 163 Druid Hill St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Geo Johnson

6. DATE OF BIRTH (month, day, year): July 7th 1881

7. AGE: Years 58 | Months 11 | Days 22 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: George W Gibson

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Mary A Thomas

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Heller & Holland 163 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL
Place: Arbutus Mem. Park Date: July 2, 1940

19. UNDERTAKER (Address): Mr. J. P. Lippy 319 Monroe Street

20. FILED JUN 30 1940, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1940 to June 28, 1940

Last saw her alive on June 28, 1940 Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthma - Bronchial Pulmonary	
Cardiac Vascular	
Renal Disease.	

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George McDonald M. D.

(Address) 8449 Cary St.

F 70633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146-B

F 70633 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 da. 17
(e) Length of stay in Baltimore (yrs., mos., or days) 31 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Prince Georges Co.
(c) City or town Laurel
(If outside city or town limits, write RURAL and give town)
(d) Street No. 416 Main Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Frederick Brooks MAXWELL

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bertha L. Miles
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) May 13, 1890

8. AGE: Years	Months	Days	If less than one day
50 49	7	16	____ hr. ____ min.

9. Birthplace Meadville, Pennsylvania.
(Town, county, and state)
10. Usual Occupation Postoffice Clerk, Wash. D.C.
11. Industry or business Federal Government

FATHER
12. Name William H. Maxwell,
13. Birthplace Meadville, Pa.

MOTHER
14. Maiden Name Cordelia B. Irons,
15. Birthplace Lineville, Pa.

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2 1940 (month) (day) (year)
(c) Cemetery or crematory Arlington
Location Arlington, Va.

18 (a) Funeral director L. Lloyd Kaiser
(b) Address Laurel, Md.

19 (a) JUN 30 1940 (Date received by registrar) (b) Kenneth Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29, 1940 at 9:17 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 28, 1940, to June 29, 1940, and that I last saw him alive on June 29, 1940

Immediate cause of death: Lympho Sarcomatosis — Duration: Unknown

Due to: Lympho sarcoma of the stomach — 1 year

Due to: ____

Other Conditions: ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature T. B. N. Anderson M.D.
Address U.S.Marine Hospital, Baltimore, Maryland. Date signed 6/29/40

F 70634

LB 55694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1930

F 70634 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 607 Pitcher St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarence Merritt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8, 1879

8. AGE: Years	Months	Days	If less than one day
61	0	20	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business Gwyns Falls Parkway

FATHER
12. Name Gabrial
13. Birthplace ?

MOTHER
14. Maiden Name Sarah Smith (d)
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/2/40 (month) (day) (year)
(c) Cemetery or crematory Laurael Park
Location
18 (a) Funeral director Thos. S. Kellard
(b) Address 1031 Druid Hill Ave.
19 (a) Date received by Registrar Wilton Williams, M.D. Registrar
JUN 30 1940
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1940, at 10-40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1940, to June 28 1940, and that I last saw him alive on June 28 1940.

Immediate cause of death Hypertensive cardiovascular disease — Duration unknown

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy enlarged heart, arteriosclerosis.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Waverly Hosp. Date signed 6-29-40
Washington

F 70635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B Registered No. F 70635

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 Lemmon St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Crosby

3 (b) If veteran, name war: Worlds

3 (c) Social Security Account No. 217-05-0420

4. Sex: male | 5. Color or race: negro | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Emma

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 6- 1892

8. AGE: Years: 47 | Months: 9 | Days: 22 | If less than one day: hr. min.

9. Birthplace: Raleigh N. C. (Town, county, and state)

10. Usual Occupation: Yard laborer

11. Industry or business:

FATHER 12. Name: William Crosby

13. Birthplace: Columbia S. C.

MOTHER 14. Maiden Name: Lucy Bullock

15. Birthplace: Columbia S. C.

16 (a) Informant: Emma Crosby

(b) Address: 1309 Lemmon St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2-40 (month) (day) (year)

(c) Cemetery or crematory: National

Location: Baltimore

18 (a) Funeral director: Mrs. Lizzie B. Miller

(b) Address: 1634 Druid Hill Ave

19 (a) 7-2-1940 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28 1940, at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-27 1940 to 6-28 1940, and that I last saw him alive on 6-28 1940.

Immediate cause of death: Pulmonary Tuberculosis B.C. Bacil

Due to:

Due to:

Other Conditions: B. Cata. and Hydro-pneumothorax; Lumbago

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Same as above

Duration
Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Louis Calvin Garcia M. D.

Address: University Hospital Date signed 6-29-40

70636 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 70636

S. S. No. 215-07-2241 **CERTIFICATE OF DEATH** 48-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore Gen. Hosp. St., 6 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs Addie McIntyre (LaBrown)

If U. S. Veteran (Specify WAR)

(a) Residence: No. 738 N. Fulton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Waller McIntyre

6. DATE OF BIRTH (month, day, year) May 6, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dress Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory " Co

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Maine

FATHER

13. NAME Rubin S. Brown

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME Mary Foss

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT Gertrude Plummer

(Address) 738 N. Fulton

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date July 1st 1940

19. UNDERTAKER William Cook

(Address) 1217 St. Paul St

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from 5-16-40, 19..., to 6-29-40 19...

I last saw her alive on 6-24-40, 19.... Death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Pulmonary Embolus	
(2) Phlebitis of Rt. Saphenous Vein	

Other contributory causes of importance:

Carcinoma of Uterus

Was an operation performed? Yes Date of 5-23-40

For what disease or injury? Carcinoma of Uterus (Body)

Name of operation Panhysterectomy

What test confirmed diagnosis? ~~Biopsy~~ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. E. Shea M. D.

(Address) 6 W Fay St

V.S.

JUN 30 1940

Huntington Williams, M.D.

6

2. CAUSE OF DEATH—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 70637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 70637

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2902 Baker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2902 Baker St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

15

3 (a) FULL NAME Julia C Barron

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28 1878

8. AGE: Years 62 | Months 1 | Days — | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business

FATHER 12. Name Thomas Barron

13. Birthplace Ireland

MOTHER 14. Maiden Name Julia C (Unknown)

15. Birthplace Ireland

16 (a) Informant Daniel A James

(b) Address 2902 Baker St

17 (a) Daniel (Burial, cremation, or removal) (b) Date thereof July 1. 1940 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location Baltimore Md

18 (a) Funeral director Williams & Co

(b) Address 1217 E Fayette St

19 (a) (Date received by registrar) JUN 30 1940 (b) Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1940 to June 28 1940, and that I last saw alive on June 28 1940.

Immediate cause of death Cardiac failure

Due to Myocardial degeneration

Due to Chronic Hypertension Cardio-Vascular Disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
3 days
?
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wade H Hampton M. D.

Address 1013 Poplar Grove St Date signed 6/28/40

F 70638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70638 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 143 N. Wolfe Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 143 N. Wolfe Street.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME J.F. CHARLES KLEPPER

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Hattie J. Klepper
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1869

8. AGE: Years 70 | Months 8 | Days 19 20 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Druggist
11. Industry or business

FATHER
12. Name Charles F. Klepper
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia Lang
15. Birthplace Germany

16 (a) Informant Mrs. Hattie J. Klepper
(b) Address 143 N. Wolfe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1, 1940 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore
18 (a) Funeral director John Ullrich
(b) Address 2008 Orleans

19 (a) JUN 30 1940 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JUN 28 1940 19 . at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1940 to June 28 1940, and that I last saw h[illegible] alive on June 27 1940.

Immediate cause of death: Carcinomatosis — Duration 3 mos.
Due to cancer of throat - Larynx) 3 mos.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury
23. Signature Louis F. Krumeich M. D.
Address 722 N. Kenwood Ave Date signed

VS 3

F 70639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-B

F 70639 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 435 N. Linwood Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 435 N. Linwood Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

6-1

3 (a) FULL NAME HARRY BYRN HARDWICK

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 213-03-2439

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Nora L. Hardwick
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1875

8. AGE: Years	Months	Days	If less than one day
64	9	16	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Compositor
11. Industry or business Newspaper office

FATHER
12. Name Henry W. Hardwick
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Phoebe Ann Ottey
15. Birthplace Pennsylvania

16 (a) Informant Nora L. Hardwick
(b) Address 435 N. Linwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-40 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Baltimore

18 (a) Funeral director John Ellyett
(b) Address 2102 Arlington Ave

19 (a) 6-30-1940 (Date received by Registrar) (b) Registrar

JUN 30

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1940, at 8 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1940, to June 28 1940, and that I last saw him alive on June 26 1940.

Immediate cause of death	Duration
Angina pectoris	4 wks.
Due to Arteriosclerosis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. B. Sylvester M. D.
Address 2102 Harford Ave Date signed 6-28-40

70640 HEALTH DEPARTMENT—CITY OF BALTIMORE 70640

CERTIFICATE OF DEATH V 46-E

1. PLACE OF DEATH 6000 Belleau Ave

CITY OF BALTIMORE: (No. Edgewood Nursing Home St. 8-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs. Adeline E. Disney

If U. S. Veteran specify WAR

(a) Residence: No. 1411 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced WIFE of HUSBAND of: Harry E. Disney

6. DATE OF BIRTH (month, day, year) Dec. 12 - 1883

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
56 56	6	17 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) May 31 - 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Geo B Stevens

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Ella Batchelor

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Harry F. Disney
(Address) 1411 N Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 1 - 19 4

19. UNDERTAKER John Zolnicki
(Address) 2108 Eutaw

20. FILED ... 19 ...
Registrar.

JUN 30 1940

Transcript for Cause, p.1

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1940 to June 28, 1940

I last saw her alive on June 26, 1940. Death is said to have occurred on the date stated above, at 9 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with Acute Hyperplastic Tonsilitis	10 yrs
Other contributory causes of importance: Cancer of colon	2 yrs

Was an operation performed? yes Date of 1925

For what disease or injury? Strangulation Bowel

Name of operation Resection

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. L. Wharton M. D.

(Address) 4302 York Rd

F 70641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a

F 70641
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 N. Bentalou St (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Baby Boy Goldberg
3 (b) If veteran, name war ✓ (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	✓

6 (b) Name of husband or wife ✓
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		1/2	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation ✓
11. Industry or business ✓

FATHER
12. Name Mora Goldberg
13. Birthplace Russia

MOTHER
14. Maiden Name Miriam Chernak
15. Birthplace Russia

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-40 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Baltimore & Appleton Sts.

18 (a) Funeral director Jack Levy Inc.
(b) Address 1439 E. Baltimore St

19 (a) JUN 30 1940 (Date rec'd by Registrar) (b) Hunter Taylor Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/28 1940, at 2:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/27 1940 to 6/28 1940 and that I last saw h/m alive on 6/28 1940

Immediate cause of death Respiratory failure — Duration

Due to Broncho-pneumonia, bilateral

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry James Singer M. D.
Address Sinai Hospital Date signed 6/30/40

F #70642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 F 70642 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address John st
(c) Hospital or institution: Bonnie Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) V

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore MD (If outside city or town limits, write RURAL and give town)
(d) Street No. 2829 Reisterstown Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Harriet Berlin

3 (b) If veteran, name war V

3 (c) Social Security Account No. 214-03-1047

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-11-1940

8. AGE: Years Bir[illegible] | Months 7 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Sales Lady

11. Industry or business

FATHER
12. [illegible] Berlin
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah Steinberg
15. Birthplace Russia

16 (a) Informant Brother
(b) Address

17. Burial (b) Date thereof 6-30-40 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Adath Israel Location Balto Md

18 (a) Funeral director Jack Levin Jr
(b) Address 1439 E Balto St

19. (a) JUN 30 1940 (Date rec'd by registrar) (b) Livingston Hillsboro MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/29 1940, at A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/12 1940 to 6/29 1940. and that I last saw h[illegible] alive on 6/29 1940.

Immediate cause of death Adenocarcinoma — Duration: own

Due to Carcinoma

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard A Stone M.D.
Address Date signed

70643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 70643 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct care is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Franklin Square Hosp.
(b) Street address Fayette & Calhoun
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3318 Auchentoroly Terrace (If rural give location)
(e) If foreign born, how long in U. S. A.? 19 years

3 (a) FULL NAME Louis Polt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married.

6 (b) Name of husband or wife Esther
6 (c) If alive, give age years

7. Birth date of deceased (month) August (day) 5 (year) 1879

8. AGE: Years	Months	Days	If less than one day: hr.	min.
60	10	25		

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Merchant

FATHER
12. Name Solomon Polt.
13. Birthplace Russia

MOTHER
14. Maiden Name Esther ?
15. Birthplace Russia.

16 (a) Informant Esther Polt
(b) Address 3318 Auchentoroly Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30/40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Mem. Park
Location Frost Park ave

18 (a) Funeral director Wm. Forrester & Son
(b) Address 1411-26 W. North ave

JUN 30 1940 (Date rec'd by registrar)

Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30, 1940, at 6 a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 27, 1940, to June 30, 1940, and that I last saw h. i. alive on June 30, 1940.

Immediate cause of death Cardiac insufficiency — Duration

Due to Lobar pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A Bradley Daugherty M. D.
Address Franklin Sq. Hosp. Date signed 6-30-40

VS 3

70644 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-B F 70644

1. PLACE OF DEATH West Balto Gen. Hosp. Registered No.

CITY OF BALTIMORE: (No. St. 15 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Isaac King If U. S. Veteran specify WAR

(a) Residence: No. 1636 N. Payson St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year) ? 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Peddler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Herbert King

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Alice ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Rosie Block

(Address) 1636 N Payson St

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Mardale Date June 30 1940

19. UNDERTAKER Sol Lyons Bro

(Address) 1116-26 W Mosher Ave

20. FILED JUL 30 1940 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1940 to June 30, 1940

I last saw him alive on June 29, 1940. Death is said to have occurred on the date stated above, at 7:05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia - R Base	8 days
Cerebral Thrombosis	10 days
Other contributory causes of importance: Coronary Artery Disease	yrs?

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) M. D.

(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 70645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

96

F 70645

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Sinai Hospital
(b) Street address E. Monument St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2007 3344 Gwynn Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Elizabeth Fleischmann

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife E. Oscar
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Feb 11 1868

8. AGE: Years 72 | Months 4 | Days 18 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Edw Schaninger
13. Birthplace Germany

MOTHER
14. Maiden Name ~~Unknown~~ Not Known
15. Birthplace Germany

16 (a) Informant E. Oscar Fleischmann
(b) Address 3344 Gwynn Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof July 2 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Tilbalafala Md

18 (a) Funeral director Geo Leisenbach
(b) Address 425 N Fremont St

19 (a) (Date received by registrar) (b) Huntington Hillman M.D.

JUN 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1940, at 5 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1940 to June 29 1940, and that I last saw h[illegible] alive on June 29 1940.

Immediate cause of death Gangrene of rt leg
Duration 2 mos

Due to Arterial embolism

Due to Aortic aneurysm - arteriosclerosis
Gen'l arteriosclerosis

Other Conditions Rt pleural effusion
Rt. kidney cyst.
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address Sinai Hospital Date signed 6/29/40 M. D.

70646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

F 70646
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 139 S. Linwood Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city limits, write RURAL and give town)
(d) Street No. 139 S. Linwood Av (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John N. Fody

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ellen

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Oct. 1-1861

8. AGE: Years	Months	Days	If less than one day
78	8	28	hr. min.

9. Birthplace Pluta, Pa. (town, county, and state)

10. Usual Occupation Glass Blower

11. Industry or business Retired

FATHER
12. Name J. Fody
13. Birthplace Ireland

MOTHER
14. Maiden Name E. Fody
15. Birthplace Ireland

16 (a) Informant Paul Fody
(b) Address 139 S. Linwood Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1-40 (month) (day) (year)
(c) Cemetery or crematory Holy Red.
Location Gay St.

18 (a) Funeral director John G. Mogan
(b) Address 3900 E. Balto. St.

19 (a) 7-0-1940 (Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1940, at 12:02 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1940, to June 28 1940, and that I last saw h[illegible] alive on June 27 1940.

Immediate cause of death	Duration
Chronic Myocarditis	
Chronic Nephritis	
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Tenley M. D.

Address 441 S. Ellwood Av Date signed 6/29/40

VS 8

F 70647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 70647
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3014 Bayonne Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3014 Bayonne Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 56 years

3 (a) FULL NAME Daniel or Amelia Manzo

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna M.
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Dec 14 1871

8. AGE: Years 68 | Months 6 | Days 13 | If less than one day: hr. min.

9. Birthplace Italy (town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Pete Manzo
13. Birthplace Italy

MOTHER
14. Maiden Name Filimino Tomanza
15. Birthplace Italy

16 (a) Informant Anna Manzo
(b) Address 3014 Bayonne Ave

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 1 1940 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location 4430 BELAIR RD.

18 (a) Funeral director MARTIN W.E. DIPPEL
(b) Address ANN & LOMBARD STS.

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 30 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1940 at 3 30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Intracranial hemorrhage of cerebral arteries (with)
Due to atrophy of cerebral tissue and cyst formation
Due to (a) basal ganglia (BASAL GANGLIA)

Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations

Of autopsy

Duration: CONVOLUTIONS

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W.M.B. Vandersloot M.D.
Medical Examiner
Date signed 6/27/40

F 70648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 70648 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 950 Hollins St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 950 Hollins St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank M Beasley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Widower

6 (b) Name of husband or wife late Annie Beasley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 13, 1866

8. AGE: Years	Months	Days	If less than one day
73.	6	15	hr. min.

9. Birthplace Matthews, Va
(Town, county, and state)
10. Usual Occupation Retired Boat Captain
11. Industry or business

FATHER
12. Name Benj Beasley
13. Birthplace New York

MOTHER
14. Maiden Name Mathewson.
15. Birthplace New York

16 (a) Informant Mrs Frank Moffitt
(b) Address 950 Hollins St.

17 (a) Burial (b) Date thereof 7/2/1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Guy Mrs Island Cem
Location Guy Mrs Island, Va.

18 (a) Funeral director Dolan & Cowan & Son
(b) Address 901 Hollins Street.

19 (a) JUN 30 1940 (b) Huntington Ave Baltimore, Md
(Local registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/28/ 1940, at 11-05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/20 1940 to 6/28 1940 and that I last saw him alive on 6/28 1940.

Immediate cause of death Cerebral hemorrhage — Duration 7 days

Due to

Due to

Other Conditions Hypertensive cardio vascular disease — 2 1
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Deile M. D.
Address 226 Hanover St Date signed 6/30/40

70649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-B

F 70649 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1613 S. Charles St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 S Charles St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Cohen

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 212-05-9832

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	w	married

6 (b) Name of husband or wife Margaret Carter
6 (c) If dead, give age 49 years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1885

8. AGE: Years	Months	Days	If less than one day
54	10	18	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Federal Jail

FATHER
12. Name Michael Cohen
13. Birthplace Balty. Md.

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Mrs. S. Cohen
(b) Address 1613 S. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1, 1940 (month) (day) (year)
(c) Cemetery or crematory Mem. Cathedral
Location Old Frederick Rd.

18 (a) Funeral director Fred J. Kramer & Son
(b) Address 1216 S. Charles St.

19 (a) (Undertaker) (b) [illegible] Registrar

JUN 30 1940

V8 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29th 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1940, to June 29 1940 and that I last saw h[illegible] alive on June 29 1940.,

Immediate cause of death Mitral Insufficiency

Duration

Due to Valvular Endocarditis

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature John A Schenwick
Address 1337 S. Charles St. Date signed 6/29/40 M. D.

F 70650 — Ashby — 13-B — F 70650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 N. Gay St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 2y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 N. Gay St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Ashley Palmer

3 (b) If veteran, name war: World

3 (c) Social Security Account No. 212-03-0059

4. Sex: Male | 5. Color or race: White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband~~ wife: Edith May Palmer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17th 1895

8. AGE: Years	Months	Days	If less than one day
45	1	12	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Registrar + Salesman
11. Industry or business Founder Dixie Schools Inc

FATHER
12. Name Charles L. Palmer
13. Birthplace Va

MOTHER
14. Maiden Name Elizabeth South
15. Birthplace Va.

16 (a) Informant Edith May Palmer
(b) Address 1414 N. Gay St

17 (a) Burial (b) Date thereof 7/2/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Parkville Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) JUL 1 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29th 1940, at 11:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940 to June 29 1940, and that I last saw ~~him~~ alive on June 29 1940.

Immediate cause of death: Pulmonary Tuberculosis.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 4 Yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Ginsberg M.D.
Address 2025 E. North Ave Date signed 6/30/40

F 70651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 70651 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 504 n Stricker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 504 n Stricker St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wayman Pierce

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Sarah Pierce

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-26-1880

8. AGE: Years 60 | Months 11 | Days 2 | If less than one day hr. min.

9. Birthplace Kent Co. Md. (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER 12. Name Benjamin Pierce

13. Birthplace Kent Co Md

MOTHER 14. Maiden Name ?

15. Birthplace ?

16 (a) Informant John Tubman

(b) Address 504 N Stricker St

17 (a) (Burial, cremation, or removal) (b) Date thereof July 1 1940 (month) (day) (year)

(c) Cemetery or crematory Georgetown, Md

Location Kent Co. Md.

18 (a) Funeral director Mrs Katie R Williams

(b) Address 322 N Schroeder St.

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 1 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28 1940 at 2:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-9 1940 to 6-28 1940, and that I last saw him alive on 6-28 1940.

Immediate cause of death: Cardio-Vascular Disease — Duration 6 mon

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Atwell Jones M. D.

Address 551 Dolphin St Date signed 6-28-40

F 70652
LB 56490

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193-D

F 70652
Registered No.

Every item of information should be carefully supplied. Write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1648 N. Gilmor St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife Willie (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
74 ?	?	?	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Thomas Butler (d)
13. Birthplace unknown

MOTHER
14. Maiden Name Eliza Butler (d)
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (b) Date thereof 7/1/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location

18 (a) Funeral director Geo. S. Nelson
(b) Address 130 3 Pulaski Hwy

19 (a) JUL 1 1940 (b)
(Date rec'd by registrar) Registered

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1940, at 7.25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 11 1940, to June 28 1940, and that I last saw her alive on June 28 1940.

Immediate cause of death: Hypertensive cardiovascular disease — Duration unknown

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward Schwaneke M. D.
Address Balto City Hosps. Date signed 6-29-40

F 70653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1170

F 70653 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Gibson Island (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME James Barr

3 (b) If veteran, name war ----
3 (c) Social Security Account No. ----

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Charlotte
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 18, 1875

8. AGE: Years 65 | Months 2 | Days 12 | If less than one day hr. min.

9. Birthplace Scotland (Town, county, and state)
10. Usual Occupation Master Mariner
11. Industry or business

FATHER
12. Name John Barr
13. Birthplace Scotland

MOTHER
14. Maiden Name Elisebeth Morrison
15. Birthplace Scotland

16 (a) Informant Mr. Geo. M. Barr
(b) Address Gibson Island

17 (a) Cremation (b) Date thereof 7/1/40 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Louden Park
Location Frederick Road

18 (a) Funeral director L. Heomann and Son
(b) Address 32 S. Broadway

19 (a) Huntington Williams, M.D. Registrar
(Date received by registrar) JUL 1 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1940, at 7:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1940, to June 30 1940, and that I last saw him alive on June 30 1940.

Immediate cause of death Pyelitis Duodenal Ulcer.
Due to Hemorrhage
Due to
Other Conditions Arteriosclerosis Osteomyelitis, Fracture
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury,

23. Signature M. J. Sadow M.D.
Address St Agnes Date signed 6/30/40

F 70654 7-01

F 70654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-B

Registered No. F 70654

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Body found at foot of Bell St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 434 N. Brice St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HENRY LEWIS WILLE JR.

3 (b) If veteran, name war No

3 (c) Social Security Account No.

4. Sex m

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ella Wille

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1890

8. AGE: Years 50 Months 1 Days 22 If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Railway Expressman

11. Industry or business Railway Express Agency

FATHER
12. Name Henry L. Wille Sr
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Annie (Unknown)
15. Birthplace Baltimore, Md

16 (a) Informant Ella Wille
(b) Address 434 Brice St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Baltimore, Md

18 (a) Funeral director Leonard L. Covington
(b) Address 21 W. 20th St.

19 (a) (b) Huntington Williams, M.D. Registrar

(Date rec'd by registrar) JUL 1 VS 6 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1940, at 10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death Suicide (probable

Due to drowning

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Major findings:
Of operations No

Of autopsy No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide (probable
(b) Date of occurrence June 29, 1940
(c) Where did injury occur? Pier at foot of Bell St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place While at work? (Specify type of place)
(e) Means of injury Drowning

23. Signature H. L. Wille Sr. M.D.
Medical Examiner.

Date signed 6-29-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70655 Registered No. 184

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1632 Baker St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME DAVID ENNIS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-14-1925

8. AGE: Years	Months	Days	If less than one day
15		13	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation School
11. Industry or business

FATHER
12. Name William Ennis
13. Birthplace Md

MOTHER
14. Maiden Name Ada Bond
15. Birthplace N.C.

16 (a) Informant William Ennis
(b) Address 1632 Baker st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 2 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Pennsylvania

19 (a) JUL 1-1940 (Date rec'd by registrar) Harrington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1940, at 7 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Peritonitis, acute suppurative
Due to: Bullet wound of abdomen
Due to:
Other Conditions: no
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations as above
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence June 19, 1940
(c) Where did injury occur? 1711 N. Bruce St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? —
(Specify type of place)
(e) Means of injury shot while playing with
23. Signature H. W. Williams M.D.
Medical Examiner.
Date signed 6-28-40
Loaded revolver

F 70656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-D Registered No. F 70656

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2621 Llewellyn Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2621 Llewellyn Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME John T. Mansfield

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Annie Mansfield
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 7/1869
8. AGE: Years 70 | Months 11 | Days 21 | If less than one day: hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name —
13. Birthplace Unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Annie M. Connelly
(b) Address 613 Glenwood ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 1 40 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore
18 (a) Funeral director Philip Herzog & Son
(b) Address 2024 Orleans St.
19 (a) Date received by registrar 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1940, at M
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1939, to June 28 1940, and that I last saw h[illegible] alive on June 28 1940.

Immediate cause of death: Chronic Endocarditis — Duration
Due to
Due to
Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B P Herzog MD M. D.
Address 1305 N Patterson Pk Ave Date signed June 29

F 70657

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 70657 / 61

Registered No. .....

PRESS FIRMLY—WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 317 Wyman Park Drive
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 317 Wyman Park Drive
(If rural give location)
(e) If foreign born, how long in U. S. A.? .....years

12-1

3 (a) FULL NAME Rose Elmer Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Charles M. Scott
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 5, 1860

8. AGE: Years	Months	Days	If less than one day
79	9	24	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Wm. Preston,
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Catherine Allen
15. Birthplace Maryland

16 (a) Informant Mrs. Lillian A. Weaver
(b) Address 532 N. Decker Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2, 1940 (month) (day) (year)
(c) Cemetery or crematory St. Peters Cem.
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Penna. Avenues

19 (a) JUL 1 - 1940 (Date received by registrar) (b) Huntingtown, Calvert Co., Md.

VS 2

MEDICAL CERTIFICATION

A

20. DATE OF DEATH June 29, 1940, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 3, 1939 to June 29 1940, and that I last saw h FR alive on June 22 1940.

Immediate cause of death

Cardio. Renal disease — Duration 8 mo

Due to

Due to

Other Conditions Diabetes — 3 yr.

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George W. E. Cross M. D.
28 W 26th St
Date signed 6-29-40

F 70658

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 70658

131-A Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
Street No. 1603 Bloomingdale Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Gilbert Rowland

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-0562

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3, 1893

8. AGE: Years	Months	Days	If less than one day
47	3	26	hr. min.

9. Birthplace London, England (Town, county, and state)
10. Usual Occupation Turkish Bath Attendant
11. Industry or business

FATHER
12. Name Gilbert Rowland
13. Birthplace England

MOTHER
14. Maiden Name Emma Stacey
15. Birthplace England

16 (a) Informant Miss Rowland,
(b) Address 1603 Bloomingdale Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Penna. Avenues.

19 (a) (b)
Received by registrar JUL 1 1940 Burlington for Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/29 1940. at 4:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/5 1940. to 6/29 1940, and that I last saw h[illegible] alive on 6/28 1940

Immediate cause of death: Renal insufficiency — Duration

Due to Hypertensive C.V.R.D.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Cardiac hypertrophy
Of autopsy Chr. glomerulonephritis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. Glassman M.D.
Address Md. Gen. Hosp. Date signed 6/29/40

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70659 Registered No. 83-a

FOUNDED WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4217 Pimlico Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4217 Pimlico Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

15 5 3

3 (a) FULL NAME Thomas Garrett Solloway

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-18-2763

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of wife Edna F. Solloway
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1860

8. AGE: Years	Months	Days	If less than one day
79	11	5	hr. min.

9. Birthplace Galena, Maryland (Town, county, and state)
10. Usual Occupation Mariner
11. Industry or business Chesapeake S. S. Co.

FATHER
12. Name James G. Solloway
13. Birthplace Maryland

MOTHER
14. Maiden Name Adelaide Newman
15. Birthplace Maryland

16 (a) Informant Mrs. Edna F. Solloway
(b) Address 4217 Pimlico Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pennsylvania Avenues

19 (a) (Date received by Registrar) JUL 1 1940 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1940, at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1940 to June 29 1940, and that I last saw him alive on June 29 1940.

Immediate cause of death
Cerebral Hemorrhage
R. Hemiplegia
Due to General Arteriosclerosis
Palsy & Hypertension
Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
3 days
5 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Amos L. Ashenhurst M. D.
Address 4015 Park Heights Ave. Date signed 7-1-40

CCA

1265 F 70660

F 70660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:
Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 508 E. Eager St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rachel, Heffner

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-29-1857

8. AGE: Years	Months	Days	If less than one day hr.	min.
83	3	29		

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Thomas Poole

13. Birthplace England

MOTHER 14. Maiden Name Anne Moore

15. Birthplace N.J.

16 (a) Informant Records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1, '40
(month) (day) (year)

(c) Cemetery or crematory Loudenslager

Location Balto. Md.

18 (a) Funeral director Chas. S. Good

(b) Address Benson Md.

19 (a) JUL 1 - 1940 (Date rec'd by registrar) Hunting Town, William H. Baltimore, Hospital

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1940, at 4 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1935, to June 28 1940, and that I last saw her alive on June 28 1940.

Immediate cause of death: Hypertensive cardiovascular disease — Duration: unknown

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. Loudenslager M. D.

Date signed 6/28/40

3807 6H 70661 BALTIMORE CITY HEALTH DEPARTMENT F 70661

CERTIFICATE OF DEATH 47-D

Registered No.

Every item of information should be carefully supplied. PLEASE WRITE PLAINLY, WITH UNFADING INK. Ev... write the causes of death clearly and legibly. correct age is especially important. Physicians: please writ...

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 558 Gold St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Jessups

3 (b) If veteran, name war: No
3 (c) Social Security Account No. ?

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Pauline
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-4-85

8. AGE: Years 55 | Months 4 | Days 25 | If less than one day hr. min.

9. Birthplace VA (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James Jessups
13. Birthplace VA

MOTHER
14. Maiden Name Julia Shin
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location
18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Presstman St.
19 (a) Date received by local registrar JUL 1 1940 (b) Registered by (signature) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1940, at 12.40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 31 1940, to June 29 1940 and that I last saw him alive on June 29 1940.

Immediate cause of death: asphyxia; aspiration of

Due to: Carcinoma of lung

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy Ca of lung; abscess of lung;

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Woodman M. D.
Address J. H. H. Date signed 6-29

F 70662

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 70662 83-a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2825 Pelham Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yr 8 m

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2825 Pelham Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine F. Knoerr

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Frank X. Knoerr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 6-1878

8. AGE: Years 61 | Months 6 | Days 23 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Michael J. Murphy
13. Birthplace Ireland

MOTHER
14. Maiden Name
15. Birthplace Germany

16 (a) Informant Frank X. Knoerr
(b) Address 2825 Pelham Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2 40 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Leonard J. Luckey
(b) Address 2305 Garrison Blvd

19 (a) JUL 1 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE

20. DATE OF DEATH June 29 1940; at 7.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from at death 19 to 19; and that I last saw h alive on 19.

Immediate cause of death Coronary Embolism — Duration

Due to Terminal.

Due to Arterial Sclerosis.

Other Conditions ✓

(Include pregnancy within 3 months of death)

Major findings: ✓
Of operations
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? (Specify type of place)
(e) Means of injury

23. Signature John W. Packard M. D.
Address 1219 Eutaw Place Date signed 7/1/40

VS 3

H. L. Wollenweber, M.D., Assistant Medical Examiner

Item or information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

56385--M
F 70663

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 70663
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 207 N. Rose St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Hannan

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-14-15

8. AGE: Years	Months	Days	If less than one day
24	8	15th	hr. min.

9. Birthplace Balto.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Joseph
13. Birthplace Balto.

MOTHER
14. Maiden Name Margaret Marquardt
15. Birthplace Balto.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (b) Date thereof July 2 '40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenly
Location

18 (a) Funeral director Conrad Luce
(b) Address 5305 Harford Rd

19 (a) JUL 1 - 1940 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28, 1940 at 8:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6, 1940, to June 28 1940, and that I last saw him alive on June 28 1940.

Immediate cause of death Pulmonary tuberculosis — Duration 15 years

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy pulmonary tuberculosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul W. Roman M. D.
Address Balto City Hosp. Date signed 6-30-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 70664 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3033 Hamilton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3033 Hamilton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles M. Hochstedt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Henrietta F.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 21-1869

8. AGE: Years 71 | Months 3 | Days 6 | If less than one day hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Grocer

FATHER
12. Name Herman Hochstedt
13. Birthplace Germany

MOTHER
14. Maiden Name Rahm
15. Birthplace

16 (a) Informant Henrietta F. Hochstedt
(b) Address 4602 Ironwood Rd

17 (a) Burial (b) Date thereof July 1 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem
Location

18 (a) Funeral director Leonard Kuna
(b) Address 5345 Harford Rd

JUL 1 - 1940 (b)
(Registered by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1940 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940 to June 27 1940 and that I last saw him alive on June 27 1940.

Immediate cause of death	Duration
Hypertensive Heart Disease	
Coronary Sclerosis.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. B. Boyle M. D.
Address 5309 Harford Rd Date signed 7/1/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

70665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-B F 70665 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Caroline & Oliver

(c) Hospital or institution: St Josephs Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County City

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1106 N. Central Ave.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bernadette Shipley

3 (b) If veteran, name war ----------

3 (c) Social Security Account No. ----------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife ----------

6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) Sept. 4th, 1931

8. AGE: Years	Months	Days	If less than one day
8	9	25	--- hr. ----- min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER

12. Name John J. Shipley

13. Birthplace Baltimore, Maryland

MOTHER

14. Maiden Name Frances Preisinger

15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Frances Shipley

(b) Address 1106 N. Central Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.

Location Frederick Road, Balto. M. D.

18 (a) Funeral director George J. Ruth, Inc.

(b) Address 1735 Harford Avenue

19 (a) JUL 1 - 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-29-40 at 10.55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-25 1940, to 6-29 1940, and that I last saw her alive on 6-29 1940.

Immediate cause of death	Duration
Chronic glomerular nephritis (contracted, atrophic	
Due to kidneys Hydronephrosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy atrophic Kid. Hydronephrosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address St. Joseph's Hosp Date signed 6-30-40

(Dr. Schmidt)

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70666 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 44 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Rural (If outside city or town limits, write RURAL and give town)
(d) Street No. Middle River (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Doll

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mary Kellvaine
6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) 6/22/1868

8. AGE: Years	Months	Days	If less than one day
72	0	7	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name (Unknown) Doll
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Charles F. Doll (Son)
(b) Address Middle River

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1, 1940 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Taylor Avenue

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1736 Harford Avenue

19 (Date received by reg.) JUL 1 - 1940 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1940, at 6:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/16 1940, to 6/29 1940, and that I last saw him alive on 6/29 1940.

Immediate cause of death: Ca Bladder c retro peritneal metastases — Duration: 8 months
Due to —
Due to —
Other Conditions marked cachexia
(Include pregnancy within 3 months of death)
Major findings:
Of operations Carcinoma of Bladder
Of autopsy Same plus metastasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature D. Katherine Jr. M. D.
Address University Hospital Date signed 6/29/40

VS 3

F 70667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 70667 122-D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days 30 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Delaware (b) County
(c) City or town Wilmington (If outside city or town limits, write RURAL and give town)
(d) Street No. Rural (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sister Angela (Kienle)

3 (b) If veteran, name war ----------

3 (c) Social Security Account No. ----------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age ---years

7. Birth date of deceased (mo., day, yr.) Dec. 20th, 1896

8. AGE: Years	Months	Days	If less than one day
43	6	10	---hr. ---min.

9. Birthplace Wilmington, Delaware (Town, county, and state)
10. Usual Occupation Religious Order
11. Industry or business

FATHER
12. Name Frederick J. Kienle
13. Birthplace Wilmington, Delaware.

MOTHER
14. Maiden Name Katherine McClosky
15. Birthplace Wilmington, Delaware

16 (a) Informant Mission Helpers Record
(b) Address W. Joppa Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3, 1940 (month) (day) (year)
(c) Cemetery or crematory Mission Helpers Cem. W. Joppa Road
Location

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 (a) Filed July 1-1940 Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-30-40 19, at 12:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-20-40 19 to 6-30-40 19, and that I last saw her alive on 6-30-40 19.

Immediate cause of death: Pulmonary Embolism
Duration: 2 hrs
Due to: Intestinal obstruction
Due to:
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Laparotomy - Intestinal obstruction
Of autopsy: same as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McClafferty M. D.
Address Bon Secours Hosp Date signed 6-30-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 70668

F 70668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3146 W Lafayette Ave. St. 11-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Baby Proctor

If U. S. Veteran specify WAR .....

(a) Residence: No. 3146 W Lafayette Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6/29/40

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Albert Augustin Proctor

14. BIRTHPLACE (city or town) (State or country) Durham N. C.

MOTHER

15. MAIDEN NAME Geneva Lenora Proctor

16. BIRTHPLACE (city or town) (State or country) Harrisburg Pa.

17. INFORMANT Albert Proctor

(Address) 3146 W Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 7/1/40 19

19. UNDERTAKER Chas H Allgaier & Sons

(Address) 1700 Pennsylvania Ave

20. FILED JUL 1 1940 19 Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1940 to June 29, 1940

I last saw h... alive on June 29, 1940 Death is said to have occurred on the date stated above, at 9:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	
Other contributory causes of importance:	

Was an operation performed? — Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) E. Walter Sherrington M. D.

(Address) 201 N Caroy St.

V. S. 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 70669
56965 PS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

F 70669 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 920 Stoneleigh Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Coleman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
50 ?			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Cooks
11. Industry or business Farming

FATHER
12. Name Lucelus Coleman
13. Birthplace Virginia

MOTHER
14. Maiden Name Matilda Hick
15. Birthplace Virginia

16 (a) Informant B.C.H. records
(b) Address 943

17 (a) (Burial, cremation, or removal) (b) Date thereof July 3 1940 (Month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Md

18 (a) Funeral director Chas Galeski
(b) Address 1200 McCulloh

19 (a) [illegible] 1-1940 Huntington Williams M.D.
(Date received by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-30- 1940, at 6 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-29- 1940, to 6-30- 1940 and that I last saw h was alive on 6-30- 1940.

Immediate cause of death Subarachnoid hemorrhage
Hypertension CVD — Duration 2 days ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(c) Means of injury

23. Signature J. M. Waghelstein M. D.
Address Balto City Hosp. Date signed 6-30-40

F 70670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170-a

Registered No. F 70670

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 204 D
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1131 E Lexington st (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Beaureth Davis BEAURETH DAVIS

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-03-8967

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12th 1917

8. AGE: Years	Months	Days	If less than one day: hr.	min.
23		17		

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business lumber yard

FATHER
12. Name Herbert H Davis
13. Birthplace Lancaster S C

MOTHER
14. Maiden Name Corine Maultsby
15. Birthplace Charlotte N. C.

16 (a) Informant Corine
(b) Address 1131 E Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2nd 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location Brooklyn a. a co. Md

18 (a) Funeral director Byron Francis V. Wright
(b) Address 1218 McElderry St

19 (a) Date received by Registrar JUL 1 1940 Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1940, at 2 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Acute hemorrhagic gastroenteritis — **Duration**

Due to cause undetermined

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeier M.D.
Asst Medical Examiner.
Date signed 6-29-40

F 70671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-A

Registered No. F 70671

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1407 Edmondson Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1407 Edmondson Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME LAVINIA SMITH

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Widowed

6 (b) Name of husband or wife Henry Smith

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day: hr	min
54				

9. Birthplace Anne Arundel County
(Town, county, and state)

10. Usual Occupation domestic

11. Industry or business retired

FATHER
12. Name Nelson Wells
13. Birthplace Maryland

MOTHER
14. Maiden Name Jennie Smith
15. Birthplace Maryland

16 (a) Informant Henrietta Holiday
(b) Address same address

17 (a) (Burial, cremation, or removal) (b) Date thereof July 1, 1940 (month) (day) (year)
(c) Cemetery or crematory Locust Cemetery
Location Simpsville, Howard Co. Md.

18 (a) Funeral director Mrs. Katie C. Williams
(b) Address 322 N. Schroeder St

19 (a) Date rec'd by Registrar JUL 1 - 1940 (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1940 at 4 30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Malnutrition — Duration

Due to Cerebral hemorrhage

Due to

Other Conditions Paralysis, right side
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work)
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Date signed 6-26-40 Attending Medical Examiner

F 70672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131-a

Registered No. F 70672

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A.
(c) City or town Annapolis
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rural
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Willie Pennington

3 (b) If veteran, name war X

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of husband ~~or wife~~ Albert Pennington
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 4, 1877

8. AGE: Years	Months	Days	If less than one day: hr.	min.
62	7	25		

9. Birthplace Athens W. Va.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name William Bird
13. Birthplace Pearl Co. Virginia

MOTHER
14. Maiden Name Cynthia Hunter ~~Pettyjohn~~
15. Birthplace Pearl Co, Virginia

16 (a) Informant John E. Pennington
(b) Address Annapolis Md R.F.D. # 2

17 (a) Removal (Burial, cremation, or removal) **(b) Date thereof** July 1, 1940 (month) (day) (year)
(c) Cemetery or crematory Family Bird Cemetery
Location Hinton W. Va

18 (a) Funeral director Hudson Cook
(b) Address 1217 ~~4~~ Pearl St

19 JUL 1 - 1940 (Date rec'd by registrar) **(b)** Huntington Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1940, at 11:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1940 to June 29 1940 and that I last saw her alive on June 29 1940.

Immediate cause of death
Pulmonary Congestion
uremia
Due to Hypertensive Cardiovascular
renal disease.
Due to
Other Conditions Marked arteriosclerosis

(Include pregnancy within 3 months of death)

Duration 6-26-40

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph E. Muse Jr M. D.
Address University Hosp. **Date signed** 6-29-40

Howard A. Mudd M.D.
Chief Medical Examiner

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94-a

Registered No. F 70673

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2856 Rayner Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2856 Rayner Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Flaherty

3 (b) If veteran, name war —
3 (c) Social Security Account No. 217-05-9791

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of ~~husband~~ or wife Katherine Flaherty
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Nov 12, 1874

8. AGE: Years	Months	Days	If less than one day
65	7	18	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)
10. Usual Occupation Bookkeeper
11. Industry or business Health Dept City of Balto

FATHER
12. Name John Flaherty
13. Birthplace Balto - Md

MOTHER
14. Maiden Name Kate Doreen
15. Birthplace Balto - Md

16 (a) Informant Katherine Flaherty
(b) Address 2856 Rayner Ave

17 (a) Burial (b) Date thereof 7/3/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or ~~crematory~~ Cathedral
Location Balto - Md

18 (a) Funeral director William Cook
(b) Address 1217 W. Lexington St. Baltimore, Md.

19 (a) (b)
(Date rec'd by Local Registrar) Registrar

JUL 1 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1940, at 9:45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Coronary occlusion — **Duration**
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm B. Lander Jr. M.D.
Medical Examiner.
Date signed 6/30/40

F 56880-M

F 70674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160-a Registered No. F 70624

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1714 Mosher St. 1623
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Marshall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-26-40

8. AGE: Years	Months	Days	If less than one day
0 0	0	0	7 hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Earl Marshall
13. Birthplace Md.

MOTHER
14. Maiden Name Leslie Langston
15. Birthplace Md.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 6/27/40 (month) (day) (year)
(c) Cemetery or crematory Crematory
Location Baltimore City Hospitals

18 (a) Funeral director
(b) Address Baltimore City Hospitals

19 (a) JUL 1 1940 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/26/40 19 , at 5:30 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 6/26/40 19 , to 6/26/40 19 , and that I last saw her alive on 6/26/1940.

Immediate cause of death Prematurity (28 wks.) Duration 1 Day
Status Cranii Hemorrhage

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Thomas Dunn M. D.
Address Balto City Hosp. Date signed 6-27-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

F 70675 Registered No.

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 67 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 813 ½ Gollington ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 67 years

3 (a) FULL NAME Mary Kratochvil

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Michael Kratochvil
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 18, 1865
8. AGE: Years 74 | Months 11 | Days 12 | If less than one day hr. min.
9. Birthplace: Bohemia (Town, county, and state)
10. Usual Occupation: Housework
11. Industry or business: At Home

FATHER
12. Name: Frank Satt
13. Birthplace: Bohemia

MOTHER
14. Maiden Name: Barbara Hofron
15. Birthplace: Bohemia

16 (a) Informant: Jarva Kratochvil
(b) Address: 813 ½ Gollington ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3/40 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Baltimore, Md

18 (a) Funeral director: Frank Brachbeer
(b) Address: 1906 Eastlander ave

19 (a) JUL 1 – 1940 (Date received by registrar) Huntington Willard, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1940, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1940, to June 30 1940, and that I last saw her alive on June 30 1940.

Immediate cause of death: Hypostatic Pneumonia — Duration: 10 days
Due to: Fractured Hip with non-union — 9 mon
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following: Accident
(a) Accident, suicide, or homicide
(b) Date of occurrence September 1934
(c) Where did injury occur? Baltimore City Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury: Fall

23. Signature: [illegible] M. D.
Address: St. Joseph's Hospital Date signed 6-30-40

Dr Connolly Howard J. Haldeman Jr Chief Medical Examiner

70676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 70676 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Fayette & Calhoun Sts

(c) Hospital or institution Franklin Square Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) 2 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1211 W. Baltimore St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Scarlett Jean Hebron

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		14	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name George Hebron

13. Birthplace Baltimore

MOTHER

14. Maiden Name Jean Mickins

15. Birthplace Baltimore

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location [redacted] JUL 1 - 1940

18 (a) Funeral director Commissioner of Health

(b) Address Per H. A. Moore

19 (a) JUL 1 - 1940 (Date rec'd by registrar) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29, 1940 at 10:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/28 1940 to 6/29 1940 and that I last saw her alive on 6/29 1940

Immediate cause of death Bronchopneumonia

Due to

Due to

Other Conditions Prematurity

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. Bradley Daugharthy M.D.

Address Franklin Square Hosp. Date signed 6-29-40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70677

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131a

F 70677 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1036 N. Central Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1036 N. Central Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosa Boyd

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C.	Married

6 (b) Name of husband or wife David.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation Domestic (retired)
11. Industry or business

FATHER
12. Name ?
13. Birthplace N. C.

MOTHER
14. Maiden Name ?
15. Birthplace N. C.

16 (a) Informant David Boyd
(b) Address 1829 N. Spring St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md

18 (a) Funeral director Joseph B. Locke Jr.
(b) Address 1304 N. Central Ave.

JUL 1 1940 (a) (Date Received by Registrar) (b) Burlington Undertaking Co. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28- 1940 at 8:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/23 1940 to 6/28 1940 and that I last saw alive on 6/28 1940.

Immediate cause of death	Duration
Bronchopneumonia Acute Endocarditis	3 wks
Due to High blood Pressure	2 def.
Due to Cardio-Renal disease	Indef.
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jas R. Blake
Address 1327 N. Central Date signed 6/29/40

70678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 V

F 70678
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hempstead + Belvedere Ave
(c) Hospital or institution: Levendale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2412 Orleans st
(If rural give location)
(e) If foreign born, how long in U. S. A.) 27 years

3 (a) FULL NAME Esther Fraden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race white

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Late Samuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years 75 | Months | Days | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER
12. Name Isadore Mark
13. Birthplace Russia

MOTHER
14. Maiden Name Annie Machlen
15. Birthplace Russia

16 (a) Informant Sig Feinblatt
(b) Address Hempstead - Belvedere

17 (a) Burial (b) Date thereof 7-2-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Rodelph
Location Hamilton ave

18 (a) Funeral director Sol Levenson & Bro
(b) Address 1124-26 W North ave

19 (a) (Date rec'd by registrar) (b) Registrar

JUL VS 1 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1940, at 8:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-24 1933 to 7-1 1940, and that I last saw h.e alive on 6-30 1940.

Immediate cause of death — Duration
Acute Coronary Thrombosis
Diabetes Mellitus
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edmund Levin M.D.
Address Levendale Date signed 7/1/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 C Registered No. F 70679

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 m 12 d 2

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 104 E 25th St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME WILLIAM W. HALL 2nd.

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 219-03-0325

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife ✓

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1921

8. AGE: Years 18 Months 11 Days 24 If less than one day hr. min

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Engineer's Asst

11. Industry or business

FATHER
12. Name Albert R. Hall
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Adela Deale
15. Birthplace Balto Md.

16 (a) Informant Adela D. Hall
(b) Address 104 E. 25 St.

17 (a) Burial (b) Date thereof July 2/40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Lorraine
Location Balto. Md.

18 (a) Funeral director John Armistead & Sons
(b) Address Eutaw Place

19 JUL 1 1940 (b) Huntington Williams M.D.
(Date rec'd by registrar) (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1940, at 12 05 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Pneumothorax, traumatic bilateral — Duration

Due to Fractures, clavicle, ribs, bilateral

Due to

Other Conditions Shock, traumatic

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence June 28, 1940 (about 6 P.M.)
(c) Where did injury occur? Old Annapolis Rd near Shirley Rd Balto Co
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public Road While at work?
(Specify type of place)
(e) Means of injury Passenger in car which overturned

23. Signature H. L. Wallenmaier M.D.
Medical Examiner.

Date signed 6-29-40.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931

Registered No. F 70680

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 Overhill Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -----
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1225 Bolton St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary R. Harris

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife [illegible]
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 1, 1857

8. AGE: Years	Months	Days	If less than one day
83	1	1	hr. ..... min.

9. Birthplace ----- [illegible]
(Town, county, and state)
10. Usual Occupation [illegible]
11. Industry or business

FATHER
12. Name [illegible]
13. Birthplace ----- [illegible]

MOTHER
14. Maiden Name [illegible]
15. Birthplace [illegible]

16 (a) Informant [illegible]
(b) Address 1225 Bolton St.

17 (a) [illegible] (b) Date thereof 7/1/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory [illegible]
Location Kent County, Maryland

18 (a) Funeral director H. W. Mears & Son
(b) Address 205 West Lafayette Street

JUL 1 - 1940 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1940 at 7:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1917, to June 30 1940 and that I last saw h Ev alive on June 29, 1940

Immediate cause of death
Chronic Myocardial Disease
Heart Failure
Due to Arterio Sclerosis -
Due to Deformities of Age -
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy Not Autopsy -

Duration
?
1 yrs.
½
-
—

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas W. Lamed M. D.
Address 1327 Park Ave Date signed July 1-40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

70681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

927

Registered No. F 70681

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 720 Redwood
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 720 Redwood St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin Wright

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Annie Phillips

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-1-1865

8. AGE: Years 75 | Months 5 | Days 28 | If less than one day hr. min.

9. Birthplace Richmond Va
(Town, county, and state)

10. Usual Occupation unemployed

11. Industry or business

FATHER
12. Name Benjamin Wright
13. Birthplace Richmond Va

MOTHER
14. Maiden Name Emma ?
15. Birthplace Richmond Va

16 (a) Informant Dept. Public Welfare
(b) Address 227 St. Paul St.

17 (a) Burial (b) Date thereof 7 / 1 / 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md

18 (a) Funeral director Charles S. Corbin
(b) Address 514 N. Calhoun St.

19 (a) July 1 1940 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1940 at 10 30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1940 to June 25 1940 and that I last saw him alive on June 25 1940.

Immediate cause of death
(a) Hr Endocarditis
(b) Myocarditis
Due to arterio sclerosis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Trimble M. D.
Address 1111 Dell Date signed 6/30/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

F 70682

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

117-W

Registered No. F 70682

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 628 W. Redwood St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Shelley.

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-0439

4. Sex M. | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Rebecca

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) 11-30-1887.

8. AGE: Years 52 | Months 7 | Days 1 | If less than one day hr. min.

9. Birthplace Battleboro N. C. (Town, county and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER
12. Name David Shelley
13. Birthplace N. C.

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Rebecca Shelley
(b) Address 628 W. Redwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 5 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Penna ave

JUL 1 — 1940 Huntington Williams Registrar
(Registered by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/1 1940. at 6.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/15 1940 to 7/1 1940 and that I last saw h alive on 6/30 1940.

Immediate cause of death: Perforated Gastric ulcer - peritonitis — Duration 3 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Gastric ulcer perforated with fever

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. A. Jackson

Address 600 N. Arlington Ave Date signed 7/1/40

F 70683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

154

Registered No. F 70683

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County St Mary's
(c) City or town Holly Wood (If outside city or town limits, write RURAL and give town)
(d) Street No. Rural (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James L. Burch

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1927

8. AGE: Years	Months	Days	If less than one day hr.	min.
13				

9. Birthplace Md (Town, county, and state)
10. Usual Occupation school boy
11. Industry or business

FATHER 12. Name William Burch
13. Birthplace Md

MOTHER 14. Maiden Name Eva Meade.
15. Birthplace Md

16 (a) Informant William Burch
(b) Address Holly Wood Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-40 (month) (day) (year)
(c) Cemetery or crematory St Joseph
Location Mt Pavel Md

18 (a) Funeral director Jos C. Mattingly
(b) Address Leonardtown Md

19 (a) JUL 1 - 1940 (Date rec'd by registrar) (Huntington Williams, M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1940, at 9'5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1940 to July 1 1940 and that I last saw h alive on July 1 1940

Immediate cause of death	Duration
Staph. Anemia Septicemia	14 days
Acute Osteomyelitis	14 days
Due to defected wound of right hand	
Due to Dog bite.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Acute osteomyelitis Periostial abscess
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James B. Nuttall M. D.
Address University Hospital Date signed 7/1/40

VS 8

F 70684

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 70684 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1215 N Chatham St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 N. Chatham St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Briggs

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C.	married

6 (b) Name of husband or wife Carrie Briggs
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1874

8. AGE: Years	Months	Days	If less than one day: hr	min
66	4			

9. Birthplace Dinwiddie Co Va (Town, county, and state)
10. Usual Occupation Labor
11. Industry or business

FATHER
12. Name Winfield Briggs
13. Birthplace Dinwiddie Co Va

MOTHER
14. Maiden Name Sallie Benton
15. Birthplace Greenville Co Va

16 (a) Informant Carrie Briggs
(b) Address 1215 Chatham St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2-1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A. R. Co Md

18 (a) Funeral director Robert Mitchell
(b) Address 15 E Lafayette Ave Baltimore, Md.

19 JUL 2 - 1940 (b) — Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1940, at 7:15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Cerebral haemorrhage — Duration: 3 mos.
Due to: Cerebral Arteriosclerosis
Due to:
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Helfrich M.D.
Medical Examiner.
Date signed 6/28/40

VS 6

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70685

F 70685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 E Monument St., 7-5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hattie Stanley

If U. S. Veteran specify WAR

(a) Residence: No. 1507 E. Monumnent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

5a. If married, widowed, or divorced (or) WIFE of LeRoy Stanley

6. DATE OF BIRTH (month, day, year) 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Carolina

FATHER

13. NAME Robert Brown

14. BIRTHPLACE (city or town) (State or country) S Carolina

MOTHER

15. MAIDEN NAME Mare ?

16. BIRTHPLACE (city or town) (State or country) S Carolina

17. INFORMANT Mame Stanley

(Address) 1507 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date July 3 1940

19. UNDERTAKER Peter M Higgins & Sons

(Address) 1515 M Pulaski

20. FILED JUL 2 1940 Huntington Wallace M.R. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from 6/24, 1940, to June 28, 1940.

I last saw her alive on June 27, 1940. Death is said to have occurred on the date stated above, at 10.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6/24/40

Other contributory causes of importance:

Cardiac Decompensation

Myocardial Degeneration

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert L Taylor M. D.

(Address) 822 N. Bond St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

56942-PS

F 70686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 70686

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5330 Denmore Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John M. Christy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Magdalene
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 7, 1868

8. AGE: Years	Months	Days	If less than one day
71	8	22	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name John
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Holliday
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-40 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1631 N. Gilmor St. Baltimore, Md.

19 JUL 2- 1940 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-29- 1940, at 2.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-28- 1940, to 6-29- 1940, and that I last saw h alive on 6-29- 1940.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension CVD

Duration 10 days 7

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp Date signed 6-29-40

VS 3

F 70687
382001

F 70687

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH ✓ 139 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1625 E Fayette
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Jones ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: BLACK | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-2-04

8. AGE: Years 36 | Months | Days | If less than one day hr. min.

9. Birthplace VA
(Town, county, and state)

10. Usual Occupation H. Wife

11. Industry or business

FATHER 12. Name WARREN JONES
13. Birthplace VA

MOTHER 14. Maiden Name Nellie Shooks
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof July 3 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn, Md

18 (a) Funeral director A Hahn
(b) Address 918 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 3
VS-6

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1940, at 920 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1940, to June 27 1940, and that I last saw her alive on June 27 1940.

Immediate cause of death: Salpingitis, bilateral; peritonitis, fibropurulent; Due to lobular pneumonia. Duration: one

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged [illegible]

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Douglass D. Fear M. D.
Address Johns Hopkins Hosp. Date signed 6-30-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-a F 70688
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2026 Etting St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life time

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 2026 Etting St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

15
14

3 (a) FULL NAME Frances Wormley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife William E. Wormley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, 1869

8. AGE: Years 71 | Months 1 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William White
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Catherine Thomas
15. Birthplace Baltimore, Md

16 (a) Informant Julia Johnson
(b) Address 47 St. Nicholas Ave N.Y.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location

18 (a) Funeral director Mrs. R. A. Elliott & Daughter
(b) Address 129 S. Carlton St.

19 42-1940 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/1 1940, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/30 1940 to 7/1 1940 and that I last saw her alive on 7/1 1940.

Immediate cause of death Cerebral Apoplexy
Due to Paralysis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
0 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. B. M. R. Smith M. D.
Address 213 Dumas Hill Ave Date signed 7/1 1940

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians:

F 70689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 70689 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1412 William St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1412 William St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William A. Melvin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married

6 (b) Name of husband or wife Minnie A. Pumphrey
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) April 2, 1872

8. AGE: Years	Months	Days	If less than one day
68	2	28	hr. min.

9. Birthplace Roanoke City, Md
(Town, county, and state)
10. Usual Occupation Minister
11. Industry or business

FATHER
12. Name S. Douglas Melvin
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah V. Aydelotte
15. Birthplace Md

16 (a) Informant Mrs. W. A. Melvin
(b) Address 1412 William St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave

18 (a) Funeral director J. J. McCarthy
(b) Address 130 E. Fort Ave.

19 (a) JUL 2 - 1940 (Date rec'd by registrar) Huntington Williams, M. D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1940 at 12:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1939 to June 1940, and that I last saw him alive on June 30 1940.

Immediate cause of death
Diabetes Mellitus — 15 yrs
Myocarditis — 5 yrs
Due to Arteriosclerosis — 5 yrs
Due to
Other Conditions Chronic Nephritis — 5 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Napoleon Fokes M. D.
Address 1212 Fulton Ave Date signed 7-1-40

VS 3

F 70690

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70690

CERTIFICATE OF DEATH

27-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen. Hosp. St., 23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Raymond William Jeffries

If U. S. Veteran specify WAR

(a) Residence: No. 1400 Marshall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 1, 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	8 9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Arthur Jeffries

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Emma Smith

16. BIRTHPLACE (city or town) (State or country) Bucks Co. Pa.

17. INFORMANT Mrs. Arthur Jeffries
(Address) 1400 Marshall

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 7-3-40 19

19. UNDERTAKER F. J. McCauley
(Address) 130 E. Fort Ave.

20. FILED ... 19 ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1940 to July 1, 1940

I last saw him alive on June 30, 1940 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery	1 Day
Cause unknown	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. L. Clark M. D.

(Address) 2022 E. Fort Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUL 2-1940 Hunting for Williams, M.D.

F 70691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 70691

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1504 Bell Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1504 Bell Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

24 ?

3 (a) FULL NAME Charles Evans

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Frances Burke

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Sept. 2, 1897

8. AGE:	Years	Months	Days	If less than one day
	42	9	9	hr. min.

9. Birthplace Frederick Co. Md. (Town, county, and state)

10. Usual Occupation Engineer W. Md

11. Industry or business ?

FATHER
12. Name
13. Birthplace Md. ?

MOTHER
14. Maiden Name
15. Birthplace Md.

16 (a) Informant Mrs. C. A. Evans

(b) Address 1504 Bell St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-4-40 (month) (day) (year)

(c) Cemetery or crematory Kemptown Cem

Location Kemptown, Md.

18 (a) Funeral director J. J. McCarthy

(b) Address 1506 Fort Ave.

19 (a) (b)

Date (Registrar) Registrar

JUL 2 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-30 1940 at 6 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Disease — Duration over

Due to Arteriosclerosis

Due to Coronary thrombosis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Malone M.D.
Medical Examiner

Date signed 7-1-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V83-a

Registered No. F 70692

Write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1810 South Charles Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry E Martin

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: Unknown

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 23, 1888

8. AGE: Years 51 | Months 8 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Edward F. Martin
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Anne E. Martin
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-40 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave

18 (a) Funeral director William M Marsek
(b) Address 715 Light St

19 (a) JUL 2 1940 (Date received by Registrar) (b) [signature] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1, 1940, at 3:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940, to July 1, 1940, and that I last saw him alive on July 1, 1940.

Immediate cause of death: Subarachnoid hemorrhage, spontaneous — Duration: 3 hrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M.D.

Address U.S.Marine Hospital Baltimore, Maryland. Date signed 7/1/40

F 70693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46-F 70693 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 29 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Garrett
(c) City or town Swanton
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6 Rural
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME William Chester Williams

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	213 16 9933

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) August 10, 1888

8. AGE: Years	Months	Days	If less than one day
51	10 9	19	..... hr. ..... min.

9. Birthplace Parkersburg, West Virginia (Town, county, and state)
10. Usual Occupation Cook-B & O RR
11. Industry or business Railroad

FATHER
12. Name George Williams
13. Birthplace Grafton, West Virginia

MOTHER
14. Maiden Name Mary Ford
15. Birthplace Grafton, W. Va.

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2-40 (month) (day) (year)
(c) Cemetery or crematory National
Location Balto

18 (a) Funeral director Jos. J. Sterrhorn
(b) Address 301 E. Kentucky ave

19 (a) July 2 1940 Huntington Williamsport Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29, 1940, at 7:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1, 1940, to June 29, 1940, and that I last saw him alive on June 29, 1940.

Immediate cause of death Carcinoma of the common bile duct with metastasis to the liver — Duration: Unknown

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations Cholecystogastrostomy; Venoclycis; Exploratory Laparotomy
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature T. M. H. Anderson, M.D.
Address U.S.Marine Hospital, Baltimore, Maryland. Date signed 7/1/40

Please write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

VS 3

F 70694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70694 Registered No. 33-B

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 828 N.LAKEWOOD AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 828 N.LAKEWOOD AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME JAMES D.HARRIS

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife KATHRINE M.HARRIS

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) JUNE 13 1886

8. AGE: Years 54 | Months 0 | Days 15 | If less than one day ... hr. ... min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation POLICE OFFICER

11. Industry or business BALTO.CITY

FATHER
12. Name JAMES HARRIS
13. Birthplace BALTO.MD.

MOTHER
14. Maiden Name ALMIRA PEACOCK
15. Birthplace BALTO.MD.

16 (a) Informant KATHRINE M.HARRIS (WIFE)
(b) Address 828 N.LAKEWOOD AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 2/40 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE.EXT.

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S.WOLFE ST.

19 (a) JUL 2 - 1940 (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 28 1940 at 3/45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1940 to June 28 1940 and that I last saw him alive on June 28 1940.

Immediate cause of death: Coronary Sclerosis
Duration:
Due to: Grippe - acute Hepatitis
Due to:
Other Conditions: —
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State) —
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Andrew Kunsowski

Address 2529 Eastern av Date signed 6/29/40 (M. D.)

VS 3

F 70695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193-D

F 70695 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 226 S. BOULDIN ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 226 S. BOULDIN ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ELIZABETH HERZ

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: ERNEST HERZ
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): MAY 26-1869

8. AGE: Years 71 | Months 1 | Days 4 | If less than one day: hr. min.

9. Birthplace: BALTIMORE MD. (Town, county, and state)
10. Usual Occupation: HOUSE WIFE
11. Industry or business

FATHER
12. Name: JOHN FORLECK
13. Birthplace: GERMANY

MOTHER
14. Maiden Name: UNKNOWN
15. Birthplace: GERMANY

16 (a) Informant: FLORENCE YINGLING (DAUGHTER)
(b) Address: 3706 MT. PLEASENT AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 3-40 (month) (day) (year)
(c) Cemetery or crematory: TRINITY CEM.
Location: ODONNELL ST.

18 (a) Funeral director: Lilly & Zeiler INC.
(b) Address: 403 S. WOLFE ST.

JUL 2-1940 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 30 1940, at 6A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940, to June 30 1940, and that I last saw her alive on June 29 1940.

Immediate cause of death: Chronic Myocarditis — Duration: Gradual
Due to: Arteriosclerosis — Duration: Gradual
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Horace B Tilson M. D.
Address 315 S Highland Date signed 7/1/40

70696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

F 70696

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 650 Washington Blvd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City Balto.
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 650 Washington Blvd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Rose Whipples

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4 ~~Sex~~ Fem.

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Geo. A. Whipple

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept. 20-1869

8. AGE: Years 70 | Months 9 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Home work

11. Industry or business at home

FATHER 12. Name Peter Schellinberger

13. Birthplace Not known

MOTHER 14. Maiden Name Not known

15. Birthplace Not known

16 (a) Informant Mrs. Frank Small

(b) Address 3202 Orlando Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-40 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet Cem

Location Balto Md.

18 (a) Funeral director Bernard C Hasle

(b) Address 121 E Mt St

19 JUL 2 — 1940 (Registered by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1st 1940, at 2.35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1940 to July 1 1940 and that I last saw ... alive on June 30 1940.

Immediate cause of death: Cerebral hemorrhage.

Due to: Arteriosclerosis & hypertension.

Due to: .....

Other Conditions: Emphysema.

(Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John C. Johnson M.D.

Address 1375 Cleveland Date signed 7/1/40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

70697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 70697 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 713 E. Fort Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 713 E Fort Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Addie Schuman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25. 1867

8. AGE: Years	Months	Days	If less than one day
72	6	6	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name William. PoTee
13. Birthplace Baltimore

MOTHER
14. Maiden Name Catherine.
15. Birthplace Baltimore

16 (a) Informant Ema. Walters
(b) Address 713 E Fort ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4-40 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet.
Location Fredrick Ave

18 (a) Funeral director Joseph Krasins/Krasnow
(b) Address 602 Washington, Blvd.

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 2- 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1, 1940, at 1 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10, 1939, to July 1, 1940, and that I last saw h[er] alive on June 30, 1940.

Immediate cause of death Coronary Thrombosis — Duration 1 day

Due to Chronic Myocardial Degeneration — Duration 2 yrs

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Ballard M. D.
Address 707 E. Fort Ave. Date signed 7-1-40

F 70698

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126 Registered No. F 70698

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 826 No. Linwood St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Mrs Helene Witting

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widowed

6 (b) Name of husband or wife Andrew Witting
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23 - 1871

8. AGE: Years	Months	Days	If less than one day
69		5	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Riesner
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Andrew Witting (Son)
(b) Address 826 No. Linwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2/40 (month) (day) (year)
(c) Cemetery or crematory Bal Lawn Cem.
Location Eastern Ave.

18 (a) Funeral director John F. Miller
(b) Address 2[illegible] Jefferson St

19 July 2 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1940, at 2:05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1940, to June 28 1940, and that I last saw her alive on June 28 1940.

Immediate cause of death Uremia — Duration 7 days
Due to Shock — 2½ hrs.
Due to Stone in common gall bladder duct — 3 yrs.
Due to
Other Conditions Arteriosclerosis — 1 yr.
(Include pregnancy within 3 months of death)

Major findings:
Of operations Stone in common duct.
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. R. Compton M. D.
Address Church Home & Inf. Date signed 6-28-40

VS 3

F 70699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5 4 B

Registered No. F 70699

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 518 S Paca St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 72

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 518 S Paca St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARGARET SINGER

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Frank Singer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 25th 1883

8. AGE: Years	Months	Days	If less than one day
57 Yrs	10	6	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name	John Gellmeyer
13. Birthplace	Germany
MOTHER 14. Maiden Name	Theresa Hoffman
15. Birthplace	Md

16 (a) Informant Mrs Smith
(b) Address 1005 N Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3rd 1940 (month) (day) (year)
(c) Cemetery or crematory St Matthews burial
Location Old Bonnel St Ext

18 (a) Funeral director Leo G. Lebherz
(b) Address 1701-03 N Patt Park Ave

19 (a) (Date received by local registrar) (b) Huntington Williams M.D. Registrar

JUL 2 1940

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1st 1940, at 1:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Pneumonia, hypostatic	
Due to Chronic hypertrophic arthritis.	
Due to	
Other Conditions Malnutrition	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 7-1-1940

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70700

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

139-ar

Registered No. F 70700

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 or 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2448 Brentwood ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dorothy Turner

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11, 1922

8. AGE: Years	Months	Days	If less than one day
18	0	20	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Turner
13. Birthplace Virginia

MOTHER
14. Maiden Name Rosa Carter
15. Birthplace Va.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. G. Md

18 (a) Funeral director Mrs. Elliott-daughter
(b) Address 1924 E. Baltimore st.

JUL 2 1940

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1940, at 2.56 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1940 to — 19..., and that I last saw her alive on July 1 1940.

Immediate cause of death: Peritonitis + salpingitis — Duration: one

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Brown

Address Johns Hopkins Hosp. Date signed July 3/40 (M D)

William D. Kelbrich, M.D.
Medical Investigator

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 70701

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 131 ½ Fulton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street 131 ½ Fulton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CLARA HILL

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, ~~and year~~) 1860

8. AGE: Years 80 | Months | Days | If less than one day hr. min.

9. Birthplace Martinsburg W Va
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Christopher C Hill
13. Birthplace Frederick Md

MOTHER
14. Maiden Name Olivia Carnahan
15. Birthplace W Va

16 (a) Informant Margaret R Hill
(b) Address Washington DC

17 (a) Interment (b) Date thereof July 5 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenhill
Location Martinsburg W Va

18 (a) Funeral director H M Cook
(b) Address 1211 ½ Pearl St

19 JUL 2- 1940 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1940, at 11 3/4 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Arteriosclerosis	2 wks
heart disease	
Due to	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. L. Wallenweber M.D.
Medical Examiner.
Date signed 7-2-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D Registered No. E 70702

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1744 E North Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1744 E North Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth Keil

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Frederick Keil

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 6 1851

8. AGE: Years 89 | Months 4 | Days 26?4 | If less than one day hr. min.

9. Birthplace Baltimore City (Town, county, and state)

10. Usual Occupation Home work

11. Industry or business

FATHER
12. Name Joseph Burger
13. Birthplace Germany

MOTHER
14. Maiden Name Schultz
15. Birthplace Germany

16 (a) Informant Mrs Maggie Mogge
(b) Address 2244 E Hoffman

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4 - 1940 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore

18 (a) Funeral director Grand Mogge
(b) Address 814 N 36 St

19 (a) (Date rec'd by registrar) (b) Huntington Nitis Registrar

JUL 3 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1940, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940, to July 1 1940, and that I last saw her alive on — 19—

Immediate cause of death: Acute Dilatation Heart — Duration: 1 day

Due to:

Due to: Chronic Myocarditis — 1 yr

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall

Address 1631 E North Av Date signed 7/1/40 M. D.

H. L. Wollenweber M.D. Attending Physician
Dr. E. E. Brantigan Consulting

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 70703

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2830 Overland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2830 Overland Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edgar Lee Davis.

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-8797

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1883

8. AGE: Years	Months	Days	If less than one day
57	1	17	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business Pittsburgh Plate Glass

FATHER
12. Name John Davis
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Alice J. Sauerhoff
15. Birthplace Maryland

16 (a) Informant Virginia Davis
(b) Address 2630 Overland Ave

17 (a) Mt Olive (Burial, cremation, or removal) (b) Date thereof 7/4/40 (month) (day) (year)
(c) Cemetery or crematory Mt Olive Memorial
Location

18 (a) Funeral director Lenard J. Ruck
(b) Address 5305 Harford Rd

JUL 2 - 1940 (Date rec'd by registrar)
Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1940, at 5:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death — Duration

Coronary Occlusion — 10 Min

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William G. Seibert M.D.
Medical Examiner
Date signed 7/1/40 Amended

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

70704

BALTIMORE CITY HEALTH DEPARTMENT 93-D

CERTIFICATE OF DEATH

29589 SD Registered No. F 70704

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals 20-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 16 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2117 W. Fairmount Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Berger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Widowed

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/20/1862

8. AGE: Years	Months	Days	If less than one day
78	1	10	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Work
11. Industry or business

FATHER
12. Name Jake
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Mary Collins
15. Birthplace Pennsylvania

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/3/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ St. Peters
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1132 St. Paul St

19 JUL 2 - 1940 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-30- 1940, at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-6- 1938 to 6-30- 1940, and that I last saw h[illegible] alive on 6-30- 1940

Immediate cause of death Coronary Thrombosis — Duration 3 Days

Due to Hypertension A-S. Heart — Duration ?

Due to disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Millard Tawes M. D.
Address Balto City Hosp Date signed 7-1-40

E 70705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. E 70705

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edmondson Avenue
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) ½ hr
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2605 N. Woodyear St.
(If rural give location)
16
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Cleod Bailey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10 - 1936

8. AGE: Years	Months	Days	If less than one day
3	8	19	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Bailey
13. Birthplace Md.

MOTHER
14. Maiden Name Anna Smith
15. Birthplace Md.

16 (a) Informant Anna Bailey
(b) Address 605 N. Woodyear

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) [redacted] SCHOOL JUL 2 - 1940
Location Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 (a) JUL 2 - 1940 Huntington Williams M.D.
(Date received by registrar) Registrar

VS 8

5730

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 27 1940, at 5:11 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-27 1940, to 6-27 1940, and that I last saw h e r alive on 6-27 1940.

Immediate cause of death	Duration
Drowning	
Malnutrition	0 0 hr
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Little M. D.
Address University Hosp. Date signed 6-27

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70706
38166

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

54B

F 70706
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Wicomico
(c) City or town Clara
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rural
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Wainwright

3 (b) If veteran, name war
3 (c) Social Security Account No. (None)

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-29-13

8. AGE: Years	Months	Days	If less than one day
24	6	1	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Robert Wainwright
13. Birthplace Md.

MOTHER
14. Maiden Name Bessie Fisherch
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 7 3 40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Salisbury Md
Location Salisbury, Md.
18 (a) Funeral director Archibald A. Taylor
(b) Address 2101 Mc Culloh

19 (a) JUL 2 1940 (b) Huntington Williams, M.D.
(Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1940, at 9 a M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1940, to June 30 1940, and that I last saw him alive on June 30 1940.

Immediate cause of death	Duration
Post Operative Pneumonia	7 days
Due to	
Due to	
Other Conditions Malignant Brain Tumor	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Malignant Left Temporal Lobe Tumor
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William E. Grose M. D.
Address Johns Hopkins Hosp. Date signed 6-30-40

Correct causes of death clearly and legibly. Physicians: please write the cause especially important.

70707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

913 Registered No. F 70707

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 106 Asquith St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 106 Asquith St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maurice B. Dodd

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M. | 5. Color or race C. | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/15/1897

8. AGE: Years 42 | Months 11 | Days 16 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Music Instructor

11. Industry or business

FATHER
12. Name Thomas A. Dodd
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Josephine Drusty
15. Birthplace Md

16 (a) Informant Mary F. Dodd
(b) Address 1408 Harford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/4/40 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md

18 (a) Funeral director Joseph B. Locke, Jr.
(b) Address 1327 N. Central Ave.

19 (a) JUL 2- 1940 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/1 1940 at 12.02 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/25 1940 to 7/1 1940
and that I last saw him alive on 7/1 1940.

Immediate cause of death: Acute Endocarditis — Duration 3 days
Due to Pleurisy non-Alcoholic — Duration 10 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy V

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jas. R. Blake
Address 1327 N. Central Date signed 7/2/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 70708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 70708

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town Havre de Grace
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rural
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Harry BODEIN

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Carrie William
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) April 30, 1898

8. AGE: Years	Months	Days	If less than one day
42	2	2	..... hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Clerk, U.S.Post Office
11. Industry or business Federal Government

FATHER
12. Name Henry Bodein
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Fannie Beaver,
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, removal) (b) Date thereof July 2, 1940 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery Baltimore Co. Md.
Location [illegible]

18 (a) Funeral director Wm. A. Tattersall
(b) Address Perryville, Md.

19 (a) JUL 2 - 1940 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2, 1940, at 11:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 30, 1940, to July 2, 1940, and that I last saw him alive on July 2, 1940.

Immediate cause of death	Duration
Coronary thrombosis	2 weeks
Due to Arteriosclerosis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. M. H. Anderson M. D.
Address U.S.Marine Hospital, Baltimore, Maryland. Date signed 7/2/40

VS 3

F3 1956 70709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

Registered No. F 70709

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1750 Bank St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Raymond W. Ditonno

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-11-39

8. AGE: Years	Months	Days	If less than one day
1		20	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John D. Ditonno
13. Birthplace Pa.

MOTHER
14. Maiden Name Marie Cryezkowska
15. Birthplace Md.

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/3/40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Wendell J. Dippel
(b) Address 1400 S. Gough St

19 (a) JUL 2 1940 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1940 at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1940 to July 1 1940, and that I last saw h[illegible] alive on July 1 1940.

Immediate cause of death Sinus Thrombosis — Duration 1 wk

Due to

Due to

Other Conditions Burns, 2nd degree — 6 wks

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence May 17, 1940
(c) Where did injury occur? 1750 Bank Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Fell [illegible] Scald

23. Signature Henry P. Boldberg M.D.
Address Johns Hopkins Hosp. Date signed 7-1-40

VS 3

Form 6 W.B. Buildings

70710

HEALTH DEPARTMENT—CITY OF BALTIMORE

70710

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH — Registered No. 2034

CITY OF BALTIMORE: (No.) 126 S. Calverton Road (Ward) 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Annie R. Collins — If U. S. Veteran specify WAR

(a) Residence: No. 126 S. Calverton Road St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles E. Collins

6. DATE OF BIRTH (month, day, year) January 27-1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Adam Gehring

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Caroline Hinkel

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Charles E. Collins (Address) 126 Calverton Road.

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date July 4 1940

19. UNDERTAKER George L. Pennat (Address) 2101 Eutaw Ave.

20. FILED 19 Registrar

JUL 2 - 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1st, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1939, to July 1, 1940

I last saw h alive on July 1, 1940. Death is said to have occurred on the date stated above, at 6 P.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Hypertensive	
cardio-vascular disease	Nov. 1939

Other contributory causes of importance:

none

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Benjamin Miller, M. D.

(Address) 2030 Wilkens ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 70711

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13-B

F 70711
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 610 Reservoir St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 610 Reservoir St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Grace

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or divorced	6 (b) Name of husband ~~or wife~~	6 (c) If alive, give age
Female	White	Widowed	Charles A. Grace	— years

7. Birth date of deceased (mo., day, yr.) Aug 25th 1868

8. AGE: Years	Months	Days	If less than one day
71	10	7	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name James McAllister
13. Birthplace Ireland

MOTHER
14. Maiden Name Sarah (Unknown)
15. Birthplace Ireland

16 (a) Informant George Schlisper
(b) Address 2918 Sylvan Ave

17 (a) Burial (b) Date thereof 7/5/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Date received by local registrar JUL 3 1940 (b) Signature of local registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2nd 1940, at 8 a.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-30 1940, to 7-2 1940, and that I last saw her alive on 7-1 1940.

Immediate cause of death	Duration
Acute Pulmonary Edema	3 days
Due to Arteriosclerotic Cardiovascular Disease	
Due to [illegible]	
Other Conditions Chronic Interstitial Nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugo Costantini M. D.
Address 711 S. Conkling St. Date signed 7-2-40

70712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-B

Registered No. F 70712

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: ST JOSEPH'S HOSPITAL.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (~~yrs., mos., or~~ days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3113 W. Garrison Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MRS. MARIE ZIEMSKI

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of husband ~~or wife~~ John S. Ziemski
6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) June 21st 1910

8. AGE: Years	Months	Days	If less than one day hr.	min.
30	0	11		

9. Birthplace Balto Md.
(Town, county, and ~~state~~)
10. Usual Occupation House wife
11. Industry or business At Home

FATHER
12. Name John F. Dotterweich
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Emma B. Kuhn
15. Birthplace Germany

16 (a) Informant Emma B. Dotterweich
(b) Address 3113 W. Garrison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mayland Park
Location Parkville Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

19 (a) JUL 3 1940 (Date rec'd by Registrar) (b) Washington Village, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/2 1940, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/29 1940, to 7/2 1940, and that I last saw her alive on 7/1 1940.

Immediate cause of death Renal Failure — Duration 4 days.
Due to Active Pulmonary Tuberculosis — 7 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Karp Smith M. D.
Address St Joseph's Hospital Date signed 7-2-40

Dr Schmidt.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70713

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193-D

F 70713
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland ✓
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 22 E. 25th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Miss Florence Grebbs

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29th about 1862

8. AGE: Years	Months	Days	If less than one day
about 78	9	2	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Nurse (Retired)
11. Industry or business Millinery

FATHER
12. Name William Grebbs
13. Birthplace ?

MOTHER
14. Maiden Name Annie Rhoades
15. Birthplace Balto. Md.

16 (a) Informant Sister
(b) Address

17 (a) Burial (b) Date thereof 7/3/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto Md.

18 (a) Funeral director Wm Cook.
(b) Address 127 St Paul St

19 (a) (Date rec'd by registrar) JUL 8 1940 (b) Huntington Hillegass Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1940 at 3.35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1940 to July 1 1940 and that I last saw her alive on July 1 1940.

Immediate cause of death Hypostatic Pneumonia — Duration 3 wks

Due to Hypertensive Heart Disease

Due to Parkinsonian Syndrome

Other Conditions Generalized Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Reismann M. D.
Address Date signed 7-1-40

F 70714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52-B

F 70714 Registered No. 54098

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days 3 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street 618 Houser Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Stanley

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife Mary (d.)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1867

8. AGE: Years	Months	Days	If less than one day
73	1	18	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Jerry Stanley
13. Birthplace Maryland

MOTHER
14. Maiden Name Susan
15. Birthplace Md.

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof 7 5 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemtry
Location Balto, Md.

18 (a) Funeral director Walter B. Spriggs
(b) Address 139 W. Lanvale Street

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 3 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28 1940 at 3 40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-25 1940 to 4-28 1940 and that I last saw h I alive on 4-28 1940.

Immediate cause of death Coronary thrombosis — Duration Sudden

Due to

Due to

Other Conditions Ca. of bladder - Urinary (Include pregnancy within 3 months of death) — Duration 2

Major findings:
Of operations Ca of bladder
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald B. Lee
Address Balto City Hosp Date signed 6-28-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

70715 CERTIFICATE OF DEATH 131-a F 70715

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 252 N. Arlington Ave 18th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 6 mos. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Ella Kingston Grassett

If U. S. Veteran specify WAR

(a) Residence: No. 252 N. Arlington Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Edward Grassett

6. DATE OF BIRTH (month, day, year): 2/19/1873.

7. AGE: Years 67 Months 4 Days 11/12 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House Keeping

10. Date deceased last worked at this occupation (month and year): 1929 11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): Petersburg Va.

FATHER

13. NAME: Emmett Kelly

14. BIRTHPLACE (city or town) (State or country): Petersburg Va.

MOTHER

15. MAIDEN NAME: Mary Booker

16. BIRTHPLACE (city or town) (State or country): Petersburg Va.

17. INFORMANT (Address): Mamie Winston 252 N. Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: U. S. National Date: Jan 5 1940

19. UNDERTAKER (Address): Adolphus Halstead 918 Druid Hill Ave.

20. FILED: Jan 3 1940 Huntington Hitt [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/1 1940

22. I HEREBY CERTIFY, That I attended deceased from 6/18 1939 to Jan 1st 1940

I last saw her alive on Dec 19th 1939 Death is said to have occurred on the date stated above, at 7:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Acute Myocarditis	6/18/39
Interstitial Nephritis	2 mo.

Other contributory conditions:

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. T. Dunn M. D.

(Address) 622 N. Arlington Ave

Sec. CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V2 5

70716

F 70716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93-D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St and Linden Ave
(c) Hospital or institution: Maryland General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 49 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 342 S Smallwood St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henrietta Karbosky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: August Karbosky

6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Jan 14 - 1867

8. AGE: Years 73 | Months 5 | Days 18 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation housework

11. Industry or business

FATHER
12. Name Carl Schricker
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace Germany

16 (a) Informant Miss Susie Karbosky
(b) Address 342 S. Smallwood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/4/40 (month) (day) (year)
(c) Cemetery or crematory Westlynn Cem.
Location Balto. Md

18 (a) Funeral director John Gervan & Son
(b) Address 901 Hollins St.

19 (a) JUL 3 1940 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1940, at 1:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1940, to July 2 1940, and that I last saw her alive on July 2 1940.

Immediate cause of death Congestive Heart failure — Duration

Due to Arteriosclerotic Heart disease

Due to

Other Conditions Arteriosclerotic gangrene of foot.
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert J. Coffman, M. D.
Address Md. General Hosp. Date signed 7/2/40

F 70717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 83-a

F 70717

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Inf. 6-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Gambrills.
(If outside city or town limits, write RURAL and give town)
(d) Street No. ? Rural.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joe Murphy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1888

8. AGE: Years	Months	Days	If less than one day
52	2	2	hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Farming.

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Charles Cox
(b) Address Gambrills Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/3/44 (month) (day) (year)
(c) Cemetery or crematory Alma Tenn
Location Tyler Springs

18 (a) Funeral director Bridsby R. Selby
(b) Address Res. Gate So. Laurel, Md

19 (a) JUL 3 - 1940 (Date filed by registrar) Huntington Williamsport, N.Y.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1940, at 1:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1940, to June 28 1940, and that I last saw him alive on June 27 1940.

Immediate cause of death: Cerebral Hemorrhage — Duration: 17 days

Due to

Due to

Other Conditions: Hypostatic Pneumonia — 4 d.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. H. Kennamer M.D.
Address Annex Hosp. & Dispy Date signed 6/29/40

F 70718

Hadrian J Carroll

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124-B

F 70718 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & ~~Eutaw~~ Saratoga Sts

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 451 Mulberry & Calvert Sts. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Brother D. Louis (Carroll)

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife ~~March 25, 1884~~

6 (c) If alive, give age ~~56~~ years

7. Birth date of deceased (mo., day, yr.) March 25, 1884

8. AGE: Years	Months	Days	If less than one day
56	3	6	hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Religious Teacher

11. Industry or business Calvert Hall College

FATHER

12. Name Nicholas Carroll

13. Birthplace Ireland

MOTHER

14. Maiden Name Julia Comerford

15. Birthplace Ireland

16 (a) Informant Brother L. James

(b) Address Calvert Hall College

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/40 (month) (day) (year)

(c) Cemetery or crematory Greenmount, Md.

Location Wash. Blvd.

18 (a) Funeral director Mary M. Hufsfield

(b) Address 501 E. 22nd St.

19 (a) JUL 3 1940 (Date rec'd by Registrar) Huntington Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1940, at 4:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940, to July 3 1940, and that I last saw him alive on July 2 1940.

Immediate cause of death	Duration
Respiratory Failure	
Due to Cirrhosis of the Liver	2 mo.
Due to Uremia	ooo
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wm McClung M. D.

Address Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70719 / 97

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2208 Eastern Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2208 Eastern Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Anna Trawinski

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Martin Trawinski

6 (c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): Feb. 16. 1887

8. AGE: Years: 53 | Months: 6 | Days: 16 | If less than one day: hr. ..... min. .....

9. Birthplace: Poland
(Town, county, and state)

10. Usual Occupation: Housework
11. Industry or business: at home

FATHER
12. Name: Vincent Sumer
13. Birthplace: Poland

MOTHER
14. Maiden Name .....
15. Birthplace: Poland

16 (a) Informant: Martin Trawinski
(b) Address: 2208 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 5 - 40 (month) (day) (year)
(c) Cemetery or crematory: Holy Rosary
Location: Baltimore

18 (a) Funeral director: Fred W. Ozazewski
(b) Address: 1930 Eastern Ave.

19 (a) (Date received by registrar) JUL 3 - 1940 VS (b) Registrar: [illegible], M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 2 - 1940 at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1940 to July 2 1940, and that I last saw h alive on ..... 19 .

Immediate cause of death: Myocardial degeneration a pneumonia — Duration: 30 days

Due to .....

Due to Arteriosclerosis — 1937

Other Conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

23. Signature: William J. Roarck, M.D.
Address: 801 S. Kenwood Ave. Date signed: 7/3/40

Write the causes of death clearly and legibly. Physicians: please write correct age is especially important.

38163 5 F 70720

BALTIMORE CITY HEALTH DEPARTMENT 13-B F 20320
CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 607 S Patterson Pk ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Glance

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-17-38

8. AGE: Years 1 | Months 21 9 | Days 14 | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Harry Glance
13. Birthplace Md

MOTHER 14. Maiden Name Marie Dopkowski
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) X (Burial, cremation, or removal) (b) Date thereof 7-3-40 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Dundalk ave

18 (a) Funeral director John F Duda
(b) Address 2829 Hudson St

19 (a) [illegible] (b) Registrar

VR JUL 3 - 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July - 1 1940. at 2:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-17-40 1940 to 7-1 1940, and that I last saw h[illegible] alive on July 1 1940.

Immediate cause of death Meningitis | Duration 3 wks
Due to TBC
Due to
Other Conditions Pulmonary tbc
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry P. Boldberg M. D.
Address John Hopkins Hosp Date signed 7-1-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 70721

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2537 Salem St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2537 Salem St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Lee Ashby

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	colored	married

6 (b) Name of husband or wife Elenora Ashby
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Lindsay Ashby
13. Birthplace Va

MOTHER
14. Maiden Name Hannah Brooden
15. Birthplace Va

16 (a) Informant Elenora Ashby
(b) Address 2537 Salem St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-40 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. City

18 (a) Funeral director Sam'l H. Chamberlain
(b) Address 628 N. Fulton Ave Huntington for Nathaniel, M.D.

JUL 3 1940 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1940 at 8 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24 1940 to July 2 1940 and that I last saw h[illegible] alive on July 1 1940.

Immediate cause of death Cardio nephritis — Duration 1 yr

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward Fisher M. D.
Address 16 E Monument Date signed July 2/40

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117 of F 70722 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Sq. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 N. Monroe St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

16

3 (a) FULL NAME Albert Bravota ALBERTO BAVOTA

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Chiarina Bavota
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) March 8 1884

8. AGE: Years	Months	Days	If less than one day
56	3	2423	hr. min.

9. Birthplace Larino (Italy) (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business Barber Shop

FATHER
12. Name Michele Bavota
13. Birthplace Italy

MOTHER
14. Maiden Name Maria Caporicci
15. Birthplace Italy

16 (a) Informant Michael Bavota (Son)
(b) Address 1116 N. Monroe

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5 1940 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Co.
Location Belair Rd. Baltimore Md.
18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.
19 Filed July 3 1940 Huntington Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-2, 1940, at 1 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1940, to 7-2 1940, and that I last saw him alive on 7-2 1940.

Immediate cause of death	Duration
Generalized Peritonitis	
Due to Perforated Peptic Ulcer	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operation
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A Bradley Daugherty M. D.
Address Franklin Sq. Hosp. Date signed 7-2-40

F 70723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D F 70723 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1401 Linden Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1401 Linden Avenue
(If rural give location)
14
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ruth Cobean Eicholtz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife J. Allen Eicholtz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24, 1889

8. AGE: Years	Months	Days	If less than one day
51	3	9	hr. min.

9. Birthplace Gettysburg, Pennsylvania
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles B. Tate
13. Birthplace Gettysburg, Pennsylvania

MOTHER
14. Maiden Name Margaret E. Cobean
15. Birthplace Gettysburg, Pennsylvania

16 (a) Informant Mrs. Dorothy T. Mauley
(b) Address 1401 Linden Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5, 1940 (month) (day) (year)
(c) Cemetery or crematory Gettysburg, Penna.
Location

18 (a) Funeral director Wm. J. Tickner & Sons,
(b) Address North & Penna. Avenues

19 (a) JUL 3 – 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1940, 11.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1940, to July 2 1940, and that I last saw he alive on July 2 1940.

Immediate cause of death
Chronic Cardio Vascular Dis — Duration 4 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest W. Rahm M. D.
Address 735 Poplar Gr St Date signed 7/2/40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M. D. B. 1268-B

F 70724

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 70724

CERTIFICATE OF DEATH

V 131-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 W Roratoga St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward T. Gay

(a) Residence: No. 115 W. Roratoga St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) July 2 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. B+O PR Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerical Retired

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Evanston Ill

FATHER

13. NAME Edwin F. Gay

14. BIRTHPLACE (city or town) (State or country) Owensboro Ky

MOTHER

15. MAIDEN NAME Mary Lucy ? Wilmington

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr. E. A. Davis (Address) B & O. Bldg

18. BURIAL—CREMATION, OR REMOVAL Place Aurora Tenn Date July 3 1940

19. UNDERTAKER Wm. Tucker Sons (Address) Hoadley & Huntington Williams, M.D.

20. FILED JUL 3 - 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2nd 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 25 1939 to July 2 1940

I last saw him alive on June 27th 1940 Death is said to have occurred on the date stated above, at 10:45 A m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset

Other contributory causes of importance:

Arterial Hypertension
Arteriosclerosis
Nephritis, Chronic

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Robert W. Johnson M.D.

(Address) 117 W Roratoga St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

70725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43-D

F 70725 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2004 E. Lafayette Ave.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2004 E. Lafayette Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ellenora K. Horn

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John C. Horn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1891

8. AGE: Years	Months	Days	If less than one day
48	8	21	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Herbert Krueppel
13. Birthplace Baltimore

MOTHER
14. Maiden Name Annie Schrebaur
15. Birthplace Baltimore

16 (a) Informant Mrs. Katherine Rothlingshofer
(b) Address 2004 E. Lafayette Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3, 1940 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. (Extended)

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) Filed July 8 1940 Huntington Williams, M.D.
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1940, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1940, to July 1 1940, and that I last saw her alive on July 1 1940.

Immediate cause of death	Duration
Cerebral hemorrhage	4 hours
Due to Hypertension cardiac vascular disease	7 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

28. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John W. Ramsay M.D.
Address 1531 E. Baltimore Date signed July 1 1940

F 70726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 149-a

F 70726 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Temple Gardan Apts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Temple Garden Apts. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

1361

3 (a) FULL NAME RACHEL BERGEN.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Louis Bergen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24, 1864

8. AGE: Years	Months	Days	If less than one day
76		8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Emanuel Greenbaum,
13. Birthplace Germany.

MOTHER
14. Maiden Name Hannah Stern,
15. Birthplace Germany.

16 (a) Informant Miss. Edna Bergen,
(b) Address Temple Garden Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/4/40. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Oheb Shalom
Location Baltimore, Md.

18 (a) Funeral director Harold Sonnenreich & Son
(b) Address 1902 Eutaw Place.

19 (a) JUL 3 - 1940 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2nd. 1940, at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1940. to July 2 1940, and that I last saw her alive on July 2 1940.

Immediate cause of death	Duration
Myocarditis	3 mos.
Due to Generalized carcinomatosis	3 mos.
Due to Primary carcinoma of ovary	2 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Frederick Lantz M.D.
Address Temple Garden Apts. Date signed 7/3/40

VS 3

F 70727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131-aF 70727

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1128 Argyle Ave St., 17-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eleanora Boston

If U.S. Veteran specify WAR .....

(a) Residence: No. 1128 Argyle Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem'l	Colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benj. Boston

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kent Co Md

FATHER

13. NAME James Skinner

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Caroline ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Isabella Turner

(Address) 1128 Argyle

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvery Date July 5 1940

19. UNDERTAKER Jesse M. Riddick

(Address) 1436 W. Baltimore St

20. FILED JUL 3 - 1940 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1940 to July 1, 1940

I last saw h.. alive on July 1 1940. Death is said to have occurred on the date stated above, at .. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic-Hypertension

Cardiac Failure

Renal Disease

Date of onset

1

7/1/40

Other contributory causes of importance:

Was an operation performed? No Date of —, 19..

For what disease or injury? —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George W. McDonald M. D.

(Address) 844 N Carey

State CAUSE OF DEATH in plain terms. Above should be carefully supplied. PHYSICIANS should OCCUPATION is very important. See instructions on back of certificate. Exact statement of

F 70728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 70-C

F 70728 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 014
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1326 W Belnor St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BERNICE WOODEN

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 11, 1925

8. AGE: Years	Months	Days	If less than one day
14 15	10	20	hr. min.

9. Birthplace Md (Town, County, and State)

10. Usual Occupation School-girl

11. Industry or business

FATHER 12. Name Edward Wooden

13. Birthplace Md

MOTHER 14. Maiden Name Gertrude Murdock

15. Birthplace Md

16 (a) Informant Gertrude Wooden

(b) Address 1326 Belnor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/40 (month) (day) (year)

(c) Cemetery or crematory St Peters

Location

18 (a) Funeral director Geo. H. Nelson

(b) Address 1303 Pressman St

19 JUL 3 - 1940 (Date rec'd by registrar) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1st 1940, at 3:04 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Fracture of base of skull — Duration

Due to

Due to

Other Conditions Rupture of liver (Include pregnancy within 3 months of death)

Major findings:
Of operation no
Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: 5/1
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 1 at, 1940 5/3
(c) Where did injury occur? Laurens & Belnor (City or Town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place While at work? —
(Specify type of place)
(e) Means of injury passenger in car which Collided with another car

23. Signature H. L. Wollenweber M.D. Medical Examiner

Date signed 7-2-40

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M. D. B. 1268-0

F 70729

F 70729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 612 Jasper St., 17-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Smith

(a) Residence: No. 612 Jasper St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hamf. Smith

6. DATE OF BIRTH (month, day, year) July 12, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edward Smith.

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Harriett Hurley.

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Harriett Purviance

(Address) 612 Jasper St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 7-5- ... 1940

19. UNDERTAKER Louis P. Davenport

(Address) 1096 Penna. Ave

20. FILED JUL 3-1940 Huntingtor Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1- ... 1940

22. I HEREBY CERTIFY, That I attended deceased from May 9- ... 1940 to July 1- ... 1940

I last saw her alive on June 30 ... 1940 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	3yrs

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. J. Keller M. D.

(Address) 222 N. Monument St

F 70729 HEALTH DEPARTMENT—CITY OF BALTIMORE. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

70730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 70730

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 731 S. Charles St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 731 S. Charles St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ... years

3 (a) FULL NAME Peggie Hopkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Wh	

6 (b) Name of husband or wife —
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) May 28 1933

8. AGE: Years	Months	Days	If less than one day
7	1	3	hr. ... min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation —
11. Industry or business

FATHER
12. Name Hosie Hopkins
13. Birthplace Mississippi

MOTHER
14. Maiden Name Annie Smith
15. Birthplace Baltimore Md

16 (a) Informant Annie Hopkins
(b) Address 731 Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A.A. Co Md

18 (a) Funeral director Isaiah L Brown & Son
(b) Address 1080 Montgomery St

JUL 3 – 1940
(Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1st 1940 at 9:20 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1940 to 7/1 1940, and that I last saw h... alive on ... 19 ...

Immediate cause of death Tuberculosis of Veteron

Duration
about
2 years

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D.S. Farrell M. D.

Address 911 Warren Ave Date signed 7/2/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70731
379822

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131-B

Registered No. F 70731

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-6-7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 317 S. Lehigh St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Roulous

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Pauline
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) 3-14-82

8. AGE: Years	Months	Days	If less than one day
58	3	17	hr. min.

9. Birthplace Greece (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Steve Roulous
13. Birthplace Greece

MOTHER 14. Maiden Name Mary Karo
15. Birthplace Greece

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3-40 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Albert W Dempsey
(b) Address 440 E North Ave

19 (a) Filed JUL 3 1940 (b) Registrar Huntington Hill Boulevard

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1940, at 6.26 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1940, to July 1 1940, and that I last saw him alive on July 1 1940.

Immediate cause of death Cardiac failure — Duration 6 weeks

Due to Hypertension cardiovascular disease — Duration 4 yrs

Due to

Other Conditions Chronic glomerular nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Confirmatory

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W B McAllister Jr M. D.
Address Date signed 7-2-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

70732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83-N ✓

Registered No. F 70732

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 410 N Canelton
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimo (If outside city or town limits, write RURAL, and give town)
(d) Street No. 410 N Canelton (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sadie Kelley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fem

5. Color or race C. d

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Dosia Kelley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 14 1890

8. AGE: Years 50 Months 3 Days 17 If less than one day hr. min.

9. Birthplace Matthews Co. — Va. (Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business

FATHER 12. Name Henry Peterson

13. Birthplace Va.

MOTHER 14. Maiden Name Mary Tabb

15. Birthplace Va.

16 (a) Informant Mamie Curtis

(b) Address 1721. W. Franklin St

17 (a) (Burial, cremation, or removal) (b) Date thereof July 5 1940 (month) (day) (year)

(c) Cemetery or crematory Gloucester Point Va

Location

18 (a) Funeral director Mrs. Katie R. Williams

(b) Address 322 N Schroeder St

19 JUL 3 — 1940 (Date received by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1940 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 18 1940 to July 1 1940.
and that I last saw h[illegible] alive on July 1 1940.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 2 mos 2 hrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.

Address 15 W Eager Date signed 7-2-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 70733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 70733

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 702 N. Mulberry Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 702 N. Mulberry Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? life years

3 (a) FULL NAME Nannie Morgan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Married.

6 (b) Name of husband or wife Louis Morgan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
31			hr. min

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Domestic.

11. Industry or business

FATHER
12. Name Thomas Blake
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Mattie Williams
15. Birthplace Balto Md.

16 (a) Informant Norman Blake
(b) Address 1023 W. Saratoga St.

17 (a) Burial (b) Date thereof 7-3-40
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans - Md.

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 402 N. Schroeder Ave.

JUL 3 - 1940
(Date rec'd by registrar)

(b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-30-1940, at 10 A. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Cardiac decompensation	
Due to Hypertensive Cardio-vascular disease	
Due to	
Other Conditions Chronic pneumonitis + cause undetermined.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Madeira M.D.
Medical Examiner

Date signed 7-1-40

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

~~3~~ 70784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-D

Registered No. F 70734

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1yr. 6mo. 28das
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Butterfield

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Anna Belle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-15-1875

8. AGE: Years	Months	Days	If less than one day
64	10	11	hr. min.

9. Birthplace Mass.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John
13. Birthplace N.H.

MOTHER
14. Maiden Name Addie Ross
15. Birthplace Nova Scotia

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 3 - 1940 Commissioner of Health

18 (a) Funeral director Per H. A. Moore
(b) Address

19 JUL 3 - 1940 (b) Registered
(Date rec'd by registrar) Huntington Williams 5736

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-26- 1940, at 10 30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-28- 1939, to 6-26- 1940 and that I last saw h~~im~~ alive on 6-26- 1940.

Immediate cause of death Bronchopneumonia — Duration 3 wks
Due to Hypertensive C V D — ?
Cerebral thrombosis — 2 mos
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto City Hosp. Date signed 7-2-40

70735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93-P

15682 SD

Registered No. F 70735

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 McKean Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles T. Cramblitt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/29/1850

8. AGE: Years	Months	Days	If less than one day
90	1	29	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Thomas A.
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine Sico
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 3 - 1940
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) JUL 3 - 1940 (Date rec'd by registrar) Huntington Williams, M.D.

VS 2

5737

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28- 1940, at 6 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-8- 1923 to 6-28- 1940 and that I last saw h alive on 6-28- 1940.

Immediate cause of death Cardiac failure — Duration ?

Due to 4-5 Hr. Dia — ?

Due to 4-5 gangrene of legs — 2 wks

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Waghelstein M. D.
Address Balto City Hosp. Date signed 7-3-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77-D

Registered No. F 70736

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 701 Bennett

(c) Hospital or institution: Baltimore City Jail Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10½ hrs

(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 211 S Carrollene St (If rural give location)

(e) If foreign born, how long in U. S. A.? ? years

3 (a) FULL NAME William Henson

3 (b) If veteran, name war ? | 3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
62	—	—	— hr. — min.

9. Birthplace Bermuda (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business —

FATHER — 12. Name ?

FATHER — 13. Birthplace ?

MOTHER — 14. Maiden Name ?

MOTHER — 15. Birthplace ?

16 (a) Informant Dr. Thomas F. Kuntz

(b) Address Balto City Jail

17 (a) (Burial, cremation, or removal) (b) Date thereof 6/24/40 (month) (day) (year)

(c) Cemetery or crematory City Morgue

Location Baltimore City

UNIVERSITY MEDICAL SCHOOL JUL 3 - 1940

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) Date received by local registrar JUL 3 - 1940 (b) Per H. A. Moore Huntington Williams M.D. 8738

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/24/1940, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/24/1940, to 6/24/1940, and that I last saw h alive on 19

Immediate cause of death Acute Cardiac Dilatation — Duration 30 min

Due to Alcoholism — Duration over

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury —

23. Signature Thomas F. Kuntz M. D.

Address Baltimore City Jail Date signed 6/24/40

70737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

198 F 70737

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 954 - Forrest St. 10-3 Ward)

Length of residence in city or town where death occurred - yrs. 1 mos. - ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander Williams

If U. S. Veteran specify WAR

(a) Residence: No. Maryland Penitentiary St., Davidsonville Md Ward. Anne Arundel Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Johnson) Williams

6. DATE OF BIRTH (month, day, year) 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmhand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Davidsonville Anne Arundel Co. Md

FATHER

13. NAME Arthur Williams

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Georgianna ??

16. BIRTHPLACE (city or town) (State or country) Davidsonville Anne Arundel Co. Md

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place UNIVERSITY MEDICAL SCHOOL Date JUL 3 - 1940 19

Commissioner of Health

19. UNDERTAKER For H. A. Moore

(Address)

20. FILED JUL 3 - 1940 19 Livingston Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1940, to June 28, 1940

I last saw him alive on June 28, 1940 Death is said to have occurred on the date stated above, at 12.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hanged by order of Court	
Other contributory causes of importance: Dislocation of 5th cervical vertebra	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Lankford, M. D.

(Address) Temple Court Apts.

5734

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

70738 John Pinkett

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131-B Registered 29788

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1050 Saratoga
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Trapti (If outside city or town limits, write RURAL and give town)
(d) Street No. 1050 Saratoga (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Jno Pinkett

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years 75 | Months | Days | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Old Age Pensioner

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace unknown

MOTHER 14. Maiden Name Unknown
15. Birthplace unknown

16 (a) Informant Edward Jennings
(b) Address 1050 W Saratoga St

17 (a) (Burial, cremation, or removal) (b) Date thereof July 3, 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N Schroeder St

19 (a) (b) Huntington Hill Station, W. Va.
(Date rec'd by registrar) JUL 3 - 1940

MEDICAL CERTIFICATION 4.00

20. DATE OF DEATH June 30 1940 at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1940 to June 30 1940 and that I last saw him alive on June 29 1940

Immediate cause of death

Chronic Nephritis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank Krueger M. D.
Address 627 Schroeder St Date signed July 2/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

70739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92-2 V

Registered No. F 70739

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1046 W. Bare St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1046 W. Bare St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret E. Bressler

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 26. 1852

8. AGE: Years	Months	Days	If less than one day
87 88	9	6	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Peter Bressler
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Fleckenstein
15. Birthplace Germany

16 (a) Informant Aplonie Quint
(b) Address 1046 W. Bare St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5. 1940 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location City

18 (a) Funeral director Mrs. J. W. Teufel & Son
(b) Address 801 W. Hayetta Ave

19 Date received JUL 8 1940 Huntington Williams Asst. Reg.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1940 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8 1940 to July 7 1940, and that I last saw h[illegible] alive on July 2 1940.

Immediate cause of death — Duration
Mitral Stenosis — 6 mth.
Due to Arteriosclerosis — 1 yr.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Lingg Hoag M. D.
Address 729 Wash. Blvd. Date signed July 3/40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

70740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D ✓

54357 SD Registered No. F 70740

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

4-2

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 723 W. Lexington Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Eberle

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-12-7425

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Widowed

6 (b) Name of husband or wife Laura (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9, 1865

8. AGE: Years	Months	Days	If less than one day
75	2	19	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Mechanic
11. Industry or business

FATHER
12. Name Joseph
13. Birthplace Germany

MOTHER
14. Maiden Name Theresa Kraner
15. Birthplace France

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem
Location Baltimore Md. - Md.

18 (a) Funeral director John J. Fahey & Sons
(b) Address 1131 Eutaw St

19 (a) JUL 3 - 1940 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28- 1940, at 3 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3- 1940, to 6-28 1940 and that I last saw him alive on 6-28- 1940.

Immediate cause of death: Cardiac failure — Duration: ?
Due to: Arteriosclerotic Ht Dis — ?
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Mwaghelatein M. D.
Address Balto City Hosp. Date signed 7-3-40

VS 3

correct age as apparently important. Typewriter; please write the causes of death clearly and legibly.

CGK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47825 ✓

52B Registered No. F 70741

F 70741

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 → 2
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1518 Thames St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Stanley Gnuarezagh

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	?

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
(?) 66			hr. min.

9. Birthplace Unknown
(Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (b) Date thereof 7/2/40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Locust Point Cem.
Location Govanstown Hill Rd - Md.

18 (a) Funeral director John J Fahey & Son
(b) Address 1320 Light St

19 (a) JUL 3 - 1940 Huntington Williams, M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28 1940, at 9 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-27 1939 to 6-28 1940 and that I last saw h(im) alive on 6-28 1940

Immediate cause of death Carcinoma of bladder — Duration 14 Mo. ?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of bladder
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Aubrey R. Gehlert Jr. M. D.
Address Baltimore City Hosp Date signed 6/30/40

over

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

70742 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 70742

CERTIFICATE OF DEATH

51 B

1. PLACE OF DEATH Edgewood Nursing Home — 20-5

CITY OF BALTIMORE: (No. 6000 Belair Rd St. ... Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John C. Weinhardt (John C. Weinhardt) ☒ U. S. Veteran specify WAR ....

(a) Residence: No. 2691 Wilkens Ave. St., ... Ward. ....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Naegel Weinhardt

6. DATE OF BIRTH (month, day, year) March 6 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles F. Weinhardt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Virginia Ross

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William F. Weinhardt

(Address) 2691 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 4 1940

19. UNDERTAKER F. D. Wippert & Son

(Address) 1300 Eutaw Place

FILED JUL 3 — 1940 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1939 to July 1, 1940

I last saw him alive on July 1, 1940. Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	8 yrs
Other contributory causes of importance: Cancer prostate gland	2 yrs

Was an operation performed? Yes Date of ....

For what disease or injury? ....

Name of operation ....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ....

Manner of injury ....

Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ....

(Signed) H. W. Wheaton M. D.

(Address) 4309 York Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

F 70743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No. F 70743

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5505 Alhambra Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5505 Alhambra Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Howard J Lunderland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ wife Lillian (Fay)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13, 1896

8. AGE: Years	Months	Days	If less than one day
44 43	011	1912	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Tire Dealer
11. Industry or business

FATHER
12. Name Louis F Lunderland
13. Birthplace Md

MOTHER
14. Maiden Name Lillie Ford
15. Birthplace Md

16 (a) Informant Mrs Howard Lunderland
(b) Address 5505 Alhambra Ave

17 (a) Burial (b) Date thereof July 4 1940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mem Gardens
Location Old Frederick Rd

18 (a) Funeral director Roger H Wright
(b) Address 410 Edmondson Ave

JUL 3 – 1940
(Date rec'd by registrar) (by) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1940, at 2:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to July 1 1940 and that I last saw him alive on July 1 1940.

Immediate cause of death: Cerebral embolism

Duration
9 hrs.
—
—
—

Due to Arteriosclerosis

Due to Chronic Interst. Nephritis

Other Conditions Chronic Valvular Heart Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place) G. W. DeHoff
(e) Means of injury

23. Signature
Address 20 W Chas. St. Date signed 7/2/40

VS 8

Use the causes of death clearly and legibly. Physicians: please write plainly. Cause of death may be entered in this space, but should not be entered above unless it is necessary to explain the sequence of the primary cause.

F 70744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70744 Registered No. 1706

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Annapolis, Browns Woods (If outside city or town limits, write RURAL and give town)
(d) Street No. R. F. D. 2 (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Kendall Thomas

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:

4. Sex: Male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1910

8. AGE: Years 29 | Months 8 | Days 19 | If less than one day hr. min.

9. Birthplace Browns Woods Anne Arundel Co Md.
(Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Richard Thomas
13. Birthplace Browns Woods, A. A. Co

MOTHER
14. Maiden Name Carrie Johnson
15. Birthplace Browns Woods A. A. Co

16 (a) Informant John Richard Thomas Jr.
(b) Address R. F. D.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-5-40 (month) (day) (year)
(c) Cemetery or crematory Bodkinalee
Location Annapolis Md

18 (a) Funeral director Elster & Albert
(b) Address 43 & 45 Northwest

19 (a) (Date received by registrar) (b) Huntington Williams, M.D.

JUL 4 vs 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-3- 1940, at 4:10 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection + Inquest thereof (Autopsy or Inquiry) and from the evidence obtained by said Inspection + Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Shock — Duration

Due to Pulmonary Hemorrhage

Due to Gunshot wound of Lungs

Other Condition Gunshot wound

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6-29-1940
(c) Where did injury occur? Severn River Bridge Annapolis (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Bullet from unidentified gun.

23. Signature J. Thomas J. Mullen M.D. (Medical Examiner.)
Date signed 7-3-40

Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

96

F 70745 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 804 E 41st St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 804 E 41st St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas J Depro

3 (b) If veteran, name war No
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lena E
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 24 1876

8. AGE: Years 63 | Months 10 | Days 8 | If less than one day hr. min.

9. Birthplace Balt Md (Town, county and state)

10. Usual Occupation Rubber Baltimore

11. Industry or business

FATHER
12. Name Augustus Depard
13. Birthplace Md

MOTHER
14. Maiden Name Martha Thomas
15. Birthplace Md

16 (a) Informant Lena E Depro
(b) Address 804 E 41st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5 40 (month) (day) (year)
(c) Cemetery or crematory Pt Lorna Md
Location Baltimore Co Md

18 (a) Funeral director Pellum Cox
(b) Address 1219 E Pratt St Baltimore Md

19 (a) JUL 4 1940 (Registrar's signature) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1940, at 1:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1940, to June 29 1940, and that I last saw h alive on June 29 1940.

Immediate cause of death ? Rupture of abdominal Aneurysm

Duration

Due to Arteriosclerosis with a palpable tumor beneath

Due to umbilicus, showing calcification by X-ray

Other Conditions Emphysema, Chronic Hypertrophic Arthritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R Carmichael Tilghman M. D.
Address 16 East Biddle St. Date signed 7-1-40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 70746 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1041 N Bare St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1041 N Bare St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ezekiah Lenthicum

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 216-05-7124

4 Sex: Male | 5 Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Hattie M Lenthicum

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 10 1891

8. AGE: Years 48 | Months 9 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER 12. Name Edward Lenthicum

13. Birthplace Anne Arundel Co Md

MOTHER 14. Maiden Name Elizabeth Krause

15. Birthplace Md

16 (a) Informant Hattie M Lenthicum

(b) Address 1041 N Bare St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6 1940 (month) (day) (year)

(c) Cemetery or crematory Westview Park

Location Baltimore Md

18 (a) Funeral director Wilhelm Co

(b) Address 1217 W Pratt St

19 (a) Filed July 8 1940 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1940, at 12 N M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1 1940 to 7/3 1940 and that I last saw him alive on 7/2 1940.

Immediate cause of death: Acute Cardiac Failure — Duration 1 da

Due to: Hypertensive Cardio Vascular Disease — Duration 3 mos

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph H Lankards M.D.

Address 619 Washington Blvd Date signed 7/3/1940

VS 3

Write the causes of death clearly and legibly. Typewriting is preferred. Do not use abbreviations.

F 70747 HEALTH DEPARTMENT—CITY OF BALTIMORE F 70747

CERTIFICATE OF DEATH

14

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen'l Hosp. 15th Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Willard Mead Jr

If U. S. Veteran specify WAR _____

(a) Residence: No. 1707 Braddish Ave St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, year) Sept 5 1928

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
11	9	28/18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scholar

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Chas. W. Mead

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Frieda Rasmussen

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Chas. W. Mead Sr.

(Address) 1709 Braddish Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Cedar Hill Date 7/6 1940

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JUL 4 1940 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 1940

22. I HEREBY CERTIFY, That I attended deceased from June 24 1940 to July 3 1940

I last saw him alive on July 3 1940 Death is said to have occurred on the date stated above at 5:40 A m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Tuberculous Meningitis	July 1940

Other contributory causes of importance:

Was an operation performed? Yes Date of June 24 1940

For what disease or injury? _____

Name of operation Craniotomy

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No specify

(Signed) Milton D Applegarth M. D.

(Address) South Balto Gen'l Hosp

GIVE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 70748

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83W

F 70748 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2522 Arunah Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 - 5
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2522 Arunah Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elmer E. Sopher

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
Male	White	Widowed

6 (b) Name of ~~husband~~ or wife Isabella Sopher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 8th 1861

8. AGE: Years	Months	Days	If less than one day
78	7	25	hr. min.

9. Birthplace Laurel Md
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Machinist

FATHER
12. Name Thomas B. Sopher
13. Birthplace Md

MOTHER
14. Maiden Name Sarah E. Marlow
15. Birthplace Md

16 (a) Informant Lillian S. Haschert
(b) Address 2522 Arunah Ave

17 (a) Burial (b) Date thereof 7/6/40
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park.
Location Balto Md

18 (a) Funeral director William Cook
(b) Address 1367 St. Paul St

19 (a) JUL 4 - 1940 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3rd 1940, at 1:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1- 1940 to 7/3 1940 and that I last saw ~~him~~ alive on 7/3- 1940.

Immediate cause of death — Duration
Cerebral Hemorrhage — 7 hr - 40
Due to Arterial Sclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas G Ashe M. D.
Address 2145 W Balto St Date signed 7/3-40

VS 3

F 70749

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 70749 Registered No. 83a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5101 Arabia Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5101 Arabia Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Henry Morris Way

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Wrld.	705-09-1968	Male	White	Married

6 (b) Name of husband or wife Dora
6 (c) If alive, give age 71 years
7. Birth date of deceased (mo., day, yr.) Jan 27. 1898
8. AGE: Years 4½ | Months 5 | Days 6 | If less than one day ..... hr. ..... min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Fireman Locomotive
11. Industry or business B & O R.R.

FATHER
12. Name John Isaac Way
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Margaret Edwards
15. Birthplace Baltimore Md

16 (a) Informant Dora Way
(b) Address 5101 Arabia Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6 1940 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Oak Lawn
Location Baltimore Md
18 (a) Funeral director Wallace Cook
(b) Address 1217 E Pratt St
19 (a) JUL 1 1940 (Date Rec'd by Registrar) Number given Not assigned

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1940, at 10:15 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 12-14 1939 to 7-3-1940, and that I last saw alive on 7-1 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	From Hours
Due to Arteriosclerosis & hypertension	Minutes
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Jno. B. Hibbert M. D.
Address 807 Harford Ave Date signed 7-3-40

VS 3

Answer age in completely unabbreviated words. Physicians please write and underline causes of death clearly and legibly.

F 70750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122-a

F 70750 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline and Oliver St.
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

13-2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1301 Park Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME RAYMOND I. JONES

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-9022

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Mary Grace N. Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 21st 1876

8. AGE: Years	Months	Days	If less than one day
63	7	12	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Agent
11. Industry or business Insurance

FATHER
12. Name Edward Jones
13. Birthplace Md.

MOTHER
14. Maiden Name Carrie Mitchell
15. Birthplace Md

16 (a) Informant Mary B. N. Jones
(b) Address 1901 Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St

(c) Date received JUL 4 - 1940 (Date rec'd by Registrar) Signature of Registrar William M.P. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1940 at 4:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1940, to July 3 1940, and that I last saw him alive on July 3 1940.

Immediate cause of death	Duration
Generalized peritonitis	9 days
Adynamic ileus	
Due to Strangulated Inguinal hernea	9 days
Due to Ruptured appendix with appendicale abscess.	3 months
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Generalized peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Silverson M. D.
Address St. Joseph's Hosp. Date signed 7-3-40

F 70751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48B

Registered No. F 70751

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2431 Christian St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) 2431 Christian St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lola L. Marshall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife James Edw. Marshall

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23 1885

8. AGE: Years 54 | Months | Days 9 | If less than one day hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation clerk - in office

11. Industry or business

FATHER 12. Name John Ritchie

13. Birthplace Va

MOTHER 14. Maiden Name Mary Skidmore

15. Birthplace Va

16 (a) Informant Mrs Harold B. Sheppard

(b) Address 2431 Christian St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4 - 40 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location Woodlawn md

18 (a) Funeral director Albert W. Berry

(b) Address 441 E North Ave

19 (a) (Date received by registrar) (b) Huntington Williams M.D.

JUL 4 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1940, at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/12/ 1939 to 7/2/ 1940, and that I last saw h.e.r alive on 7/1/ 1940.

Immediate cause of death: Carcinoma of uterus and appendages — Duration: 2½ yrs

Due to

Due to

Other Conditions: none (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deibel M. D.

Address 1226 Hanover St Date signed 7/3/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124 a

F 70752 Registered No.

Correct age in figures only. Physicians, please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

9-9

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1638 N. Caroline Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Patrick Joseph NEARY

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
WW	None	Male	White	Married

6 (b) Name of husband or wife: Myrtle Hutton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 1, 1896

8. AGE: Years	Months	Days	If less than one day hr.	min.
44	4	1		

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Policeman, Baltimore, Md.
11. Industry or business: Police Department

FATHER
12. Name: John Neary
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Catherine O'Farrell
15. Birthplace: Ireland

16 (a) Informant: Records-U.S.Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof July 5-40 (month) (day) (year)
(c) Cemetery or crematory Mem. Gdns.
Location Old Frederick Rd.

18 (a) Funeral director John A. Myers
(b) Address 3000 E Balto. St.

JUL 1 – 1940 (Date rec'd by Registrar) (b) Registrar.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2, 1940 /19 at 12:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 24, 1940 to July 2, 1940, and that I last saw him alive on July 2, 1940.

	Duration
Immediate cause of death: Acute purulent peritonitis	2 weeks
Due to: Ascitis	Unknown
Due to: Cirrhosis of liver	Unknown
Other Conditions	over

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Repair of abdominal fistula
Of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: T. M. D. [illegible]

Address U.S. Marine Hospital, Baltimore, Maryland. Date signed 7/2/40 M.D.

F 70753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

551

F 70753

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28-1

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 6420 Reisterstown Rd. (If rural give location)

(e) If foreign born, how long in U. S. A.? 74 years

3 (a) FULL NAME Sister Magdalen (Mary) Donahue

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 27-1862

8. AGE: Years	Months	Days	If less than one day
77	7	6	hr. min.

9. Birthplace County Mayo, Ireland (Town, county, and state)

10. Usual Occupation Religious

11. Industry or business

FATHER 12. Name John J. Donahue

13. Birthplace Ireland

MOTHER 14. Maiden Name Anne Toy

15. Birthplace Ireland

16 (a) Informant Records of Mount Hope

(b) Address Mount Hope Retreat

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5 1940 (month) (day) (year)

(c) Cemetery or crematory Mount Hope Cemetery

Location Mount Hope Retreat

18 (a) Funeral director STEUART & MOWEN COMPANY

(b) Address (S. J. Rouse Sec.) 105 W. NORTH AVENUE

19 (a) (Date received by registrar) (b) Huntington Williams, M.D.

JUL 4 1940

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1940, at 11:25 a M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1934 to July 3 1940, and that I last saw her alive on July 3 1940.

Immediate cause of death: Arterio sclerosis and Hypertension — Duration

Due to

Due to R Carcinoma of Rt Antrum 10 Mos

Other Conditions Carcinomatosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Thomas P. Alagia

Address 5326 Federal St Date signed 7/3/40

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 70754 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1413 Druid Hill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2017 N. Charles St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles W. Faithful

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of husband ~~wife~~ Mabel Faithful
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 5th 1877

8. AGE: Years	Months	Days	If less than one day
62	8	28	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Broker
11. Industry or business Insurance

FATHER
12. Name Edwin Faithful
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Margaret Coas
15. Birthplace Balto. Md.

16 (a) Informant Mabel Faithful
(b) Address 2017 N. Charles St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/6/40 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville Md

18 (a) Funeral director Wm Cook
(b) Address 1217 St. Paul St

19 (a) (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

JUL 4 1940

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3rd 1940, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1939 to 19 and that I last saw him alive on June 1940.

Immediate cause of death	Duration
Coronary Occlusion	Instt
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard L. Mueller M. D.
Address 2020 N. Charles St. M. D.

Howard L. Mueller M. D.
Attending Physician

F 70755

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 70755 Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 252 N. Fulton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20d
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 58

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 252 N. Fulton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emory E. S. White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed
6 (b) Name of husband ~~or wife~~: James E. White
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 24th 1848
8. AGE: Years: 92 Months: 5 Days: 9 If less than one day: hr. min.
9. Birthplace: Virginia (Town, county, and state)
10. Usual Occupation: At Home
11. Industry or business: Self

FATHER
12. Name: John Smith
13. Birthplace: Va.

MOTHER
14. Maiden Name: E. E. S. Tyler
15. Birthplace: Va

16 (a) Informant: Edward White
(b) Address 252 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5 1940 (month) (day) (year)
(c) Cemetery or crematory Manchock Va
Location Virginia

18 (a) Funeral director: William Cook
(b) Address 1217 St Paul St

JUL 4 - 1940 (Date rec'd by Registrar) (b) Hunting Town, Baltimore, Md. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3rd 1940, at SP M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940, to July 3 1940 and that I last saw him alive on July 3 1940

Immediate cause of death: Chronic Cardio Renal disease — Duration: 1 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest H. Lakin
Address 735 Poplar Ln Date signed 7/4/40

F 70756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 70756 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvedere ave
(c) Hospital or institution:
Aged Home 37-17
(d) Length of stay in hospital or inst. (yrs., ~~mos., or days~~)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 5 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. Belvedere ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 5 2 years

3 (a) FULL NAME Frieda Valensky
3 (b) If veteran, name war —
3 (c) Social Security Account No. —
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. wid.
6 (b) Name of husband or wife Philip
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 1868
8. AGE: Years 72 Months — Days — If less than one day hr. — min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Pearl
11. Industry or business —
FATHER 12. Name Unknown
13. Birthplace Russia
MOTHER 14. Maiden Name Unknown
15. Birthplace SIGMUND EHRENLATT
16 (a) Informant SUPERINTENDENT
(b) Address GREENMOUNT & BELVEDERE AVES.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-4-40 (month) (day) (year)
(c) Cemetery or crematory Beth Jehudah Agudah
Location Philadelphia Rd.
18 (a) Funeral director Park Funeral Inc
(b) Address 1439 E. Baltimore St
19 (a) JUL 4 1940 (Date received by registrar) (b) Huntington Mitchell, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1940, at 2.10 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 7-26-1932 to 7-4-1940, and that I last saw h[illegible] alive on 7-3-1940.
Immediate cause of death Bronchopneumonia — Duration 7-2-40
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —
23. Signature H Edmund Levin M.D.
Address Levindale Date signed —

Give exact age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E

Registered No. F 70757

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1911 Springfield P Way (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Hackerman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Benjamin (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1852

8. AGE: Years	Months	Days	If less than one day
87			hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business None

FATHER
12. Name Louis Goodman
13. Birthplace Russia

MOTHER
14. Maiden Name Leah Goodman
15. Birthplace Russia

16 (a) Informant Sister Hackerman
(b) Address 2304 Reisterstown Rd

17 Burial (Burial, cremation, or removal) (b) Date thereof 7-4-40 (month) (day) (year)
(c) Cemetery or crematory Balto Hebrew
Location Belair Rd

18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Balto St

JUL 4 1940 (b) Huntington Williams, M.D.
(Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1940, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1940, to July 3 1940, and that I last saw her alive on July 3 1940.

Immediate cause of death Bronchopneumonia — Duration

Due to Malignancy of pelvic bone ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Large wound dressing.
Of autopsy

PHYSICIAN

§ Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edgar J. Berman M. D.

Address Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

70758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 70758 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2201 E. Fairmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 - 3
(e) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2201 E Fairmount Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 44 years

3 (a) FULL NAME Hyman Derman

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex male | 5. Color or race White | 6 (a) Single, married, widowed or divorced Married

6 (b) Name of husband or wife Jennie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 62 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Confectionery Store
11. Industry or business

FATHER
12. Name Abraham Harry
13. Birthplace Russia

MOTHER
14. Maiden Name Etta
15. Birthplace Russia

16 (a) Informant Jennie Derman
(b) Address 2201 E Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4-1940 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Hamilton & Gtha. Rd

18 (a) Funeral director Jack Levine Jr
(b) Address 145 E Baltimore St

JUL 4 - 1940 (Date rec'd by registrar)

Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1940 at 7:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/20 1937 to 7/3 1940 and that I last saw h[illegible] alive on 7/2 1940.

Immediate cause of death Uremia — Duration 3 / 1 / 0

Due to Hypertension — 1937
due to Nephritis — 1937
Due to cardiac decompensation — 1937

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Isenberg
Address 2320 Eutaw Date signed 7/4/40

Please write the causes of death clearly and legibly. Physicians: please write the correct age is especially important.

70759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 70759 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 173 Bernice Ave
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 0 6

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 173 Bernice Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jennie Read

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ~~Aug~~ Dec 24, 1888

8. AGE: Years	Months	Days	If less than one day
51 52	5 6	2 4	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Richard Read
13. Birthplace England

MOTHER
14. Maiden Name Susan Asher Read
15. Birthplace England

16 (a) Informant William J Lassington
(b) Address 173 Bernice Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5 1940 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd

18 (a) Funeral director Henry H Wilhide
(b) Address 4601 Edmondson Ave

July 5 1940 (Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1940, to July 2 1940, and that I last saw her alive on July 2 1940

Immediate cause of death: Coronary thrombosis — Duration: 11 days

Due to

Due to

Other Conditions Mural thrombus with multiple emboli
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leonard Gorge M. D.

Address 2101 W. Baltimore St. Date signed 7/3/40

K Yaffe

F 70760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

923

F 70760 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4316 Pimlico Road.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-13

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4316 Pimlico Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME John Daniel Fix

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married

6 (b) Name of husband or wife Fannie L. McGee Fix.
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 31, 1867

8. AGE: Years	Months	Days	If less than one day
72	11	28	hr. ..... min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Butcher (Retired

11. Industry or business

FATHER
12. Name Phillip Fix
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Hendrix
15. Birthplace Germany

16 (a) Informant Mrs. Fannie L. Fix
(b) Address 4316 Pimlico Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5, 1940 (month) (day) (year)
(c) Cemetery or crematory Loraine Cemetery
Location Balto., Md.

18 (a) Funeral director Lasang (Lyons)
(b) Address 5005 Park Heights Ave.

19 (a) (Date received by registrar) JUL 4 1940 (Signature of registrar) Hunting Wm Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3rd 1940, at 1.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1940 to July 3rd 1940 and that I last saw h[illegible] alive on July 3. 1940

Immediate cause of death Cerebral Hemorrhage — Duration 6.26.40

Due to Mitral insufficiency — Duration ?

Due to .....

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature John D. Bukert M.D.
Address 4803 Park Heights Ave Date signed 7.4.40

Saunders

F 70761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 70761 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2307 Division St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 63
(e) Length of stay in Baltimore (yrs., mos., or days) 3 MO

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary E. Saunders

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Charles Saunders
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 2 1857

8. AGE: Years 71 | Months 9 | Days 2 | If less than one day hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Laundress
11. Industry or business

FATHER
12. Name Geo Miller
13. Birthplace Va

MOTHER
14. Maiden Name Anderson
15. Birthplace Va

16 (a) Informant Hilda E. Hayes
(b) Address 2307 Division St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 1928 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Aberdeen

18 (a) Funeral director Henry Fanning Home
(b) Address Aberdeen Md

19 (a) Date received by registrar (b) Huntington Mills Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1928 10 A.M. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1928 to July 24 1928, and that I last saw h[illegible] alive on July 24 1928.

Immediate cause of death Senile Dementia — Duration

Due to Acute Asthenia — Duration

Due to Old Age — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Lee Slade M. D.
Address Aberdeen Md Date signed July 26 1928

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 70762

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

F 70762 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1526 Park Ave -
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14-1
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1526 Park Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Sidney H Street (Mal Grund Street)

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: Wife

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Dr Sidney H Street
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 20 1891

8. AGE: Years 48 | Months 7 | Days 13 | If less than one day: hr. min

9. Birthplace Richmond Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Thomas E Gwynn
13. Birthplace Loudoun Co Va

MOTHER
14. Maiden Name Sallie E Haywood
15. Birthplace Va

16 (a) Informant John B Gwynn
(b) Address 2701 Stratford Rd

17. (a) Burial, cremation, or removal (b) Date thereof 7-5-40 (month) (day) (year)
(c) Cemetery or crematory Holly Hill
Location Richmond Va

18. (a) Funeral director Wilson Co
(b) Address 1219 E Fayette St

19. JUL 4 - 1940 (Date rec'd by registrar) (b) Lexington Funeral Home

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1940, at 10:00 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration: 10 min
Due to: —
Due to: Hypertension Cardio-Vascular disease — 3 yrs.
Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William D Kelbach M.D.
Medical Examiner: Attending
Date signed July 3, 1940

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E

Registered No. F 70763

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33 N + Calvert

(c) Hospital or institution: Union Memorial Hosp. 12

(d) Length of stay in hospital or inst. (~~yrs., mos.,~~ or days) 22 days

(e) Length of stay in Baltimore (yrs., mos., or days) none

2. USUAL RESIDENCE OF DECEASED:

(a) State Penna (b) County York

(c) City or town Red Lion

(If outside city or town limits, write RURAL and give town)

(d) Street No. ——

(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Fannie Strickler

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	White	Married

6 (b) Name of husband or wife Bert Strickler

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 6, 1886

8. AGE: Years	Months	Days	If less than one day
53	11	29	..... hr. ..... min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER

12. Name Philip Snyder

13. Birthplace Pennsylvania

MOTHER

14. Maiden Name Lydia Hays

15. Birthplace Pennsylvania

16 (a) Informant Hospital Record

(b) Address Union Memorial Hosp

17 (a) Removal (b) Date thereof July 4 1940

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Red Lion

Location Red Lion R. D. 2

18 (a) Funeral director William Cox

(b) Address 129 E. Market St. York Pa.

JUL 4 - 1940 (b) Huntington Williams, M.D.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1940, at 10:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1940, to July 4 1940, and that I last saw h.. alive on July 4 1940.

Immediate cause of death Pulmonary embolus — Duration 25 min

Due to Operation

Due to Carcinoma of sigmoid

Other Conditions

(Include pregnancy within 3 months of death)

Major findings: Of operations Ca of sigmoid

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Robert C. Abrams, M.D.

Address Union Memorial Hosp Date signed 7-4-40

VS 3

F 70764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 70764 Registered No. 830

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 729 W. Saratoga St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 729 W. Saratoga St (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Robert Jones.

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	Col	Married

6 (b) Name of husband or wife Minnie
6 (c) If alive, give age 1883 years

7. Birth date of deceased (mo., day, yr.) 6-30-1883

8. AGE: Years	Months	Days	If less than one day: hr.	min.
57	—	3		

9. Birthplace Raleigh North Carolina (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Handy Jones
13. Birthplace N. C.

MOTHER
14. Maiden Name Myrtle
15. Birthplace N. C.

16 (a) Informant Robert Jones. Jr.
(b) Address 729 W. Saratoga St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7-5-40 (month) (day) (year)
(c) Cemetery or crematory St. Anna Cem
Location Wake County. Raleigh N. C.

18 (a) Funeral director William A. Jackson
(b) Address 916 Edmonson ave

19 (a) JUL 4 1940 (Date received by Registrar) (b) Registrar Hunting Park Williams, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1940, at 7:30 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from June 28 1940 to July 3 1940, and that I last saw him alive on July 2 1940.

Immediate cause of death: Accidental Drowning

Duration
4 Min

Due to: ____
Due to: ____
Other Conditions: ____
(Include pregnancy within 3 months of death)
Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature H. Causey M. D.
Address 729 W Saratoga St Date signed 7/4/40

F 70765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 F 70765

47043 SD Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3107 Clearview Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rosalie Flester

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: F
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15- 1862
8. AGE: Years 82 Months 3 Days 20 If less than one day hr. min.
9. Birthplace ? Maryland (City, county, and state)
10. Usual Occupation Nurse
11. Industry or business

FATHER
12. Name Amos Carrick
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Pinnary
15. Birthplace Maryland

Records

16 (a) Informant
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-40 (month) (day) (year)
(c) Cemetery or crematory Maryland Mem
Location Balt Md

18 (a) Funeral director Geo A Farley
(b) Address Fulton & Fayette

19 (a) JUL 5 1940 (Date received by Registrar) (b) Huntington Baltimore, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7- 3- 1940 at 2:45 PM

21. I certify that death occurred on the date above stated, that I attended deceased from 7-31- 1940, to 7-3- 1940 and that I last saw h[illegible] alive on 7-3- 1940.

Immediate cause of death Cardiac failure
Due to 9-5. [illegible]
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Not known

Duration: 7

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Balto City Hosp. Date signed 7-3-40

F 70766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 Registered No.

F 70766

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument + Rutland

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14

(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1816 Linden Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? 30 years

3 (a) FULL NAME Anna Reich

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Sigmund.

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day hr.	min.
44	—			

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER

12. Name Israel Smith

13. Birthplace Russia

MOTHER

14. Maiden Name Pauline

15. Birthplace Russia

16 (a) Informant Sigmund Reich

(b) Address 1901 Linden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-40 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Phila Rd + Hamilton Ave.

18 (a) Funeral director Jack Levin Inc.

(b) Address 1439 E. Baltimore St.

19 7-5-1940 (Local rec'd by registrar) (b) Registered No. 37

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/4/40 1940, at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/10 1940 to 7-4 1940 and that I last saw her alive on 7/4 1940

Immediate cause of death Carcinoma + Anemia

Due to Generalized Carcinoma

Due to Carcinoma (at Breast)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Carcinoma of Breast

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Edgar Berman M. D.

Address Local Hospt. Date signed 7/4/40

F 70767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D ✓ F 70767 Registered No. 56821 SD

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore City Hospitals
(c) Hospital or institution: 4940 Eastern Avenue
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 911 Dallas Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida Deller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27, 1866

8. AGE: Years	Months	Days	If less than one day
64	3	7	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Charles
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Ann
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6 / 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cem.
Location A. A. County Md.

18 (a) Funeral director Mrs. R. A. Elliott & Daughter
(b) Address 1129 N. Caroline St

19 (a) JUL 5 1940 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-4- 1940, at 2:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-24- 1940, to 7-4- 1940 and that I last saw h-- alive on 7-4- 1940.

Immediate cause of death	Duration
(a) Bronchopneumonia	2 days
Cardiac Failure	?
Due to (b) CA St. Dis.	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Bronchopneumonia, Arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Murray Goldstein M. D.
Address Balto. City Hosp. Date signed 7-4-40

70768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 70768 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 35 East 25th.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 35 East 25th St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME GORDON A. MANNING.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married~~, ~~widowed~~, or divorced.
M	W	S

6 (b) ~~Name of husband or wife~~

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 21st 1879

8. AGE: Years	Months	Days	If less than one day
60 59	8	13	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Lawyer

11. Industry or business

FATHER
12. Name George O Manning
13. Birthplace Boston Mass

MOTHER
14. Maiden Name C. Celnutt
15. Birthplace Baltimore Md

16 (a) Informant Mrs Davis
(b) Address 34 E Melrose Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Greenmount Ave
Location Baltimore Md

18 (a) Funeral director H H Jenkins & Co
(b) Address Orleans & N. Collington Ave

19 JUL 5 - 1940 (Date rec'd by registrar) Huntington Pitts Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4th 1940, at 10:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration 2 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmaier M.D.
Asst Medical Examiner.
Date signed 7-4-40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 70769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 ✓ F 70769 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3311 Gibbons ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-4
(e) Length of stay in Baltimore (yrs., mos., or days) 570

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3311 Gibbons ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John J Sullivan
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	married

6 (b) Name of ~~husband~~ or wife Mary H Rettmann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-25-1869

8. AGE: Years	Months	Days	If less than one day
71	3	9	hr. min.

9. Birthplace Hanover Md (Town, county, and state)
10. Usual Occupation motorman
11. Industry or business Balto Transit Co

FATHER
12. Name Patrick J Sullivan
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary E Griffin
15. Birthplace Maryland

16 (a) Informant Mary H. Sullivan
(b) Address 3311 Gibbons ave

17 (a) Holy Redeemer (b) Date thereof 7-6-40
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Leonard J Finch
(b) Address 1945 Harford Road
JUL 5-1940 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1940, at 1030 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1938 to July 4 1940, and that I last saw h live alive on July 3 1940.

Immediate cause of death
Myocardial infarction
Hypertensive Cardio Vas. Disease
Due to Carcinoma Rectum

Duration

Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H W Kourey M. D.
Address 1617 Broadway Date signed

70770 1

LB 57090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 70770

93D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 min. 14 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6714 Railway Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? 28 yrs. years

2 6-6

3 (a) FULL NAME Esther Paskowska or ANASTAZYA PASKOWSKI

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Theodore

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. ? 1890

8. AGE: Years	Months	Days	If less than one day
49 ?	7 ?	?	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-8-40 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Baltimore Co.

18 (a) Funeral director Geasea Weber
(b) Address 705 S. Ann st

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-4- 1940, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-4- 1940 to 7-4- 1940 and that I last saw h-r alive on 7-4- 1940.

Immediate cause of death	Duration
Subarachnoid Hemorrhage	2 days
Due to Hypertensive CVD	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac Kabakoff M. D.
Address Balto City Hosp. Date signed 7-5-40

31582 F 70771

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180 F 70771 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 d
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 631 N. Central Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Beatrice High

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Carey High
6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) 11-20-11

8. AGE: Years 28 | Months 7 | Days 11 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Henry Brown
13. Birthplace Va.

MOTHER
14. Maiden Name Gertrude Cooper
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5 1940 (month) (day) (year)
(c) Cemetery or crematory
Location Portsmouth Norfolk Co. Va

18 (a) Funeral director Byron Williams & Wright
(b) Address 1225 Mc Elderry St

JUL 5-1940 (Date rec'd by registrar) (b) Huntington W. Wiggins M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1940 at 10 m M

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1940 to July 1 1940 and that I last saw h.er alive on July 1 1940.

Immediate cause of death PULMONARY Embolism INFARCTS (Infected) — Duration 1 WK

Due to Fractures of Calcaneus & Pelvis (Femur)

Due to (Antecedent) JUMPED FROM ROOF (FIRE)

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy PULMONARY INFARCTS ABSCESSES

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ACCIDENT
(b) Date of occurrence JUNE 17
(c) Where did injury occur? [illegible] (City or town) Balt Md (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Jumped from window (Fall)

23. Signature H. M. Rowden M.D.
Address Johns Hopkins Hospital Date signed 7-1-40

H. L. Wollenweber, M.D.

Correct age is supremely important. Physicians: please write the cause of death clearly and legibly.

F 70772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 463

F 70772 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 809 N. Montford Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? After years

3 (a) FULL NAME Henry Zelenka
3 (b) If veteran, name war
3 (c) Social Security Account No. 215-01-6439

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married.
6 (b) Name of husband or wife: Barbara Zelenka
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 19, 1880

8. AGE: Years 59 | Months 7 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Dominick Zelenka
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Jancek
15. Birthplace Czechoslovakia.

16 (a) Informant Wife
(b) Address 809 N. Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/40 (month) (day) (year)
(c) Cemetery or crematory Oak Hill Cemetery
Location Phila. Pike & Hoffmanstown

18 (a) Funeral director Charles E. Schumacher
(b) Address 2601-03 E. Monument St

19 (a) July 5 - 1940 (Local Registrar) (b) Huntingdon Pennsylvania, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3, 1940, at 11:23 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1940, to July 3, 1940, and that I last saw him alive on July 3, 1940.

Immediate cause of death: Circulatory & Respiratory Collapse — Duration
Due to Carcinoma of Stomach
Due to
Other Conditions Acute Urinary Retention
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Lamphin M. D.
Address Md. General Hosp. Date signed 7/3/40

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 70773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 B Registered No. F 70773

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway
(c) Hospital or institution Church Home and Infirmary 6 17
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town Washington D. C.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1945 Calvert St. N.W.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. William P. Cummings

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife Grace Lee Cummings
6 (c) If alive, give age 62 years
7. Birth date of deceased (mo., day, yr.) August 27, 1861
8. AGE: Years 78 | Months 10 | Days 7 | If less than one day hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John Cummings
13. Birthplace England

MOTHER
14. Maiden Name Ellen Gorman
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Cummings Orchard
(b) Address 605 Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/40 (month) (day) (year)
(c) Cemetery or crematory Green Mount Cemetery
Location North & Greenmount Aves.

18 (a) Funeral director H W Mears & Son
(b) Address 805 North Calvert Street
JUL 5 - 1940 (Date rec'd by registrar) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1940, at 9:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 18 1940 to July 4 1940, and that I last saw him alive on July 4 1940.

Immediate cause of death Uremia

Due to Urinary obstruction

Due to Carcinoma of Prostate

Other Conditions Metastatic Carcinoma
(Include pregnancy within 3 months of death)

Major findings:
Of operations Prostatic Carcinoma

Of autopsy Ca of prostate c mets metastatic

Duration: Uremia-1 day; Carcinoma about 4 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. A. Crampton M. D.
Address Church Home & Inf. Date signed 7-4-'40

Write the causes of death clearly and legibly.

F 70774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

129

Registered No. F 70774

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 21 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Pennsylvania (b) County
(c) City or town Philadelphia
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3305 Bouvier St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 20 years

3 (a) FULL NAME Thomas P. HENDERSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-14-5377

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26, 1912

8. AGE: Years	Months	Days	If less than one day
28	2	8	hr. min.

9. Birthplace Belfast, Ireland
(Town, county, and state)

10. Usual Occupation Radio Operator-SS Capulin
11. Industry or business Seafaring

FATHER
12. Name Richard Henderson
13. Birthplace Ireland

MOTHER
14. Maiden Name Sarah Toner
15. Birthplace Ireland

16 (a) Informant Records-U.S.Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof July 6/940
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Mary's Stanbrook
Location Balt Md

18 (a) Funeral director A Duffy Slade
(b) Address 4407 York Road

19 (a) (Date rec'd by registrar) (b) Huntington Mills Baltimore

JUL 5 1940

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4, 1940, at 8:05AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 13, 1940 to July 4, 1940, and that I last saw him alive on July 4, 1940.

Immediate cause of death	Duration
PERITONITIS	2 wks.
Due to Colitis, cause undetermined	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J C Hunter M.D.
Address U.S.Marine Hospital Baltimore, Maryland. Date signed 7/4/40

Certificate of death is supposedly important. Typewriter, please write the cause of death clearly and legibly.

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 6/17 DAY OF 1963 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WITH #67850 AND ENDING WITH #70774 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: Dorothy Booker

END OF REEL